Self Help Meeting Log

Name: _____

HPSP ID: _____

Please return to HPSP by the 5th of each month for the month prior. You may submit this form via fax at: 503-961-7142 or email: hpsp@uprisehealth.com.

Date	Meeting Name	Initials

Health Professionals' Services Program
PO Box 8668
Portland OR 97207
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