Attendance Roster

		Program Name			
		Program #			
Class Beginning Date:			Ending Date:		
Clinical Beginning Date:			Ending Date:		
	Clinical Site Na	me:			
Instructor(s):			Classroom Hours:		
r					
	Name of Students	Students Current Address and Phone Number	Student Start Date	Student Ending Comment (Passed, Failed, Withdrew, etc.)	Received NATP Completion (Yes or No)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

All attendance (beginning) and completion (ending) rosters are to be uploaded to the Nurse Aide Self-Service Portal via the Georgia MMIS website (<u>www.mmis.georgia.gov</u>) or mailed to Alliant Health Solution; Nurse Aide Training Program; P. O. Box 105753; Atlanta, GA 30348