ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

PROGRAM COORDINATOR TRAINING GUIDE

Instructions for Basic Nursing Assistant Training Program (BNATP) and Advanced Nursing Assistant Training Program (ANATP) Operation

**To go directly to a page without scrolling, hold the control key
and left click on the item in the Table of Contents. Release the ctrl key.**
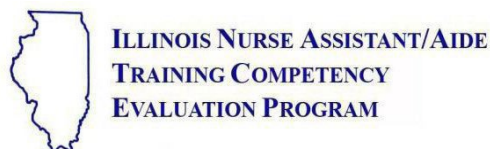
ILLINOIS NURSE ASSISTANT/AIDE
TRAINING COMPETENCY
EVALUATION PROGRAM

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March 2024

Purpose

This training document has been developed as a guide for Program Coordinators to provide information relevant to the operation of a Basic Nursing Assistant Training Program (BNATP) and Advanced Nursing Assistant Training Program (ANATP) as an adjunct to the Program Coordinator Training Program. This guide includes information on developing a new BNATP/ANATP and maintaining compliance once a program is established. You will be directed to various websites for information, forms and documents. Information located on these sites may not be repeated in this document due to space limitations.

It is advisable to review this guide on a regular basis as updates will be added when available.

ACRONYMS

ANAT	Advanced Nursing Assistant Training
ANATP	Advanced Nursing Assistant Training Program
ANATP Code	Program code number assigned by Department to an approved ANATP
ANT	Finding of Abuse Neglect and/or Theft
BNAT	Basic Nursing Assistant Training
BNATP	Basic Nursing Assistant Training Program
BNATP Code	Program code. Number assigned by Department to an approved BNATP.
CAP	Corrective Action Plan
CAAPP	Updated fingerprint background check (Criminal Activity on Applicant)
CEP	Competency Evaluation Program
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CNA	Certified Nursing Assistant or Certified Nursing Assistant I
CNA II	CNA Certified Nursing Assistant II
CNAEA	CNA Educators Association
CPR	Cardiopulmonary Resuscitation
Department	Illinois Department of Public Health
ECFR	Electronic Code of Federal Regulations
FBI	Federal Bureau of Investigation

FEE_APP	Fee Applicant Inquiry Fingerprint-Based Criminal History Records Check (The LiveScan fingerprint background check required for all A/BNATPs)
HCWR	Health Care Worker Registry
HHS	Health and Human Services
IBHE	Illinois Board of Higher Education
IDPH	Illinois Department of Public Health; Department
IEP	Individualized Education Plan
ISBE	Illinois State Board of Education
ISP	Illinois State Police
CHRI	Criminal History Record Information
LTC	Long Term Care
NATCEP	Nurse Aide Training Competency Evaluation Program also known as
PC	Program Coordinator
PRA	Portal Registration Authority
SIUC NAT	Southern Illinois University Carbondale, Nurse Aide Testing
SSN	Social Security Number
TB	Tuberculosis
UCIA	Illinois State Uniform Conviction Act

Contact	Email	Phone
Illinois Department of Public Health Training and Technical Direction. 525 W Jefferson St, 4thFloor Springfield, IL 62761 Randy Carey-Walden, RN, MSN, CCM Public Service Administrator	dph.bnatp@illinois.gov ross.carey-walden@illinois.gov	217-785-5569
Illinois Department of Public Health Health Care Worker Registry (HCWR) 525 W. Jefferson St., 4th Floor Springfield, IL 62761 HCWR Name Search	dph.hcwr@illinois.gov	217-785-5133
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Illinois State Board of Higher Education 431 E. Adams, 2nd Floor Springfield, IL 62701 https://www.ibhe.org/		217-782-2551/ 866-262-6663
Certified Nursing Assistant Educators Assoc. cnaeducators.org	Contact information is on the website Click here for the link to regional contacts	

Program Coordinator

Reference: 77 Illinois Administrative Code, Section 395.165

The Program Coordinator (PC) is a registered nurse responsible for the planning, implementation, evaluation and overall coordination and point of contact for an Advanced or Basic Nurse Aide Training Program (A/BNATP). This includes verifying proper completion and submission of forms and documents related to the A/BNATP operation, including instructor credentials. Maintaining current contact information including telephone numbers and email addresses is vital to a successful A/BNATP. *A change in Program Coordinator requires written notification to the Department within 5 business days.* Email notification is acceptable. A Program Coordinator who has submitted her/his resignation to an A/BNATP is responsible for notifying the Department of the resignation. It is not her/his responsibility to identify the replacement Program Coordinator if it is unknown.

All correspondence from the Department and the SIUC Nurse Aide Testing Project (SIU NATP) will be directed to the Program Coordinator. Please make sure the contact information on page one of the master schedule is current. Program Coordinators are expected to disseminate received reports and updates in a timely manner to the instructors in their respective A/BNATPs. This promotes program improvement and compliance with the rules and regulations. Updates from the Department should be disseminated to all instructors of an A/BNATP. Monthly updates from the Department and quarterly newsletters are now available for everyone to view at www.nurseaidetesting.com under Coordinators & Instructors.

Please include the A/BNAT Program name and Program Code number on **all correspondence** to the Department, including electronic mail (email). There are over 425 programs in the State of Illinois. Many have similar program names or multiple sites. The program number is important in identifying to which program(s) you are referring.

Rules & Regulations: State & Federal

Advanced and Basic Nurse Aide Training Programs in Illinois are responsible for complying with both State and Federal regulations.

Federal Regulations are located at: www.cms.hhs.gov. **Regulations and Guidance ➔ Guidance, Manuals ➔ Internet-Only Manuals ➔ 100-07** State Operations Manual ➔ **Chapter 4** Program Administration and Fiscal Management ➔ **4132** NATCEPs and CEPs.

Code of Federal Regulations, Title 42, Part 483 www.ecfr.gov.; **Part 483.1 to 483.480** Requirements for States and Long-Term Care Facilities ➔ Subpart D —Requirements for Nurse Aide Training and Competency Evaluation Programs.

Federal Regulations for Long Term Care Facilities:
http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf . This is the State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities. It is important for Instructors and Evaluators to be aware of the services LTC facilities are required to provide in order to supply the most up-to-date information to their students.

IDPH State Regulations: www.idph.state.il.us. Click on the following to access the State Regulations that govern the NATCEPs in Illinois: Laws and Rules ➔ Current Laws and Rules

➔ Health Care Facilities ➔ Nursing Home Licensure (including nurse aide training). Depending on what rule you are seeking you can click ➔ Long-Term Care Assistants and Aides Training Programs Code (77 Illinois Administrative Code 395). A/BNAT program operation, including A/BNATP curriculum requirements, can be found in this section.

Other sections that may be helpful are ➔ Skilled Nursing and Intermediate Care Facilities Code (77 Illinois Administrative Code 300) and ➔ Health Care Worker Background Check Code (77 Illinois Administrative Code 955). Links to these sections of 77 Illinois Administrative Code can also be found on www.nurseaidetesting.com.

Health Care Worker Background Check, Web Portal, Portal Registration Authority (PRA): 77 IL Administrative Code, Part 955 Health Care Worker Background Check Code: http://www.ilga.gov/commission/jcar/admincode/077/07700955sections.html Contact the HCWR staff for specific instructions. Basic instructions will be provided here, however application to become a Portal Registration Authority (person who enters data into the HCWR) must be made through the HCWR. Contact information for the HCWR is at the bottom of the page at: https://hcwrpub.dph.illinois.gov/

Background Check Policy

The Background Check Policy should follow Code Requirements in Section 395.171 Health Care Worker Background Check. Add to Syllabus/Handbook in a format that depicts the Code listed below:

a) A training program shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Administrative Code (Title 77 Section 955).

b) A training program shall provide counseling to all individuals seeking admission to the training program concerning the Health Care Worker Background Check. The counseling should include, at a minimum:
  1) Notification that a fingerprint-based criminal history records check will be initiated,
  2) A clear statement that a fingerprint-based criminal history records check is required for the individual to work as a direct access worker, a CNA, or a Direct Support Person in Illinois and,
  3) A listing of those offenses in Section 25 of the Health Care Worker Background Check Act for which a conviction would disqualify the individual from finding employment as a direct access worker, a CNA, or a Direct Support Person unless the individual obtained a waiver pursuant to Section 40 of the Health Care Worker Background Check At.
c) An individual will not be allowed to enroll in a training program (or must be disenrolled) unless the individual has had.
  1) A criminal background check that reveals no disqualifying convictions, unless a waiver had been granted and,
  2) No administrative findings of abuse, neglect, or misappropriation of property (theft).

