



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

Program Code: _____ Monitoring Visit Date: _____

Dear Program Coordinator or Instructor,

Listed below is the documentation that should be readily available for review within the next five minutes. Please provide copies to the Education Coordinator. Should these documents not be provided in the allotted time the program will immediately be placed on a corrective action plan.

- Course Syllabus with inclusion of the following policies:
 - Attendance Policy
 - Makeup Policy
 - Healthcare Worker Background Check Policy
- Any documents students are required to sign
- Course Catalog or Handbook if applicable
- Proof of student training start date entry into HCWR (print screen)
- Textbook Copyright Page
- Final Exam
- Current Allocation of Hours on file with IDPH
- All current Affiliation Agreements with the exception of facility-based programs
- Current Class Roster
- Student Social Security Cards (may redact first 5 numbers)
- Instructor CPR Cards for all instructors marked as teaching CPR on MS
- Proof of current Program Approval or Reapproval (print email, renew every two years)
- Current IHBE Certificate if applicable
- Any current Corrective Action Plans and related documentation if applicable
- _____
- _____

Thank you in advance for your cooperation,

Randy Carey-Walden, RN, BSN, MSN, CCM
Training and Technical Direction

PROTECTING HEALTH, IMPROVING LIVES