




## NURSE SUPPORT GROUP DATA FORM

This form must be submitted by a Board-approved nurse support group facilitator at least one (1) week prior to adding or changing a group. Please allow up to five (5) days for information to be updated on the [Nurse Support Group List](#).

<i>For office use only</i>	
Start	___/___/___
NSG List	___/___/___
Notice	___/___/___
Acknowledge	___/___/___

This form may be submitted by:

 **Email:** [lorraine.clarke@dca.ca.gov](mailto:lorraine.clarke@dca.ca.gov)

 **Fax:** (916) 574-7628

 **Mail:** BRN Intervention Program, PO Box 944210, Sacramento, CA 94244-2100

### General Information

Name			
Day Phone		Evening Phone	
Email			
Role (please check)	<input type="checkbox"/> Facilitator	<input type="checkbox"/> Co-facilitator	
Group Name (if applicable)			

Add       Change       Delete

### Schedule

Day (please check)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	Time	
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### Location

Address*					
City		State	<b>CA</b>	Zip	

\* **NOTE:** Nurse Support Group meetings must be conducted in a professional location (e.g. hospital, counseling center, church, clubhouse, community space, etc.) and not at a private residence.

### Contact

Phone number to be given to the public	
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### Fees

Weekly Fee	\$	Fee Reduction	<input type="checkbox"/> Monthly Reduced Fee of \$ _____
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Signature \_\_\_\_\_ Date \_\_\_\_\_