



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

***ILLINOIS NURSE ASSISTANT/AIDE TRAINING
PROGRAM
INSTRUCTOR AND EVALUATOR INFORMATION
SUBMISSION FORM
GUIDELINES***

FOR

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

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

2017

TABLE OF CONTENTS

Purpose of Instructor and Evaluator Information Submission Process	2
Common Acronyms and Terms	2
Procedure to Request Instructor Approval.....	3
Procedure to Obtain Instructor Code	4
Procedure to Obtain Instructor Code by Approved Outside Evaluator & Approved Evaluator Not Affiliated with a BNATP.....	5
Instructor Information Submission Form Completion Procedures.....	6
Evaluator Information Submission Form Completion Procedures	9
List of Train the Trainer Program Code Numbers.....	11
Appendix	
Approved Evaluator Not Affiliated with BNATP Instructor Code Request.....	13
Instructor/Evaluator Information Submission Form Reorder.....	14

PURPOSE OF THE INSTRUCTOR AND EVALUATOR INFORMATION SUBMISSION PROCESS

INSTRUCTORS and EVALUATORS

Each approved instructor and evaluator must have a four digit instructor code issued by Southern Illinois University Carbondale Nurse Aide Testing (SIUC NAT) following approval by the Illinois Department of Public Health (IDPH). It is the responsibility of the Program Coordinator to ensure that each instructor, prior to teaching in the respective program(s), is approved by IDPH and is issued an instructor code.

Instructor Codes are required for use on the Master Schedule, Official Class Roster, and the Competency Exam Application. An instructor code is issued to each instructor associated with a BNATP regardless of the area(s) of instruction for which the individual is approved to teach.

Approved Outside Evaluators for facility-based programs, as well as evaluators who conduct the recertification process for Nurse Aides who are no longer active on the Health Care Worker Registry (HCWR), may obtain their Instructor Code independent of a BNATP.

Note: Include BNATP Name and Program Code on all correspondence to the Department and to SIUC NAT.

COMMON ACRONYMS AND TERMS:

BNATP	Basic Nursing Assistant Training Program
BNATP Code	Program code number assigned by Department to an approved BNATP
CNA	Certified Nursing Assistant
CPR	Cardiopulmonary Resuscitation
IDPH	Illinois Department of Public Health or the Department
HCWR	Health Care Worker Registry
NATCEP	Nurse Aide Training Competency Evaluation Program also known as Illinois Nurse Assistant /Aide Training Competency Evaluation Program
SIUC NAT	Southern Illinois University Carbondale Nurse Aide Testing

PROCEDURE TO REQUEST INSTRUCTOR APPROVAL (IDPH)

Before an Instructor Code can be issued by SIUC NAT, the instructor and/or evaluator must first be approved by the Department. This procedure is the same for new instructor approval with an existing BNATP as well as with a new program application.

This procedure shall be followed by the Program Coordinator to request and obtain approval from the Department for each Theory, Clinical, Alzheimer's, CPR, Special Content Instructor, and Approved Evaluator prior to the instructor teaching in that specific BNATP.

References:

Illinois Administrative Code 77, Section 395.160 Instructor Requirements
Performance Skills Manual – www.nurseaidetesting.com, Forms, 2nd table of documents

1. Letter or email requesting approval; specify the area(s) in which you want the instructor to be approved (i.e. Theory, Clinical, Alzheimer's, Special Content and/or CPR),
2. Copy of the instructor's resume including nursing license number; it is helpful to specify which floor/units/area worked, full or part-time, type of patient/resident, and month/year employed,
Or,
Copy of instructor approval letter from Department for another BNATP; if the instructional areas are different than your request, include additional documentation as needed,
3. Copy of Special Content Instructor license or credentials,
4. Copy of Train the Trainer Program Certificate of Completion, if applicable,
5. Copy of the Instructor's CPR Card, if applicable. Minimum requirement for CPR Instructor approval shall be the equivalent to the health care provider level or health care provider instructor level from a nationally recognized program. Online CPR certification is considered valid only with verification that both the cognitive skills and manual skills demonstration portions have been successfully completed.

Mail to:

Illinois Department of Public Health
Education and Training Unit
525 W Jefferson, 4th Floor
Springfield, IL 62761
Fax: 217-557-3363

Or,

Email to: dph.bnatp@illinois.gov

Note: Include BNATP Name and Program Code on all correspondence to the Department and to SIUC NAT.

