

Recovery Project Hours Log



NAME: _____

<u>Dates</u>	<u>Activity</u>	<u>Time</u>	<u>Hours</u>	<u>Verifier's Signature:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours: _____

10 RECOVERY SERVICE HOURS ARE REQUIRED. THIS IS NOT COMMUNITY SERVICE. RECOVERY SERVICE MEANS YOU ARE HELPING SOMEONE IN RECOVERY. ALL HOURS MUST BE PLANNED AND PRE-APPROVED BY THERAPIST. 5 HOURS ARE COMPLETED IN PHASE 4. 5 HOURS ARE COMPLETED IN PHASE 5.

Write a brief summary of experience and affects on your recovery after each event you log above: