

Illinois Department of Public Health
Guidelines for Completing
Basic Nursing Assistant Training Program – Official Class Roster

These guidelines provide step-by-step directions for completing the Official Class Roster of a Basic Nursing Assistant Training Program (BNATP) class offering. Additional information pertaining to program operation relative to the Official Class Roster is also included.

NOTE: Rosters which do not contain all the required information in accordance with 77 Illinois Administrative Code Section 395 will be returned to the Program Sponsor. State regulations may be accessed on-line at www.idph.state.il.us → Laws and Rules → Current Laws and Rules → Health Care Facilities → Nursing Home Licensure.

1. GENERAL DIRECTIONS

- a. The Official Class Roster with a copy of the corresponding Master Schedule shall be submitted to the Education & Training Section of the Illinois Department of Public Health (Department) no later than 30 days after the program end date. It cannot be submitted prior to the end date of the class.
- b. This form is available for completing, printing and saving from www.nurseaidetesting.com → Program Coordinator & Instructor → Forms. Required signatures are to be original.
- c. **Do not alter this form.** Altered forms will be returned to the Program Sponsor for resubmission on the required Official Roster form.
- d. All handwritten forms must be legible. Illegible forms will be returned. The use of White-Out or similar products is prohibited. To correct an error: draw a line through the error, write the word, 'error', above the line, and then write the correction.
- e. All information including contact information must be complete or the Official Roster will be returned to Program Sponsor. Resubmission of the revised Official Class Roster is the responsibility of the Program Coordinator.
- f. The returning of the Official Class Roster to the Program Coordinator related to improper completion may result in a delay of the student(s) being placed on the Health Care Worker Registry.

2. PROGRAM SPONSOR and PROGRAM NUMBER

- a. Do not abbreviate when entering the name of the Program Sponsor.
- b. Enter the Program Number. Only the approved Program Sponsor is authorized to use this number. Noncompliance may result in withdrawal of program approval.

3. START DATE AND END DATE – Dates must match the dates of the corresponding Master Schedule.

4. CLINICAL GROUP #

- a. There is an 8:1 student to clinical instructor ratio maximum in clinical.
- b. Write the clinical group/section identifier which matches the corresponding Master Schedule in the designated area.
- c. Each clinical group/section's Official Class Roster shall be matched with its own Master Schedule. This allows for verification of hours and monitoring the student to instructor ratios. For further information see Master Schedule Guidelines.

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5. PROGRAM COORDINATOR

- a. Enter the Program Coordinator's name, phone number, and email address where indicated.
- b. A valid email address must be included for the Program Coordinator.

6. DATE SENT TO IDPH – write the date the Official Class Roster is sent to the Department.

7. TYPE OF CLASS

- a. Check the appropriate box to identify the class as a morning, an afternoon, an evening, or a weekend class. Type of class is determined by when the theory portion is offered.
- b. Reference Master Schedule Completion Guidelines for details.

8. STUDENT INFORMATION

- a. Print or type all student data. All handwritten forms must be legible. Illegible forms will be returned. The use of White-Out or similar products is prohibited.
- b. A correct and valid U.S. social security number (SSN) must be entered for each student. It is the student's responsibility to provide a correct and valid U.S. SSN. The Program Sponsor should have a system in place to check for validity of SSN at the beginning of a class before a student has invested time, money, or both in the class.

A roster with an invalid SSN will not be accepted. A memorandum issued by the Department and located on www.nurseaidetesting.com (in the main menu) explains the program requirements for provision of Social Security numbers in order for individual competency testing and inclusion on the Health Care Worker Registry. Program Coordinators should familiarize themselves with identifying valid/invalid Social Security Numbers.

Current information on what constitutes a valid Social Security number can be found at <http://www.ssa.gov/employer/ssnvhighgroup.htm>. This includes information on the randomization of the SSN effective as of June 25, 2011. It is recommended that you visit this site for the most current information; one section of interest is Frequently Asked Questions for Employers → Invalid or impossible Social Security numbers.

Examples of invalid numbers:

- i. An ITIN number is a Tax Processing number issued by the IRS. It resembles a SSN, but always begins with the number 9 and has a 7 or 8 as the fourth digit.
- ii. There are also numerous types of VISAs: foreign nationals, visitors, aliens, crewman, academic status, foreign medical grads, temp workers, exchange visitors, fiancé of U.S. citizen, and vocational language students. Contact IDPH if you are unsure of the validity of a student's SSN.

9. INSTRUCTOR(S)

- a. Instructors must meet Instructor Requirements in accordance with 77 Illinois Administrative Code, Section 395.160 and **must be approved by Illinois Department of Public Health** for the portion(s) of the program which they will be teaching **prior** to the start date of the class. The Instructors on the Official Class Roster must match the Instructors listed on the corresponding Master Schedule.

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- b. Clinical Instructor(s)
 - i. There is an 8:1 student to clinical instructor ratio maximum in clinical.
 - ii. The Clinical Instructor will sign the Official Class Roster in the designated area at class completion only for those students who were directly supervised by that Clinical Instructor.
 - iii. If more than one instructor supervised a group of students, then each of those Clinical Instructors shall be listed and shall sign the Roster.
 - c. Approved Evaluator
 - i. The Approved Evaluator will sign the Official Roster in the designated area at class completion only for those students who successfully demonstrated competency of the performance skills when they were evaluated by that Approved Evaluator.
 - ii. If more than one Approved Evaluator evaluated a group of students, then each of those Approved Evaluators shall sign the Official Class Roster.
 - iii. If this is a facility-based program, the Approved Outside Evaluator, who has no fiduciary connection with the facility in which the student is employed or will be employed within 30 days of the evaluation and is contracted by the facility, shall also sign the Official Class Roster.
 - d. Lead Theory Instructor – The Lead Theory Instructor will sign the Official Class Roster in the designated area upon class completion. Signature verifies that the theory portion of the program has been completed by all of the students listed on the roster.
10. Attach page 1 of the corresponding Master Schedule to the Official Class Roster and mail to the Education & Training Section of the Illinois Department of Public Health. Do not include the Day by Day pages of the Master Schedule.
11. Retain a copy of your records.

Mail to: Illinois Department of Public Health
Education and Training Section
Jennifer Kempiners, PSA
525 West Jefferson Street, 4th Floor
Springfield, IL 62761