

SELF-HELP MEETING LOG/RECORD OF ATTENDANCE

COMMITTEE FOR PHYSICIAN HEALTH

A division of the MEDICAL SOCIETY OF THE STATE OF NEW YORK
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Downloadable forms at www.cphny.org (select "Forms")

DATE	TYPE OF MEETING*	GROUP NAME	LOCATION

I certify that this is an accurate record of my attendance.

Signature of CPH Participant

CPH Client Number

Date Submitted

*Please indicate if meeting is open, closed, beginner, step, Caduceus, IDAA, etc.