PROCEDURE TO OBTAIN INSTRUCTOR CODE

When the letter granting instructor approval by the Department is received, the Program Coordinator can obtain the four-digit Instructor Code for Theory, Clinical, Alzheimer's, CPR, Special Content (Supplemental) Instructors, and Approved Evaluators who are providing instruction in the BNATP. Approved Evaluators may obtain their Instructor Code independent of a BNATP; this is addressed in a later section.

Important Points of Interest:

- It is important that the completion guidelines be followed since incomplete or improperly completed forms will be returned to the Program Coordinator for correction. Double check the forms for accuracy prior to mailing.
- If the Program Sponsor has more than one BNATP Code, a separate form must be completed by each instructor and evaluator for each specific BNATP Code.
- Thank you for using paper clips. **DO NOT FOLD, BEND, STAPLE, GLUE OR TAPE THE FORMS.**
- Submit the following forms and required documentation to SIUC NAT:
 - a. Instructor Information Submission Form (charcoal gray scantron) completed according to the guidelines found in the next section. **The application form must be signed in the designated area by the instructor and/or evaluator.**
 - b. A copy of the instructor's letter of approval from IDPH. If a letter of approval can not be located, the Program Coordinator may do one of the following:
 - i. resubmit to the Department the required documentation according to IL Adm Code 77, section 395.160 requesting instructor approval; or,
 - ii. contact SIUC NAT Education Coordinator to request a replacement copy of the IDPH approval letter. You may be directed to resubmit documentation if instructor information is not available.
 - c. A copy of a current, unexpired CPR card if approved to teach CPR content. Minimum requirement for CPR Instructor approval shall be the equivalent to the health care provider level or health care provider instructor level from a nationally recognized program such as American Heart Association or American Red Cross. Online CPR certification is considered valid only with verification that both the cognitive skills and manual skills demonstration portions have been successfully completed. To maintain CPR Instructor approval in a BNATP, an updated CPR card shall be submitted prior to the expiration date.
 - d. Evaluator Information Submission Form – (orange scantron) completed according to the guidelines. If one is already on file with SIUC NAT, resubmission is not necessary. You may contact the Education Coordinator, SIUC NAT to inquire.

A copy of the certificate or letter issued by the Department verifying successful completion of an Approved Evaluator Workshop and a copy of the letter of approval as a clinical instructor may be required to verify Approved Evaluator status..
- Additional Instructor and Evaluator Information Submission Forms can be requested by faxing a completed reorder form to SIUC NAT. (see the Appendix)

PROCEDURE TO OBTAIN INSTRUCTOR CODE BY APPROVED OUTSIDE EVALUATOR AND APPROVED EVALUATOR NOT AFFILIATED WITH A BNATP

For the registered nurse who has successfully completed a Department-sponsored Approved Evaluator Workshop to be granted an instructor code without being affiliated with a BNATP, it must be determined that this individual meets the minimal instructor requirements according to the Illinois Administrative Code 77, Section 395.160 (a). This Approved Evaluator may obtain an Instructor Code independent of a BNATP and function as an Approved Outside Evaluator for facility-based programs as well as conduct the recertification process for nursing assistants who are no longer active on the HCWR. This Approved Evaluator may or may not already have an instructor code because of an affiliation with a BNATP. The BNATP Code used to identify these evaluators is Program # 7999.

The form which includes directions and a list of documents to submit is located in the Appendix and on www.nurseaidetesting.com. Contact the Education Coordinator SIUC NAT for additional information.

Illinois Nurse Assistant /Aide Training Competency Evaluation

INSTRUCTOR INFORMATION SUBMISSION FORMS

COMPLETION PROCEDURES

Each instructor in a Basic Nursing Assistant Training Program (BNATP) shall be issued an instructor code. This includes Theory, Clinical, Alzheimer, CPR, and Special Content Instructors. An Instructor who is also an Approved Evaluator may be required to complete the Evaluator Information Submission Form (see next section). It is the responsibility of the Program Coordinator of the BNATP to ensure that each instructor teaching in their respective program(s) has completed the Instructor Information Submission Form according to the following procedure.

Beginning on side one of the Information Submission Form (charcoal gray), use a No. 2 pencil to complete the form. This is a form that will be scanned; therefore, it is extremely important that it is coded correctly. Please make sure that the oval letter or number that you darken matches the letter or number you have block-printed above it. The following lettered directions correspond with the lettered parts of the Information Submission Form

Do not darken ovals that correspond to blank spaces.

A. Name and Address Area

Using block style letters and numbers, print legibly staying within the designated areas for name and address.

