

Nathan Deal, Governor

Frank Berry, Commissioner

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## **PERSONNEL LIST**

Facility Name:		
Director:	Address:	
Manager/Supervisor:		
CLIA License #		
State License #		

NAME	** CERTIFICATION	SHIFT	DATE HIRED	SURVEYOR COMMENT
	<u> </u>			

**\*\*CERTIFICATION:** MLT / MT (ASCP) (AMT) (NCA) (HEW) etc. or CT (ASCP) or HT (ASCP) etc.