

Judy Schmidt, RN, MSN, ONC, CCRN
Chief Executive Officer

Jillian Scott, RN, MSN
RAMP Director

Visiting Peer Support Group Attendance

_____ attended the _____ group on
(Participant name and RAMP #) (Group)

(Date)

Participant's Signature

Date

Visiting Facilitator's signature

Date

Home Group Facilitator's Signature

Date