B. Signature Line

Sign your legal name. The instructor's signature on the information submission form grants permission to the State of Illinois and any affiliate acting on behalf of the State of Illinois to place information from this form in the Illinois Approved CNA Instructor Records.

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 middle initial.

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. Leave a blank space in the place of a hyphen.

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

D. Theory Instructor

If you are approved as a theory instructor, darken the yes oval. If you are not approved as a theory instructor, darken the no oval.

E. Theory Approval Date

The Theory Approval Date is the date on the IDPH approval letter for this specific BNATP.

Darken the oval beside the month of theory instructor approval; 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 your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.

F. Clinical Instructor

If you are approved as a clinical instructor, darken the yes oval. If you are not approved as a clinical instructor, darken the no oval.

G. Clinical Approval Date

The Clinical Approval Date is the date on the IDPH approval letter. This date may vary from one BNATP to another if instructor is approved in multiple programs.

Darken the oval beside the month of clinical instructor approval; 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 your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

H. Special Content Instructor

If you are approved as a special content (supplemental) instructor, darken the yes oval. If you are not approved as a special content (supplemental) instructor, darken the no oval. This designation no longer includes the CPR Instructor. Examples of a special content instructor include a dietician, police officer, wound care nurse, restorative nurse.

I. Special Content Approval Date

The Special Content Instructor Approval Date is the date on the IDPH approval letter. This date may vary from one BNATP to another if instructor is approved in multiple programs.

Darken the oval beside the month of special content Instructor approval; 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 your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

J. Alzheimer’s Instructor

If you are approved as an Alzheimer’s instructor, darken the yes oval. If you are not approved as an Alzheimer’s instructor, darken the no oval.

K. Alzheimer’s Approval Date

The Alzheimer’s Instructor Approval Date is the date on the IDPH approval letter. This date may vary from one BNATP to another if instructor is approved in multiple programs.

Darken the oval beside the month of Alzheimer’s instructor approval; 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 your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

L. CPR Instructor

If you are approved as a CPR instructor, darken the yes oval. If you are not approved as a CPR instructor, darken the no oval.

M. CPR Approval Date

The CPR Instructor Approval Date is the date on the IDPH approval letter. This date may vary from one BNATP to another if instructor is approved in multiple programs.

Darken the oval beside the month of CPR instructor approval; 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 your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

N. CPR Expiration Date

Darken the oval beside the month of CPR expiration date; then write the last day of the approval month and the last two digits of the year. Darken the corresponding ovals under the day and year. **For example, if the expiration date was June 13, 2014, you would enter “30” for the day and “14” for the year.** To maintain CPR instructor approval, CPR card must be current; submit the most current CPR card.

PLEASE TURN TO SIDE 2 OF THE INFORMATION SUBMISSION FORM

O. Mailing Address

Print your complete street address and apartment/unit/trailer 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 and between words. Stay within the designated area. Abbreviations are only acceptable if recognized by the postal service, for example “St” for Street.

P. 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. Abbreviations for cities are **not** acceptable unless recognized by the postal service as the appropriate name for that city; examples as they would be coded, East St. Louis, Ste Marie, West Frankfort.

Q. State

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

R. Zip Code

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

S. Social Security Number

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

T. 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.

U. Program Code

In the spaces provided, write the four-digit program code for the BNATP for which this instructor information submission form is being completed. This number should match the NA# on the IDPH approval letter. Darken the corresponding oval under each digit. Fill in a “0” on the LEFT for codes less than 4 digits, for example 14 would be coded as 0014.

Illinois Nurse Assistant /Aide Training Competency Evaluation

EVALUATOR INFORMATION SUBMISSION FORMS

COMPLETION PROCEDURES

An Approved Evaluator and/or Approved Outside Evaluator must complete the Evaluator Information Submission Form. Because approval as a BNATP clinical instructor is required in order to function as an Approved Evaluator, this nurse must also complete an Instructor Information Submission Form. It is the responsibility of the Program Coordinator of the BNATP to ensure that each instructor/evaluator teaching in their respective program(s) has completed the Evaluator and the Instructor Information Submission Form according to the appropriate procedures.

Beginning on side one of the Evaluator Submission Form (orange), use a No. 2 pencil to complete the form. This is a form that will be scanned; therefore, it is extremely important that it is coded correctly. Please make sure that the oval letter or number that you darken matches the letter or number you have block-printed above it. The following lettered directions correspond with the lettered parts of the Information Submission Form.

Do not darken blank ovals that correspond to blank spaces.

A. Name and Address Area

Using block style letters and numbers, print legibly staying within the designated areas for name and address.

