



**ILLINOIS NURSE ASSISTANT/AIDE
TRAINING COMPETENCY
EVALUATION PROGRAM**

***ILLINOIS CRIMINAL BACKGROUND CHECK
APPLICATION GUIDELINES***

FOR

***ILLINOIS NURSE ASSISTANT/AIDE PROGRAM
COORDINATORS/INSTRUCTORS***

**SIUC Nurse Aide Testing Program
and
Illinois Department of Public Health**

2008

TABLE OF CONTENTS

	Page
COMPLYING WITH BACKGROUND CHECK REQUIREMENTS	
Community College and Facility Based Nurse Aide Training Programs Requirements	3
High School Based Nurse Aide Training Programs and IDPH Assigned Codes Requirements	3
Initiated through SIUC Nurse Aide Testing	4
Initiated through someone other than SIUC Nurse Aide Testing	6
CRIMINAL BACKGROUND CHECK APPLICATION GUIDELINES	
Criminal Background Check Application Information	7
Important reminders	7
Submitting the applications	8
Non-fingerprint background check fee	8
Nurse Aide Training Program Responsibilities	8
Maintain adequate supply of materials	8
Criminal background check verification	9
Assist students in completing application forms	9
Collect appropriate fees	9
Assemble application forms for mailing	10
Criminal Background Check Application Procedures	11
Verbal application completion instructions to students	11
Verbal fee information to students	13
Criminal Background Check Results	14
Distribution of results	14
APPENDICES	
Appendix A - Criminal background check material request form	16
Appendix B - Sample background check submission cover letter and nurse aide training program class roster	17-18

COMPLYING WITH CRIMINAL BACKGROUND CHECK REQUIREMENTS

Community College and Facility Based Nurse Aide Training Programs:

The Health Care Worker Background Check Act was amended in February 1998 and stipulated that:

- a) An educational entity, other than a secondary school, conducting a nurse aide training program shall initiate a UCIA criminal history records check in accordance with the requirements of the Health Care Worker Background Check Act prior to entry of an individual into the training program.

- b) For the purpose of this section, "INITIATE" means the obtaining of the authorization for a record check from a student. The educational entity shall transmit all necessary information and fees to the Illinois State Police within 10 working days after the receipt of the authorization. Authorization shall be requested on the first day of class**

Background check results that have been initiated through SIUC Nurse Aide Testing will be reported to IDPH with the individual's test results by SIUC Nurse Aide Testing. Result data for background checks that have been initiated by any persons or facilities other than SIUC Nurse Aide Testing must be reported directly to IDPH by the person or agency who initiated the background check. The background check report must be from the Illinois State Police and have the individual's social security number written on the background report next to the individual's name.

High School Based Nurse Aide Training Programs

Illinois Department of Public Health Guidelines regarding criminal background checks for high school based programs states that secondary students are not required to have a criminal background check conducted at the time of testing. However, when an applicant applies to work in a long term care facility in Illinois with duties that involve direct care for residents, the employer shall inquire of the Nurse Aide Registry as to the status of the applicant's Uniform Conviction Information Act (UCIA) criminal history record check. If a UCIA criminal history record check has not been conducted within the last 12 months, the facility must initiate or have initiated on its behalf a UCIA criminal history check for that applicant regardless of age. It is recommended that high school based programs conduct a criminal background check at the same time they apply to take the Illinois Nurse Aide Competency Exam.

IDPH Assigned Codes:

The Health Care Worker Background Check Act requires that persons with IDPH assigned special training codes have a criminal background check conducted at the time they apply to take the Illinois Nurse Aide Competency Exam, unless they have attached an Illinois State Police Criminal Background check that is LESS than one year old. Applicants must submit a red Illinois Criminal Background Check application form and \$15.00 background check fee at the same time as they submit the dual-colored blue/maroon Illinois Nurse Assistant Competency Exam application form and \$60.00 exam fee.

Nurse Aide Testing will provide the service of requesting the background check required of nurse aides. We will manage requesting and reporting for the same price that individuals pay for individual paper-processed non-fingerprint background checks.

