IOWA | Department of Inspections, Appeals, & Licensing

IOWA PROFESSIONAL HEALTH PROGRAMS
SELF-HELP MEETING LOG

Name:

Indicate which quarter this report covers:

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

Meeting Requirements per IPHP Contract:

DATE	TYPE OF MEETING	TOPIC	LOCATION	VERIFYING SIGNATURE (Required)

Please print so this is legible.

Types of self-help meetings: AA, NA, OA, Caduceus, Celebrate Recovery, Al-anon, CODA