

Attendance Roster
Program Name
Program #

Class Beginning Date:
Clinical Beginning Date:
Clinical Site Name:

Ending Date:
Ending Dates:

Instructor(s):

Program Coordinator:

Classroom Hours:

Clinical Hours/Days:

	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 (www.mmis.georgia.gov) or mailed to Alliant Health Solution; Nurse Aide Training Program; P. O. Box 105753; Atlanta, GA 30348