THIS SERVICE IS AVAILABLE ONLY TO APPROVED ILLINOIS NURSE AIDE TRAINING PROGRAMS. IF YOU WISH TO USE OUR SERVICE FOLLOW THESE INSTRUCTIONS:

Criminal Background Check Initiated Through SIUC Nurse Aide Testing

Community College and Facility Based Nurse Aide Training Program responsibilities:

- On the first day of class, have the student complete the **red** Illinois Criminal Background Check Application Form For Nurse Assistants/ Home Health Aides using a No. 2 pencil and instruct them to bring a money order to cover the processing fee of \$15.00 to the next class.
- Attach money orders or a facility check to the corresponding CBC applications.
- Attach a typed cover letter and typed roster of name of the students applying for a criminal background check (as shown in Appendix B) to the application materials. The roster must include Student Name, Social Security Number, and Birth date in order to be processed.
- Send the completed CBC application materials packet to Nurse Aide Testing within the first ten days of the class beginning date. Fees are payable only by institutional checks or money orders made out to SIUC. **(All Forms Of Payment Must Be Original Documents - No Copies Will Be Accepted!)**

High School Based Nurse Aide Training Programs and IDPH Assigned Codes Responsibilities:

- It is suggested that on the same day that the student completes the **blue/maroon** Application Form for Illinois Nurse Assistant/Home Health Aide Competency Exam, also have the student complete the **red** Illinois Criminal Background Check Application Form For Nurse Assistants/Home Health Aides using a No. 2 pencil and collect the \$15 processing fee. **(see page 3 for guidelines regarding high school based programs)**
- Send both completed forms (LAVENDER & RED) and both fees (\$60.00 and \$15.00 to Nurse Aide Testing at the address shown on page 9 of this guide. Fees are payable only by institutional checks, certified checks or money orders made out to SIUC. **(All Forms Of Payment Must Be Original Documents - No Copies Will Be Accepted!)** One money order for \$75 is acceptable.

Nurse Aide Testing responsibilities:

- Nurse Aide Testing will process the requests to the State Police twice per month.
- Background check results will be mailed to each applicant within approximately 10 working days of the processing date.
- Program reports will be mailed to the designated program official.
- A second report after an initial pending result will be mailed to the individual when received. **NOTE:** There is no time guarantee from the Illinois State Police (ISP) when pending result updates will be received.
- Background check results will be sent to the nurse aide registry with the nurse aide competency test results.

Program responsibilities:

- Meet with students to verify receipt of background check results.
- Persons with multiple records, pending results and those with criminal background history will be contacted by the Illinois Department of Public Health with information about the next procedure to follow.

- Submit a copy of the criminal background report for your program as received from SIU Nurse Aide Testing to IDPH along with the official class roster. **(NOTE: If the criminal background check is initiated by anyone other than SIU Nurse Aide Testing a copy of the official results as received from the Illinois State Police must be sent to the Illinois Department of Public Health by the person or agency who initiated the background check if the individual is working in a direct care environment. Also, a copy of the Illinois State Police Criminal Background Check report must be paper clipped to the individual's test application when applying to sit for the Illinois Nurse Aide Competency Exam. Both copies of the background check reports must have the individual's social security number written on the report next to the individual's name.**

Summary of procedures:

- SIUC Nurse Aide Testing will provide the approved programs with "background check" forms.
- The completed background check form and \$15.00 will be collected from each student. (Applies only to those students who have **not** previously completed a non-fingerprint Illinois State Police background check.) If a student has a current Illinois State Police background check report they do not need to initiate a new background check, but must attach a copy of the result report to the test application when applying for the Nurse Aide Competency Exam.
- Completed forms and checks sent to SIUC Nurse Aide Testing.
- SIUC Nurse Aide Testing is not responsible for inaccuracies or incomplete information on background check forms. Incomplete forms may delay your results and cause you to be required to submit a fingerprint background check to correct the error.
- Background check forms will be processed to Illinois State Police.
- Background check results will be forwarded by letter to the individual and to the approved program that generated the request.
- Background check results will be sent to the nurse aide registry with the nurse aide competency exam results.

Criminal Background Checks Not Initiated by SIU Nurse Aide Testing

If someone other than Nurse Aide Testing at SIUC initiates the background check for your students, the person or agency who initiated the check must send the results of the background check directly to the Nurse Aide Registry. Second reports from a pending status are mailed to the original requester and therefore, must be reported directly to IDPH. **When submitting applications for the Illinois Nurse Assistant/Home Health Aide Competency Exam to SIU Nurse Aide Testing for individual's who's background check was initiated**

by someone other than SIUC, a copy of the applicant's criminal background check report must be paper clipped to the individual's exam application form. Copies of the reports must have the individual's social security number written on the report next to the individual's name.