Background check policy for secondary schools: Secondary Programs are exempt from a fingerprint based criminal records check. However, all students training dates must be entered into the HCWR to meet IDPH compliance. Secondary students or guardian (if minor) must complete an Authorization and Disclosure form permit required information added to the HCWR in order to input training dates.

Fingerprint Background Check

A PC must register for a Portal Account to access the Illinois HCWR and request access the Health Care Worker Background Check System. If you already have a username, please exit and have your facility Portal Registration Authority (PRA) send an email to IDPH Security requesting the additional application access needed. (For example: You have an ICARE login). If you have no other access to the Web Portal, use the Web Portal User Agreement link: https://wpur.dph.illinois.gov/WPUR/

Fingerprint background checks are required by Title 77, Section 955.165. Before a student *begins a NATP*, a fingerprint background check must be done for all educational entities *other than secondary schools.* The background check must be *initiated* before the student enters the program. Once the Authorization and Disclosure Form (see below) is signed and dated, the student has 10 days to present her/himself to a LiveScan vendor for fingerprint processing. ***Fingerprints must still be collected before the first day of class. The Authorization and Disclosure Form has a ten-day expiration date on it.***

Program Coordinators should first check the HCWR to see if the student is already on the registry. If FEE_APP or CAAPP appears under the **IDPH Determination of Illinois State Police Background Check** field, *there is no need to complete another background check!* If either of the above appears under the field with a date, subsequent convictions will be loaded automatically into the HCWR. Students who do not have this entry must have their fingerprints collected by an Illinois State Police approved LiveScan vendor. The list of approved vendors is at: https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp

Students who have disqualifying convictions cannot enter into a A/BNATP without an approved waiver. Waiver applications take 8-10 weeks to process and an application for a waiver does not mean a waiver will be approved. The student should be asked to submit the waiver application and reapply to the A/BNATP if a waiver is granted. It is not the Program Coordinator's responsibility to assist with the processing of a waiver. The application and approval/denial process will not be covered in this manual. The student who requires a waiver should be directed to the HCWR homepage with contact information at the bottom of the page at: https://hcwrpub.dph.illinois.gov/

Authorization and Disclosure Form

The A/BNATPs must use this form rather than a form that they have created because this form allows the Department to be the requestor of the fingerprint background check. The A/BNATP initiates the fingerprint background check, but the Department is the requestor. For the fingerprint background checks to be ongoing, a government entity has to be the requestor, in this case the Illinois Department of Public Health (IDPH). The Illinois State Police (ISP) cannot retain the fingerprints from background checks requested by private entities. Since IDPH is the requestor, ISP can retain the fingerprints and can send a notification to the original requestor (IDPH) if these fingerprints are associated with a later conviction. Proof of student data entry into the HCWR must be provided on monitoring visit to the Education Coordinator within five minutes of arrival.

When programs enter student demographic information into the HCWR, the IDPH computer system knows in which A/BNATP the individual is studying and will send an email notification to that program should a conviction occur. *This is the reason it is vital to create a generic email address that can be accessed if an administrative staff person with access to the HCWR leaves the A/BNATP or the employer. Email addresses must be kept up to date in the registry.* If the convictions are disqualifying, the program will be required to dismiss the individual from the program. This is why you do not need to initiate a fingerprint background check through the registry if the individual already has a FEE_APP or CAAPS background check, as the process is ongoing. Additionally, this is why a UCIA name or UCIA fingerprint background check is no longer allowed. If UCIA appears in place of FEE_APP or CAAPS, a new fingerprint background check will have to be initiated. *It is possible that a CNA applying for an ANATP may have a disqualifying conviction even though s/he has a CNA certification. This CNA can no longer work as a CNA with either ANATP or BNATP qualifications until a waiver has been granted. A CNA I cannot enter into a CNA II program with disqualifying convictions. A waiver must be approved before entry into the program is permitted.*

This form also authorizes the program to have access to a specific individual's personal information and the conviction sheet from ISP: "I authorize the Department to provide any health care facility, training program or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI." This is why secondary programs must have students complete the Authorization and Disclosure form.

This form has an acknowledgement that the information received because of this authorization is used "solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer." It also has an acknowledgement that "I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law."

HOW TO PRINT the Authorization and Disclosure Form.

From the Welcome page:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY
LOGOUT   FACILITY LIST

IDPH
Online

| WORKERS | APPLICATIONS | EXCEPTIONS | EMPLOYEES | MAINTENANCE | |

Illinois Department of Public Health

Welcome...

