



GA Healthcare Training Center

Georgia Nurse Aide Training

This is to certify that

_____ (please print)

has successfully completed _____ *at*
Number of Hours

a Georgia State-approved Nurse Aide Training Program at

Name of Program (please print)
Program Number

on the _____ *day of* _____, 20____.

Certified by:

Signature of Approved Faculty

Print Name of Approved Faculty

Notary Public	
Georgia	
_____ County	
I, _____, a	
Notary Public for said County and State, do hereby certify	
that	

personally appeared before me on this day and	
acknowledged the due execution of the foregoing	
instrument.	
Witness my hand and official seal, on the _____ day of _____, 20____.	
Notary Public (Signature)	My Commission Expires _____, 20____.

NOTE: This certificate does not guarantee that the above mentioned student will be listed by the Georgia Nurse Aide Registry. The student must successfully pass both portions of the National Nurse Aide Assessment Program (NNAAP) examination to be eligible for placement on the Georgia Nurse Aide Registry.