B. Signature Line

Sign your legal name. The evaluator's signature on the information submission form grants permission to the State of Illinois and any affiliate acting on behalf of the State of Illinois to place information from this form in the Illinois Approved CNA Evaluator Records.

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 middle initial.

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. Leave a blank space in the place of a hyphen.

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. Train the Trainer Program Code

In the spaces provided, write the four-digit program code for the Train the Trainer Program which hosted the **Approved Evaluator Workshop** that you attended. Darken the corresponding oval under each digit. See the listing of the Train the Trainer Program Codes to obtain this number.

PLEASE TURN TO SIDE 2 OF THE INFORMATION SUBMISSION FORM

F. Mailing Address

Print your complete street address and apartment/unit/trailer 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 and between words. Stay within the designated area. Abbreviations are only acceptable if recognized by the postal service, for example "St" for Street.

G. 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. Abbreviations for cities are **not** acceptable unless recognized by the postal service as the appropriate name for that city; examples as they would be coded, East St. Louis, Ste Marie, West Frankfort.

H. State

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

I. Zip Code

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

J. 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.

K. Approved Evaluator

If you are approved as an Approved Evaluator, darken the yes oval. If you are not approved as an Approved Evaluator, darken the no oval.

L. Evaluator Approval Date

This date is the date of your successful completion of a Department sponsored Approved Evaluator Workshop and can be found on your certificate of completion or on the letter of completion issued by IDPH. Darken the oval beside the month of Evaluator approval; 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 your approval date was June 3, 1999, you would enter "03" for the day and "99" for the year.**

List of Train the Trainer Program Code Numbers

Program Number	Program Name
8001	Black Hawk College
8002	College of DuPage
8003	College of Lake County
8004	Elgin Community College
8005	Heartland Community College
8006	John A. Logan College
8007	Joliet Jr. College – North Campus
8008	Kaskaskia College
8009	Lake Land College
8010	Lincoln Land Community College
8011	Millikin Institute
8012	Moraine Valley Community College
8013	Oakton Community College
8014	Olive Harvey College
8015	Olney Central College (IECC)
8016	Parkland College
8017	Rend Lake College
8018	Shawnee Community College
8019	South Suburban College
8020	Southern Illinois University
8021	Southeastern Illinois College
8022	Triton College
8023	Wabash Valley College
8024	Wilbur Wright College
8025	William Rainey Harper College
8026	Sauk Valley Community College
8027	Waubonsee Community College
8028	Illinois Central College
8029	John Wood Community College
8030	Elgin High School
8031	Rock Valley College
8032	Frontier Community College (IECC)
8033	McHenry County College
8034	Illinois Valley Community College
8035	Frontier Community College – Lawrenceville
8036	Spoon River College
8037	Highland Community College
8038	Kishwaukee Community College
8039	Lewis and Clark Community College
8000	Program not named on certificate

Appendix

Instructions for requesting an Instructor Code by potential Approved Evaluators not affiliated with a BNATP

For an individual registered nurse who has successfully completed a Department-sponsored Approved Evaluator Workshop to be granted an instructor code, it must be determined that this individual meets the minimal BNATP instructor requirements according to the Illinois Administrative Code 77, Section 395.160 (a).

Submit:

1. Statement of purpose – This page signed and dated.
2. Resume
3. Copy of nursing license
4. Instructor Information Submission Form (gray scantron form); this must be a completed original scantron. Directions for completing this form can be found on the website, www.nurseaidetesting.com → Forms → 2nd table of documents. Contact our office if you need this form.
 - a. Leave boxes D, E, F, G, H, I J, K, L, M, N blank
 - b. Box U (Program Code): 7999

Mail to:

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

I am requesting that the submitted documentation be evaluated for the purpose of obtaining an instructor code in order for me to serve as an Approved Evaluator (NATCEP).

Signature

Printed/Typed Name

Date

Reorder Form

Instructor and Evaluator Information Submission Forms 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 Instructor Information Submission Forms, Evaluator Information Submission Forms, and Guidelines for Completion of these forms. All information requested must be completed and legible (typed or printed). Incomplete or illegible orders will not be processed.

Make copies of this re-order form for future use.

FROM:

BNATP Name _____ **NA Prog. #** _____

Address _____

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

Date Requested: _____ **Date Needed:** _____

Contact Person: _____ **Phone:** _____

MATERIALS REQUESTED

NUMBER REQUESTED

Instructor Information Submission Form (gray) _____

Evaluator Information Submission Form (orange) _____

Guidelines for Completion of Instructor/Evaluator Forms
(Recommend download from www.nurseaidetesting.com) _____