Approved Training Programs
Certified Nurse Aides
Direct Support Person

CNA Facts

Forms
Applicant Notice
Authorization and Disclosure Form
Foreign Nurse Application
Manual Skills Evaluator Form
Military Personnel Application
Nursing Student Application
Out of State CNA Application
Waiver Application
  Waiver Application Facts

From the New Application page: Also, the A&D Form can be opened and printed from here as well. See link under registries.

Click on the "Applications" tab then click on "New Application."

Note that this is the same page where you will conduct the six additional background checks.

WORKERS	APPLICATIONS	DETERMINATIONS	EXCEPTIONS	PROGRAMS

New Application

New Applicant...

Registries:

Health and Human Services Office of Inspector General

Illinois Sex Offenders Registration

Illinois Department of Corrections Sex Registrant

Illinois Department of Corrections Inmate Search

Illinois Department of Corrections Wanted Fugitives

National Sex Offender Public Registry

Authorization and Disclosure Form

Social Security Number: [   ]

Verify Social Security Number: [   ]

From the Background Check Initiation page:
(bottom of the page)

Application...

Position Sought:

Category: Technical, Unlicensed Health Care ▼

Type: Certified Nurse Aide ▼

Has completed a IL approved nurse aide training program and competency test, or was determined by IL to have equivalent training. Must not have gone 24 consecutive months without working as a CNA for pay under the supervision of a licensed nurse.

Background Check...

Background Check Type:

⦿ FEE APP ○ UCIA Fingerprint ○ UCIA Name ○ CAAPP

Criminal History Checks:

⦿ ISP ○ FBI ○ FBI & ISP

Registry Checks:

Health and Human Services Office of Inspector General	☐ No Disqualification Found.
Illinois Sex Offenders Registration	☐ No Disqualification Found.
Illinois Department of Corrections Sex Registrant	☐ No Disqualification Found.
Illinois Department of Corrections Inmate Search	☐ No Disqualification Found.
Illinois Department of Corrections Wanted Fugitives	☐ No Disqualification Found.
National Sex Offender Public Registry	☐ No Disqualification Found.

The registry checks above completed on: 7/4/2011 ✓

Paperwork:

Authorization and disclosure form complete ☑

State of Illinois
Illinois Department of Public Health

Health Care Worker Background Check
Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program. or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City: _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____ - _____

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

☐ Male ☐ Female   Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____

Race   A   Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
       B   Black or African American (Not Hispanic or Latino)
       H   Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
       I   American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
       U   Of undeterminable race. Of Untold mixture.
       W   Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft?   ☐ Yes ☐ No   If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? ☐ Yes ☐ No   If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

_____   _____
(Signature)   (Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

_____   _____
(Signature of Parent or Guardian when applicable)   (Date)

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: 217-785-5133

__This form is for example only. Only the form printed from the Health Care Worker Registry is valid to initiate a fingerprint background check.__

Rejected Fingerprints

Fingerprints are rejected either because they were not collected correctly or because the fingerprint ridges are not defined well enough to get a clear print.

A rejected fingerprint is in no way a negative reflection on the applicant. An applicant that may have worked in a beauty shop, in janitorial services, or other positions where cleaners or other solvents that are used on a prolonged basis may damage the ridges of an individual's fingerprints.

FINGERPRINTS REJECTED ONCE:

Fingerprints that are rejected once must be collected again. The applicant must take a copy of the email sent to the program back to the same LiveScan vendor (along with the original copy of the LiveScan request form) so that the applicant will not be charged the vendor's full fee again. A $10 fee must be collected by the vendor to pay the Illinois State Police. They will not waive this fee, but it is reduced from the original State Police charge. If the applicant goes to a different LiveScan vendor that vendor is allowed to charge the full price.

FINGERPRINTS REJECTED TWICE:

If the fingerprints are rejected by the State Police a second time, the educational entity shall conduct a complete name-based UCIA, criminal history records check through the Department of State Police and mail a copy of the results of the background check to the Registry within 10 working days after receipt. The UCIA criminal history records check shall be requested as prescribed by the Department of State Police. **The results of the UCIA criminal history records check shall have been issued by the Department of State Police no earlier than 31 days prior to entry into the program.** A UCIA name-based criminal history records check may be used only when there is proof that the individual's fingerprints have been rejected twice by the Department of State Police within the previous 12 months. The name-based check has to be conducted through the Illinois State Police based upon the person's name, race, date of birth and sex. It has to be for an unlimited amount of time. The report that you send to the HCWR must have the four of these (name, race, date of birth, and sex) on the report as well as the full Social Security Number. *Please verify the Social Security number by physically viewing the student's Social Security card.* For questions regarding UCIA criminal background checks, contact the HCWR.