CRIMINAL BACKGROUND CHECK APPLICATION GUIDELINES

CRIMINAL BACKGROUND CHECK APPLICATION INFORMATION

The purpose of this section is to assist the instructor/coordinator in helping students properly fill out the criminal background check application form for the non-fingerprint criminal background check. This section:

- a. outlines responsibilities for program coordinators/instructors.
- b. explains the steps for completing the application form.
- c. provides information on fees and background check results.

IMPORTANT REMINDERS:

Training programs must:

1. **submit Illinois State Police Criminal Background Check applications for all students who are enrolled in their training program who wish to initiate a background check through SIUC Nurse Aide Testing using a red Illinois Criminal Background Check Application Form and a \$15.00 fee within ten days of the training program starting date. This service is available ONLY to approved Illinois Nurse Aide Training programs and MUST be accompanied by a typed cover letter and a typed student roster (Appendix B). CBC report applications may be submitted only by approved Illinois Nurse Aide Training Programs, individual's who previously sat for the Illinois Nurse Aide Exam (Failed or No Showed) or that have been submitted through and approved by the Illinois Department of Public Health will be processed by SIUC Nurse Aide Testing.**
2. **insure that all CBC applications are completed using a No. 2 (Soft lead) pencil to fill out the application form.**
3. **verify that all ovals have been filled in below the written information accurately and completely. Incomplete forms may delay your results and cause you to be required to submit a**

fingerprint background check to correct the error.

4. verify that all required application information has been coded and the individual has signed the application form.
5. check the application forms for accuracy before mailing.
6. verify that all payments are in the form of a money order or a facility check made out to SIUC.
7. not staple, glue, tape payment to the application forms; paper clip only. **DO NOT FOLD APPLICATIONS.**
8. submit application forms for students that have completed their training program only and who have completed training **LESS** than 24 months ago.

DO NOT STAPLE OR USE ANY FORM OF GLUE OR TAPE TO ATTACH THE MONEY ORDERS TO THE APPLICATIONS. THIS WILL RESULT IN THE APPLICATION'S BEING RETURNED. INCORRECTLY COMPLETED APPLICATION FORM PACKETS WILL NOT BE PROCESSED. ALL MATERIALS WILL BE RETURNED TO THE TRAINING PROGRAM FOR CORRECTION.

Submitting the Applications

After the individual has completed the Application Form, the program coordinator/instructor must check to make sure that all information is provided, all information is correctly coded, and that the application has been completed in pencil. Clip the money order made payable to SIUC to the application form using a paper clip.

Non-fingerprint Background Check Fee

The non-fingerprint background check fee is \$15. All fees sent to the testing center must be in the form of a Money Order payable to Southern Illinois University at Carbondale (SIUC), certified check, or check from the sponsoring agency. No personal checks will be accepted. Altered or marked through money orders will not be accepted and will be returned.

NURSE AIDE TRAINING PROGRAM RESPONSIBILITIES

The instructor/program coordinator is responsible for ensuring that the application process is made as easy as possible for the student. If you need telephone assistance in filling out the application, please call 618-453-4368.

Maintain Adequate Supply of Application Materials

Each program sponsor should maintain a supply of application materials which should include:

- a. criminal background check application forms (red).
- b. Instructor/coordinator's guidelines for completing the background check application (pink).

Additional material may be obtained, on request, from the testing center. **For the quickest response please FAX your requests to the Nurse Aide Testing office. The Fax Number is (618) 453-4300. Requests for additional material should be made on the re-order forms provided** (See Appendix A for the re-order form).

Criminal Background Check Verification

Students are not required to have another background check if one has been completed in the last 12 months. Previously completed background checks must be sent to the Illinois Department of Public Health when the program submits the official class roster (list of students who successfully complete the training program). **Copies of background check results initiated by agencies other than SIUC Nurse Aide Testing must be paper clipped to the nurse aide competency exam application form. The applicant's social security number must be written on each criminal background report next to the individual's name.**

Assist Students in Completing Application Forms

Instructors/program coordinators should familiarize themselves with the background check application material. Registration should be done as a supervised group activity. Within the first ten days of class, the instructor/program coordinator should distribute the application to the students. The instructor/program coordinator should read the application completion procedure to the students as outlined on pages 11-13 helping them to complete the process accurately. **Any errors in the completion of the application forms will result in delays in processing the forms or postponement to the next Illinois State Police submission date. All information on the Criminal Background Check application form is required for the Illinois State Nurse Aide Registry and must be coded. The application must be completed and signed by the student. Any application with incomplete information or no signature will be returned to the program for correction if the omission is realized upon receipt, otherwise, SIUC is not responsible for incomplete or inaccurate information and this may result in the need for a fingerprint check to correct the error.**

NOTE: The Healthcare worker Background Check Act requires employers to verify a nurse aide's standing on the Illinois Nurse Aide Registry.

