

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**NIMS TRAINING AND EXERCISE PROGRAM CLASS ROSTER  
AND SIGN-IN SHEET**

Course:

Training Location:

Student Name (first/last)	Agency / Organization	Student Signature	Date:		Date:		Date:		Date:		Date:		Final Exam Pass		Course Evaluation	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		YES