

Illinois Department of Public Health (IDPH) Basic Nursing Assistant Training Program (BNATP) Guidelines for Completion of Master Schedule

These guidelines provide step-by-step directions for completing a BNATP Master Schedule.

NOTE: A submitted BNATP Master Schedule which does 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 at the following link <http://www.ilga.gov/commission/jcar/admincode/077/07700395sections.html>

GENERAL INFORMATION:

1. The Master Schedule must be received 15 working days prior to the start date of the class. Earlier submission is encouraged to allow time for corrections by the Program Sponsor. If for some reason a schedule will be late, has revisions, or minor changes (i.e. Snow days, etc.) email IDPH at dph.bnatp@illinois.gov.
2. All instructors and facility administrators should have access to the Master Schedule.
3. **Do not alter template forms.** Altered, previous formats, and inaccurate Master Schedule forms will be returned to the Program Coordinator for revision; then must be resubmitted via email to dph.bnatp@illinois.gov.

To complete a Master Schedule: Go to www.nurseaidetesting.com > Coordinators & Instructors > Forms > [20XX Master Schedule Content > [PDF] 20XX Master Schedule Calendar Form (Figure 1). ****DO NOT USE CHROME****

1. Select applicable form by right clicking [PDF] next to Calendar Form
2. Click Save... as > Name Form > and click Save
3. Open Saved Form on Computer (This is the form that must be completed.)

DO NOT fill in form that is not saved on the computer. It will not save changes to Master Schedule. If schedule is saved and opened the form should appear with red lines around the required boxes (Figure 2). **To save the file data while working on it click "Save As" versus "Save" or using the save icon. Doing this periodically will save data that has been entered should the computer go down when working on the schedule and will keep the file size small.**



ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)
BNATP/ANATP NURSE ASSISTANT TRAINING PROGRAM
MASTER SCHEDULE
JANUARY MAY

Program Number	Clinical Site #2 (S2)
Program Name	Address
Program Email Address	City
Address	ZIP
City	Phone
Phone (Sponsor)	Extension
Program Coordinator	Clinical Site #3 (S3)
Email Address	Address
Program Coordinator Phone	City
Extension	ZIP
Phone	Phone
Theory Site (T)	Start Date
Address	End Date
City	Number of Clinical Groups
Phone	Misc Notes
Phone (Sponsor)	
Extension	
Theory/Lab Room #	
Clinical Site #1 (S1)	
Address	
City	
Phone	

After completing this schedule, email it to: dph.bnatp@illinois.gov
Scanned or faxed schedules are not accepted

Figure 1. Saving the Master Schedule.

Figure 2. Incomplete Master Schedule form saved properly.

Master Schedule Step by Step Instructions:

1. Enter the PROGRAM NUMBER in the field (Figure 3). Only the approved Program is authorized to use this number. Programs may have multiple theory sites or program types resulting in multiple Program Numbers. Each program has a unique four-digit numerical identifier.
2. Enter the PROGRAM NAME in the field (Figure 3). Do not abbreviate when entering the Program Name; this is the name of the community college, public or private business or vocational school, or facility sponsoring the program. An individual cannot be a Program.
3. Enter the Program Name's EMAIL ADDRESS, ADDRESS, PHONE NUMBER, and EXTENSION number (if any) (Figure 3).

Program Number	<input type="text"/>		
Program Name	<input type="text"/>		
Program Email Address	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	ZIP	<input type="text"/>
Phone (Sponsor)	<input type="text"/>	Extension	<input type="text"/>

Figure 3. Enter Program Number, Name, Email Address, Address, and Phone Number.

4. Enter the PROGRAM COORDINATOR's NAME, EMAIL ADDRESS and PHONE number (Figure 4). The Program Coordinator must be a Registered Nurse identified as the contact person responsible for inquiries to and from IDPH and Illinois Nurse Aide Training Competency Evaluation Program (NATCEP) at Southern Illinois University Carbondale (SIUC).

Program Coordinator	<input type="text"/>		
Email Address	<input type="text"/>		
Program Coordinator Phone	<input type="text"/>	Extension	<input type="text"/>

Figure 4. Enter Program Coordinator's Name, Email, and Phone Number.

5. Enter the THEORY/LAB ROOM #(s), complete ADDRESS, PHONE number, EXTENSION if any, and Room # (Figure 5).

Theory Site (T)	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	ZIP	<input type="text"/>
Phone	<input type="text"/>	Extension	<input type="text"/>
Theory/Lab Room #	<input type="text"/>		

Figure 5. Enter Theory Site, Address, Phone, Extension, and Room Number.

6. Enter the CLINICAL SITE(s) name, complete ADDRESS, PHONE number, and EXTENSION number if any (Figure 6). Include up to 3 clinical sites. Note: CLINICAL SITE #2 and #3 are not required field as not every BNATP uses additional clinical sites. Enter Medicare PROVIDER NUMBER for long-term care facilities; it will start with #14 and can be provided by the facility administrator (Figure 6). Hospitals will not have a #14 PROVIDER NUMBER in this case enter N/A in the field (Figure 6).

7. Enter the START DATE and END DATE followed by the TOTAL NUMBER OF CLINICAL GROUPS (Figure 6).
Example: if there is one Theory class with 2 Clinical Groups enter a number 2 in the field.
8. Enter any additional notes in the Miscellaneous Notes field on page one (Figure 6).

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)
 BNATP/ANATP NURSE ASSISTANT TRAINING PROGRAM
 MASTER SCHEDULE
 JANUARY - MAY**

Program Number <input style="width: 90%;" type="text"/> Program Name <input style="width: 90%;" type="text"/> Program Email Address <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 45%;" type="text"/> ZIP <input style="width: 45%;" type="text"/> Phone (Sponsor) <input style="width: 45%;" type="text"/> Extension <input style="width: 45%;" type="text"/>	Clinical Site #2 (S2) <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 45%;" type="text"/> ZIP <input style="width: 45%;" type="text"/> Phone <input style="width: 90%;" type="text"/>
Program Coordinator <input style="width: 90%;" type="text"/> Email Address <input style="width: 90%;" type="text"/> Program Coordinator Phone <input style="width: 45%;" type="text"/> Extension <input style="width: 45%;" type="text"/>	Clinical Site #3 (S3) <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 45%;" type="text"/> ZIP <input style="width: 45%;" type="text"/> Phone <input style="width: 90%;" type="text"/>
Theory Site (T) <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 45%;" type="text"/> ZIP <input style="width: 45%;" type="text"/> Phone <input style="width: 45%;" type="text"/> Extension <input style="width: 45%;" type="text"/> Theory/Lab Room # <input style="width: 90%;" type="text"/>	Start Date <input style="width: 90%;" type="text"/> End Date <input style="width: 90%;" type="text"/> Number of Clinical Groups <input style="width: 90%;" type="text"/>
Clinical Site #1 (S1) <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 45%;" type="text"/> ZIP <input style="width: 45%;" type="text"/> Phone <input style="width: 90%;" type="text"/>	Misc Notes <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

After completing this schedule, email it to: deh.bnato@illinois.gov
 Scanned or faxed schedules are not accepted

Figure 6. Enter Clinical Site information, Start/End Dates, Number of Clinical Groups and Miscellaneous Notes.

9. The PROGRAM NUMBER, START DATE, END DATE, and CLINICAL GROUPS will automatically populate from previously entered data on page 1 (Figure 7).

Program Number <input style="width: 90%;" type="text"/>	Start Date <input style="width: 90%;" type="text"/>	End Date <input style="width: 90%;" type="text"/>	Clinical Group (s) <input style="width: 90%;" type="text"/>
Theory (T1) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>	Clinical Group 1 (C1) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>	Theory (T2) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>	Clinical Group 2 (C2) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>
Theory (T3) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>	Clinical Group 3 (C3) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>	Theory (T4) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>	Clinical Group 4 (C4) time: Start <input style="width: 20px;" type="text"/> End <input style="width: 20px;" type="text"/> Hours Counted <input style="width: 20px;" type="text"/>
Theory/Lab Hours <input style="width: 100px;" type="text"/>		Clinical Hours <input style="width: 100px;" type="text"/> Total Hours <input style="width: 100px; text-align: center; border: 1px solid black;" type="text" value="0"/>	

Figure 7. Program Number, Start and End Date, and Number of Clinical Group(s) auto-populates from page 1.

10. Enter the THEORY HOURS; include the START and END TIME of theory or laboratory time (Figure 8). Indicate the HOURS COUNTED (Figure 8). If students are provided a 15-minute break then subtract the 15 minutes to reflect the total hours counted. Theory Hours fields take up to two decimal places. It will not take fractions (use .25 versus ¼, etc.). Orientation and breaks do not count as theory hours per the Administrative Code.

Program Number	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>	Clinical Group (s)	<input type="text"/>
Theory (T1) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 1 (C1) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T2) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 2 (C2) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T3) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 3 (C3) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T4) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 4 (C4) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory/Lab Hours			<input type="text"/>	Clinical Hours		<input type="text"/>	Total Hours <input type="text" value="0"/>

Figure 8. Enter Theory Start time, End Time, and Hours Counted toward hours of instruction.

11. Enter the CLINICAL GROUP 1 (C1) hours with START and END time of clinical time followed by the total HOURS COUNTED of that time toward student clinical instruction (Figure 9). Breaks, meals, and orientation do not count as clinical time. Clinical Group start, end and hours counted fields take up to two decimal places. If students are provided a 30-minute meal break then subtract the 30 minutes to reflect the total hours counted towards clinical. It will not take fractions (use .25 versus ¼, etc.). Up to four Clinical Groups can be entered on one Master Schedule (Figure 9).

Program Number	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>	Clinical Group (s)	<input type="text"/>
Theory (T1) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 1 (C1) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T2) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 2 (C2) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T3) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 3 (C3) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T4) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 4 (C4) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory/Lab Hours			<input type="text"/>	Clinical Hours		<input type="text"/>	Total Hours <input type="text" value="0"/>

Figure 9. Enter Clinical Group Hour's Start and End times and Hours Counted toward clinical time.