If the Nurse Aide's registry record does not have a criminal record check that is LESS than one year old, the employer is required to initiate the request for a new report.

Collect Appropriate Fees

The non-fingerprint background check fee is \$15.00. Instructors/program coordinators should ensure that the correct fee is collected from each student who submits an application for a criminal background check. **All fees sent to the testing center must be in the form of a Money Order payable to Southern Illinois University at Carbondale (SIUC), certified check, or check from the sponsoring agency. No personal checks will be accepted. Money orders or checks that have been altered cannot be accepted.**

It is very important that the instructor/program coordinator ensures that correct fees accompany application forms. **Forms that are accompanied by incorrect fees will be returned to the program for correction and result in a delay in the processing.**

Assemble Application Forms for Mailing

It is the training program's responsibility to submit the background check application for students enrolled in their program only. Before mailing the application forms, the program should assemble all criminal background check applications in the following manner:

- a. Clip the money order for \$15.00 made payable to SIUC to the appropriate background check application form using a paper clip. Or clip the money order/check for a group of criminal background checks to the group of applications.
- b. Place all applications and money orders in a bundle with a cover letter and class roster (See Appendix B) indicating the total number of background check applications being submitted and the total dollar amount enclosed. Place all materials in a large envelope (DO NOT FOLD THE APPLICATIONS) and mail the package to:

NURSE AIDE TESTING
SOUTHERN ILLINOIS UNIVERSITY
SIU MAILCODE 4340
CARBONDALE, IL 62901-4340

NOTE: The Illinois State Police Criminal Background Check service provided by SIU Nurse Aide Testing is for Illinois approved Nurse Aide Training Programs only. Applications submitted by individuals or agencies other than approved Nurse Aide Training

Programs will not be processed. ONLY background check applications submitted by an approved training program and the Illinois Department of Public Health will be processed.

**VERBAL INSTRUCTIONS FOR CRIMINAL BACKGROUND APPLICATION
COMPLETION PROCEDURES**

**INSTRUCTORS, PLEASE READ THE FOLLOWING INSTRUCTIONS TO
YOUR STUDENTS AFTER HANDING OUT THE APPLICATION FORMS AND
NUMBER 2 LEAD PENCILS**

Begin completing the Application Form on side one. Be sure to use a **No. 2** pencil to complete the form. **The letters that follow correspond with the different parts on the Application Form.**

A. Signature Line

Sign your legal name. The student's signature on the application grants permission to the State of Illinois and any affiliate acting on behalf of the State of Illinois to conduct a non-fingerprint criminal history record check on the individual signing the application in accordance with the Uniform Conviction Information Act and to provide said information to the Illinois Department of Public Health in accordance with the Health Care Worker Background Check Act. (See Consent To Criminal Background Check box on the top center of side one above the signature box on the application form).

Stay within the designated areas for name and address. Print your complete name (Last name, First name, Middle name).

B. Race

Darken in the oval beside the race category your family most closely classifies itself. **Note: A race must be entered to complete an ISP background check. If more than one race is identified, it will be transmitted to the Illinois State Police as unknown which may delay receipt of your results.**

C. Name

In the first section, print your complete last name.
In the second section, print your complete first name.
In the third section, print your complete middle name.

Begin in the first space of each section! Do not skip any spaces between letters; only leave a blank space if you have more than one name, for example Mary Jo or Smith-Jones.

Now code the information by filling in (darkening) the corresponding oval under each letter, do not mark blank ovals.

D. Social Security Number

In the spaces provided, write your social security number. Darken the corresponding oval under each digit.

E. Sex

Darken in the oval beside your sex. **Note: A sex must be entered to complete an ISP background check.**

F. Eye Color

Darken in the oval beside your eye color.

Please turn to side 2 of the application.

G. Mailing Address

Print your complete street address and apartment number in the spaces provided. Darken the letter or number in the corresponding ovals. **Be sure to begin in the first space of each section and leave a blank space after numbers or between words. Stay within the designated area.**

H. City

In the spaces provided, print the name of the city in which you receive your mail. Begin in the first space and leave a blank space between words. Darken the corresponding ovals.