A third party can request it for you (such as your LiveScan vendor). **The results have to be sent back to the program, not to IDPH because ISP can no longer include the SSN on UCIA background check responses.**

If you have the encrypted connection with ISP you can email them a request, or you can order name-based background check cards from the following web link:

http://www.isp.state.il.us/crimhistory/uciaformreq.cfm

Upon receiving the results, please fax them to (217) 524-0137 or mail it to the Illinois Dept. of Public Health, Health Care Worker Registry, 525 W. Jefferson St., 4th Floor, Springfield, IL 62761

Withdraw an Unnecessary Background Check Application

If the student, applicant, or employee does not go to a contracted LiveScan vendor and have his or her fingerprints collected electronically within 10 working days, **the individual must be suspended from participating in a training program until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a contracted LiveScan vendor.**

If the student, applicant, or employee has not had his or her fingerprints collected electronically by a contacted LiveScan vendor within 30 days after beginning a training program, the student shall be dropped from the training program. The educational entity shall withdraw the background check application from the Health Care Worker Registry.

Sign into the Department's web portal at www.idphnet.illinois.gov. If you need assistance, please see the "HCWR – Sign in" help document.

Click on the "Applications" tab

Any background check application that has been initiated by this program will be listed on the screen.

Click on the profile icon to open the individual's profile screen.

Click on the word "Applications"

Click on the clipboard icon with a red "**X**". If two background checks were initiated by mistake, please be certain to withdraw the one for which you DID NOT print a LiveScan Request Form. Verify that you are withdrawing the correct one by the Application Number in the top left corner of the LiveScan Request Form.
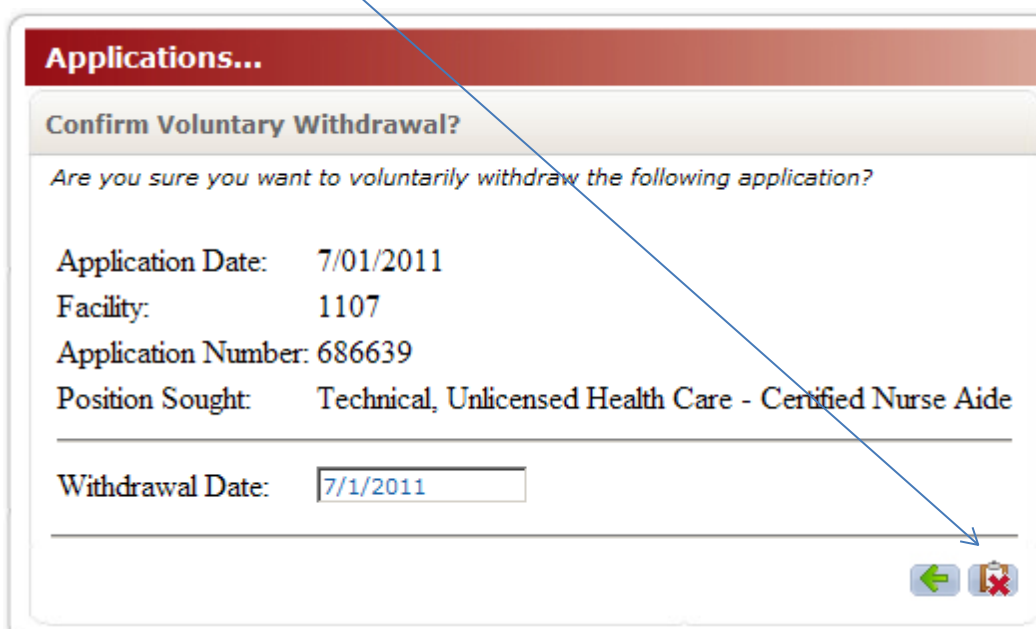
You will need to confirm that the background check application is to be withdrawn, by again clicking on the clipboard with the red "**X**".

After you confirm it, the background check application will no longer be listed on the profile screen or in the Applications tab.

Click on the individual's name in the black bar to go back to that person's profile screen. You may also click on another tab.