12. Enter the THEORY/LAB HOURS, CLINICAL HOURS. The TOTAL HOURS will calculate automatically (Figure 10). These hours must match the Allocation of Hours submitted to IDPH. Note: Any change in program content must be submitted to IDPH 30 days prior to the start of the course.

Program Number	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>	Clinical Group (s)	<input type="text"/>
Theory (T1) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 1 (C1) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T2) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 2 (C2) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T3) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 3 (C3) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory (T4) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>	Clinical Group 4 (C4) time:	Start <input type="text"/>	End <input type="text"/>	Hours Counted <input type="text"/>
Theory/Lab Hours			<input type="text"/>	Clinical Hours		<input type="text"/>	Total Hours <input type="text" value="0"/>

Figure 10. Calculation of total Theory/Lab and Clinical hours.

13. Enter the Master Schedule as an ORIGINAL SUBMISSION, REVISION, and DATE the ORIGINAL or REVISION is sent. For Master Schedule revisions enter REASON FOR REVISION on the form (Figure 11).

Program Number Start Date End Date Clinical Group (s)

Theory (T1) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>	Clinical Group 1 (C1) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>
Theory (T2) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>	Clinical Group 2 (C2) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>
Theory (T3) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>	Clinical Group 3 (C3) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>
Theory (T4) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>	Clinical Group 4 (C4) time: Start <input type="text"/> End <input type="text"/> Hours Counted <input type="text"/>

Theory/Lab Hours Clinical Hours Total Hours

Original Submission Date Original Sent to IDPH

Revision Date Revision Sent to IDPH

Reason for revision

Figure 11. Submit original Master Schedule and Revisions.

14. Enter INSTRUCTOR'S FULL NAME and assigned IDPH INSTRUCTOR CODE (Figure 12). Mark the box(es) the instructor is teaching for the program: THEORY, CLINICAL, ALZHEIMER'S DISEASE, CPR, SPECIAL CONTENT, AND/OR APPROVED EVALUATOR (Figure 12). If an instructor is marked as teaching CPR be sure that updated credentials are on file with IDPH. Note: Enter names of all potential substitute instructors that may possibly teach at any time during the course. If there is a substitute required a revised schedule would not need to be sent as the instructor is already identified in the original submission.

15. Enter the description for SPECIAL CONTENT INSTRUCTORS. Note: This can be an abbreviated and if necessary, add details on the calendar itself on the day that the Special Content Instructor is scheduled (Figure 12).

List all instructors with instructor codes in the table below. Check all content areas in which the instructor will teach. Substitutes can be included here.

Instructor Full Name	Instructor Code	Theory	Clinical	Alzheimer	CPR	Special Content	Approved Evaluator
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Figure 12. Enter Instructor Names, Codes, Area Teaching and Special Content.

16. Enter information on the Master Schedule Calendar pages by clicking on the day and tabbing over to preceding day (Figure 14). The last block in the bottom right hand corner of each calendar page is a free-form text field, for notes (Figure 14). Enter T's for theory and C's for clinical. Refer to Calendar Key for abbreviations related to multiple clinical groups and multiple clinical sites (Figure 13).

CALENDAR KEY: T = Theory or Lab
C = Clinical (one group)

If there is more than one clinical group enter the groups as follows: (Example: There are 32 students in Theory, it is divided into 4 Clinical Groups.)
C1 = Clinical Group 1
C2 = Clinical Group 2
C3 = Clinical Group 3
C4 = Clinical Group 4

If a clinical is being held at a site other than site listed as S1 on page one of the Master Schedule indicate on the calendar as follows:
C2 S1 = Clinical group 2 is at Site 1 listed on page one of the Master Schedule.
C2 S2 = Clinical group 2 is at Site 2 listed on page one of the Master Schedule.
C2 S3 = Clinical group 2 is at Site 3 listed on page one of the Master Schedule.

February

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 T	2 C1
3	4 T	5 T	6 T	7 T	8 T	9 C2, S2
10	11 T	12 T	13 T	14 T	15 NO SCHOOL	16 C1
17	18 NO SCHOOL	19 T	20 T	21 T	22 T	23 C3
24	25 T	26 T	27 T	28 T		

Figure 13. Key for entering calendar information.

Figure 14. Example of calendar with Theory and Clinical entered.

Exceptions: If there are exceptions to theory or clinical times, simply enter the military or 24-hour time on the calendar. This will alert IDPH that a particular day has a different class time from the time indicated on page 2 of the Master Schedule. Information specific to each month can be entered on the calendars blank spaces at the end of each month (Figure 13).

17. Submission of the Master Schedule:

Once all of the required information outlined in red is completed and the entire schedule has been reviewed save the file then submit the file as email attachment to dph.bnntp@illinois.gov. The Master Schedule must be received 15 working days prior to the start date of the class.