

# Illinois Department of Public Health

## HYBRID NEW PROGRAM APPLICATION

Nursing Assistant Training & Competency Evaluation Program  
(NATCEP)

**Advanced or Basic Nursing Assistant Training Program**

**Programs may not begin classes until IDPH approval is granted**

Program Sponsor/Organization (Name of School)      Address

City/ZIP

Theory Site Name/Address/Phone if different from Program Sponsor address

Program Coordinator (must be an RN)      Phone Number      Fax Number (optional)

Email Address (required)

Program Status (check one):      New Program      Reactivation

Note: If requesting reactivation, list your program code number:

List all program codes for currently active ANATP or BNATP non-hybrid programs:

**Submit only the Hybrid Allocation of Hours form with this application.**  
***No other documentation or forms are required  
if you already have an approved BNATP.***

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***Do not complete any information below this line—IDPH use only***

Date Received:

Date Returned, if incomplete:

Date Returned, if incomplete:

Date of Approval:

Program Code

Online Hours

Face-to-Face Hours

Clinical Hours

Total Hours