Attendance Roster

Program Name_____
Program #_____
Class Beginning Date: _____ **Ending Date:**_____
Clinical Beginning Date:_____ **Ending Date:**_____
Clinical Site Name:_____

Instructor(s):_____ **Classroom Hours:** _____
_____
Program Coordinator:_____ **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