Virginia Department of Health Professions

Compliance Monitoring
Boards of Counseling, Psychology, and Social Work
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Group Attendance Log

Complete and submit this report to your Compliance Case Manager (CCM) as required by the terms of your Order. This report must be received by your CCM from 5 days before until 5 days after the end of the current quarter (e.g., if report is for the quarter ending 3/31, send between 3/26 and 4/5). You may submit this form to your CCM via email, mail, fax, or hand delivery.

Licensee's Name: _____ **License No(s).:** _____

Period covered under this report (complete year and check appropriate quarter):

Year: _____ **Quarter:** ☐ Jan–Mar ☐ Apr–Jun ☐ Jul–Sep ☐ Oct–Dec

DATE ATTENDED	LOCATION OF MEETING	TYPE OF MEETING	SIGNATURE OF ANOTHER ATTENDEE ON THIS DATE

_____ _____

Licensee Signature **Date**