



AMERICAN MENTAL HEALTH ALLIANCE-OREGON

P.O. Box 4075
Portland, OR 97208-4075
503-222-0332 FAX 888-826-3682 Toll Free 888-706-9933

AMHA-Oregon Peer Study and Consultation Group Update Form

Member Name Date update completed

I participate in a peer study or consultation group which meets:

Frequency (Weekly, Twice a Month, Monthly)	Location	Day and Time
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The focus of this group is:

The other participants in the group are:

This group is is not open to new participants at this time.