Under the "Background Checks" section of a student's Registry profile, Program Coordinators will no longer see whether a background check was a "Hit" or a "No Hit," and they will no longer see the red or green flags. These changes are the result of legislation which requires the Registry to clearly show an employee's eligibility to work in the health care field. Before these changes, employers and educational entities often became confused trying to determine eligibility for work or entry into a training program. Instead of the "Hit/No Hit" and the flags, there is now a "Work Eligibility," which appears just below the employee's name near the top of the profile. The Work Eligibility will be one of the following: "Eligible" (highlighted in green), "Ineligible" (highlighted in red), or "Not Yet Determined" (highlighted in orange/yellow). Descriptions of each type appear below.

"Eligible" (with green highlighting) means an employee is eligible to work in the health care field. That employee has had a FEE_APP (or a CAAPP). "Eligible" means either he/she had no disqualifying convictions, or he/she has been granted a waiver for any disqualifying convictions. Employers and Program Coordinators are still able to see disqualifying criminal convictions and they are still able to see any waivers and the status of those waivers.

"Ineligible" (with red highlighting) means an employee is **not eligible** to work in the health care field or enter into a training program. There are two potential situations that would result in an "Ineligible" determination. The first situation resulting in "Ineligible" is an employee with an Administrative Finding of Abuse, Neglect, and/or Theft (ANT Finding). An employee with an ANT Finding is ineligible for work, and ANT Findings cannot be waived. An employee with an ANT Finding is prohibited from working in a direct patient care role and is ineligible to complete a BNATP or an ANATP. The second situation resulting in "Ineligible" is an employee with one or more disqualifying criminal convictions who has no waiver granted. Employers are still able to see disqualifying criminal convictions and waivers along with the status of those waivers. If there is no waiver, or if a waiver is listed with a status of "Denied," "Revoked," or "Returned," that employee is not eligible to work. An employee listed as "Ineligible" can submit a waiver application if s/he meets certain waiver eligibility requirements. *It is the student's responsibility to address the issue and request a waiver. It is not the responsibility of the school or the employer.*

"Not Yet Determined" (with orange/yellow highlighting) means an employee has not had a FEE_APP or CAAPP. It might mean the employee has never had a background check or it might mean s/he had only a UCIA background check. A school wishing to admit this applicant must initiate a LiveScan request and send the student to have her/his fingerprints scanned for a FEE_APP background check. Once the Registry receives the background check results, that employee's "Work Eligibility" will change to either "Eligible" or "Ineligible," based on those results. Regardless of the "Work Eligibility"

status, Program Coordinators must be performing the Registry Checks (the six Registries that are checked when initiating a LiveScan request) on all new students. In addition, when hiring an employee for a CNA position (or other position that requires certification), employers must check the "Certifications" section and the "Training and Work History" section. For CNAs, if the employee has not worked in a direct patient care role for more than 24 months, this employee would need to recertify to reactivate her/his CNA certification—even if the "Training and Work History" shows "Active."

Link to background check sites:
https://hcwr.dph.illinois.gov/hcwr/pages/application/applicantnew.aspx

What do I keep when the applicant is already on the Registry with a FEE APP background check?

• A copy of your original search of the Health Care Worker Registry

• A printout of the profile screen

• A copy of the Screen that shows you have checked all the Web sites and the date they were checked. You DO NOT need to print out a copy of all the web link sites. You only need to keep the web page where it is indicated that there were no disqualifications found. This is specifically stated in the administrative rules.

• A copy of all email notifications received from the Registry after you enter the employment or training history information.

Training and Work History

A Program Coordinator is required to enter training information and update the demographics for all of its current students who are currently on the registry. A person is added to the registry _**only**_ if s/he is not already on the registry. **Secondary programs need to enter the student into the registry only so that the training history can be completed**. A background check is not required for secondary school students. After a program has entered its current students' information, the program must maintain the information until graduation when an end date for training will be entered. Note that the program in which a student is enrolled determines when a background check is completed, not the age of the student. _**Students who are under 18 years of age enrolling in any program other than a secondary school will have to have a fingerprint background check.**_

From the profile screen click on the green plus sign in the "Training and Work History", section to add a new employment or training record.

Enter the employment Category and Type.

The "Start Date" should be the first actual day of classes.

The "Last Day Date" is the completion date of the program. You cannot enter the completion date until the actual date of completion or after.

