

Illinois Department of Public Health
BASIC NURSE ASSISTANT TRAINING PROGRAM
OFFICIAL CLASS ROSTER

Clinical Group # _____

Program # _____ Program Sponsor _____ Program Dates _____ to _____
 Start Date _____ End Date _____

Program Coordinator _____ Phone Number _____ Fax Number _____ E-mail Address _____

This was a/an: morning class afternoon class evening class a weekend class Date sent to IDPH _____

Please print or type all student data. Correct & valid U.S. social security numbers must be provided.

Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____
Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____
Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____
Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____

- Page 1 of the FINAL Master Schedule which matches this Official Class Roster is attached.
- The student to instructor ratio for clinical instruction did not exceed the maximum of 8 to 1.

Lead Theory Instructor Name & Code: _____ (Type or Print) / _____ (Signature)

Clinical Instructor Name(s) & Code(s): _____ (Type or Print) / _____ (Signature)

_____ (Type or Print) / _____ (Signature)

_____ (Type or Print) / _____ (Signature)

Approved Evaluator(s) & Code(s): _____ (Type or Print) / _____ (Signature)

_____ (Type or Print) / _____ (Signature)

MAIL NO LATER THAN 30 DAYS AFTER PROGRAM END DATE TO: Illinois Department of Public Health
 Education and Training Unit
 525 West Jefferson Street, 4th Floor
 Springfield, IL 62761