APTA Georgia

ROSTER OF PARTICIPANTS

Each participant must sign this roster at the beginning and at the end of the course. Organizations are encouraged to keep a list of attendees to verify attendance in case of dispute or lost certificate by the attendee for up to five years post-event, in the case an individual is audited or requires proof of attendance.

Course Name:_____ CCH's Approved _____

Date and Location _____

Sponsor_____

Participant's Name & Address	PT/PTA License #	APTA ID #	Participant Signatures 1. Beginning of Course 2. Conclusion of Course
			1._____ 2._____
			1._____ 2._____
			1._____ 2._____
			1._____ 2._____
			1._____ 2._____
			1._____ 2._____

APTA Georgia

Course Name:_____ Date: _____

Participant's Name & Address	PT/PTA License #	APTA ID #	Participant Signatures 3. Beginning of Course 4. Conclusion of Course
			1._____ 2._____
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