



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Application and Approval Request for BNATP or ANATP Instructor

Last Name:

First Name:

Middle Name or Initial:

Mailing Address:

City/State/ZIP:

Preferred Phone Number:

Email address:

Enter program numbers below for which you will be requesting approval:

If instructor will provide CPR certification, please attach a copy of the CPR Instructor card.

For Instructors hired without a Train the Trainer certificate, please include:

1. An updated resume showing full address and education.
2. Certificate(s) for 4 CEUs or equivalent in Alzheimer's or related dementias.

For instructors hired with a Train the Trainer certificate, please include:

1. An updated resume showing full address and education.
2. Certificate(s) from the Train the Trainer program

****Do not submit copies of nursing licensure****

Email this form with enclosures to: dph.bnatp@illinois.gov