I. State

In the spaces provided, print the abbreviation of the state in which you receive your mail. Darken the corresponding ovals.

J. Zip Code

Write your five-digit zip code in the spaces provided. Darken the ovals that correspond to each digit.

K. Date of Birth

Darken the oval beside the month of your birth; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero (“0”) before a single digit (for example, if you were born on July 3, 1972 you would enter “03” for the day and “72” for the year). Note: The date of birth is a required field to initiate an Illinois State Police criminal background check. Incomplete forms may delay your results and cause you to be required to submit a fingerprint background check to correct the error.**

L. Telephone Number

In the spaces provided, write the telephone number at which you can be reached during the day. Darken the ovals that correspond to each digit.

M. Program Code

(Provide your IDPH assigned program code to the students in a four digit format)

In the spaces provided, write the code for the program in which you are currently enrolled in, that code is _____. Darken the corresponding oval under each digit. (Fill in “0” on the LEFT for codes less than 4 digits, e.g. 14 would be 0014).

N. Height

Identify your height as measured in feet and inches.

When you have completed coding the height column, please go back and double check that you have coded the correct letters or numbers in each section.

Background Check Application Fee

The background check application fee is **\$15**. All fees must be sent with the application and a money order made payable to SIUC, with the student’s name shown on the front of the money order. Certified checks or checks from your workplace are also acceptable. Money orders or checks which have been altered cannot be accepted. No personal checks will be accepted.

After completing the Application Form, check to make sure it is complete. **Any errors in the completion of the application form will result in delays in**

processing the form or postponement to the next ISP submission date. Improperly filled out forms will be returned to the program.

Have the . . .

- applications been completed using a number 2 pencil?
- applications been signed by the applicants?
- money orders for the correct amount, payable to SIUC been attached to the respective applications?
- applications all been checked to verify that all information has been coded correctly?
- typed cover letter and typed roster (Appendix B) been attached to the respective applications.

CRIMINAL BACKGROUND CHECK RESULTS

Distribution of Results

Approximately two weeks after submitting the background check application, students will be sent the results of their background checks. The letter will indicate the results of the individual's criminal background check. The designated program official of the nurse aide training program will also receive a copy of the background check results for their students.

Requesting Duplicate Result Letters

Duplicate result letter requests must be made in writing and must include a \$7.00 money order payable to SIUC, and the individual's name, address, social security number and the date the original search was initiated.

APPENDICES

Nurse Aide Competency Evaluation Application Materials Request

FAX to 618-453-4300

MAIL TO: Nurse Aide Testing
Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Please use this form for replenishing your supply of criminal background check applications, and coordinator/instructor guidelines. Please complete all requested information. All information requested must be completed and legible (typed or printed). Incomplete or illegible orders will not be processed.

Make copies of the application re-order form for future use.

FROM:

Training Program Name _____ **NA Program #** _____

Address _____

City _____ **State** _____ **Zip** _____

Date Requested: _____ **Date Needed** _____

Contact Person: _____ **Phone:** _____

MATERIALS REQUESTED

NUMBER REQUESTED

Application Forms (Red) _____

Coordinator/Instructors Guidelines (Pink) _____

Other Testing Materials (_____) _____

Sample Letter For Initiating Background Checks Through SIUC

(LETTERHEAD)

Current Date

Nurse Aide Testing
SIUC Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator,

Attached are typed alphabetized rosters of applicants who are enrolled in the approved Illinois Nurse Aide Training Program **(name of training program)**, NA **(training program number)**. These applicants are requesting that Illinois State Police non-fingerprint background checks be conducted for them in accordance with the Health Care Worker Background Check Act.

Enclosed are **(number of application forms)** completed application forms and payment totaling **(dollar amount enclosed)**.

If you have questions, please contact me at **(contact person's phone number)**.

Sincerely,

(Signature of Instructor/Coordinator)

Instructor/Coordinator's typed or printed name
Instructor/Coordinator's official title

(OVER)

Nurse Aide Training Program No. Class Roster

Beginning Date: _____ Ending Date: _____

<u>Student Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>
Jane A. Doe	123-45-6789	01/01/1970
Paul P. Public	987-65-4321	02/09/1971
John D. Smith	012-34-5678	03/15/1985
Mary M. Anybody	000-00-0000	11/03/1980