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525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://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:**

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. 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](mailto:dph.bnatp@illinois.gov)***