After you save the record, you can no longer change the "Start Date." Please be sure that it is correct before clicking the Save icon.

Click on the applicant's name in the black line to go back to the profile page.

Now the user can see an underline under the date of a record his or her program has entered. A user cannot edit a record that was created by another program or facility.

| WORKERS | APPLICATIONS | EXCEPTIONS | EMPLOYEES | MAINTENANCE |

» **Marsha Brady**

IDPH Applicant Profile...

Background Checks:

App #	Type	FP Date	ISP Criminal History... Resp Date	Hit	DQs	FBI Criminal History... Resp Date	Hit	DQs	Determination... Final	Letter
686638	UCIA_NAME	n/a	8/25/2008	No Hit			n/a				

Demographic Information:

Name: Brady, Marsha
SSN: XXX-XX-1111
Address: 191 N Prairie Dog St
Prairie View, IL 61000
Phone: (123) 456-8794
Sex: F
Race: White
DOB: 10/17/1983
Height: 4' 9"
Eyes: Brown
Hair: BRO

Applications:

Date	App #	Position
7/04/2011	686641	

Criminal Offenses:

No criminal offenses on record.

Training and Work History (Active):

Start Date	Position Type	Last Day Date	Date Verifying Still in Position
7/04/2011			7/04/2011

Waivers:

No waivers on record.

Abuse, Neglect and/or Theft Administrative Findings:

No Abuse, Neglect and/or Theft offenses on record.

Certifications:

Completed	Program	Competency	Result
5/01/1985	0059	5/15/1985	Passed
1/01/1983	6561		

To go back into the record, click on the underlined date. This allows the user to do the updates required by law.

From the Employees tab the user can view a listing of all the students that have a Start Date with no Last Day Date entered.

The user may click on the green check mark to add a Verified date.

The user may also easily access the profile screen by clicking on the Profile icon.

Tuberculosis (TB) Skin Test Requirements

Since the students' clinical experiences will place them into direct contact with high-risk individuals, Program Coordinators must have knowledge pertaining to TB screening and prevention. Reference the following rules in the Illinois Administrative Code regarding TB testing:

1. 77 Illinois Administrative Code, Section 300.1025 Tuberculin Skin Test Procedures

    Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).

    (Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

2. 77 Illinois Administrative Code, Section 696.140 Screening for Tuberculosis Infection and Disease

TB surveillance is conducted by county/local Health Departments. The administrative code may be found at: ftp://www.ilga.gov/jcar/admincode/077/077006960B01400R.html

TB testing is not a requirement for the theory or lab portion of a program, but clinical sites will require a two-step negative TB test or follow-up annual TB testing or a chest x-ray. For foreign-born students, *make sure the student identifies whether s/he has ever had the Calmette-Guerin (BCG) vaccine which is a vaccine to prevent tuberculosis given in some countries. S/he cannot have a PPD skin test for TB if s/he has been vaccinated.* IDPH also accepts IGRA (interferon-gamma release assay) testing. These tests are approved under QuantiFERON® or T-SPOT®. These tests are the preferred method of testing for persons who have had the BCG vaccine.

Social Security Number Information

It is the policy of the Department that an individual must have a valid Social Security number in order to take the state written competency examination for either the ANATP or the BNATP. A physical copy of the SS Card **must** be kept on file and readily available for viewing during a compliance visit. The first five numbers may be redacted for privacy. ***There are no exceptions!*** Licensed individuals (nurses, physicians, etc.) may apply for a license with a TIN through the Illinois Department of Financial and Professional Regulation (IDFPR), but a CNA student must have a Social Security Number.

For Social Security Number questions, Program Coordinators should review the Social Security Administration web site at http://www.ssa.gov/employer/ssnvhighgroup.htm. Note that Social Security Numbers cannot start with a 9 or with three zeroes. Individual Taxpayer Identification Numbers (ITINs) begin with the number 9, but this is not a Social Security number. All zeroes in the first three digits, middle two, or last 4 denote invalid Social Security numbers. Social Security numbers will not contain the number "666." Students with invalid Social Security numbers will not be able to take the Illinois Certification Exam. The SIUC web portal will reject any registration attempt with these numbers. It is suggested that Program Coordinators make a copy of a student's Social Security card and keep it in the student file either on paper or as an electronic copy.

A/BNAT Program Type Definitions

Use the following as a guide to determine the program type of your A/BNATP. These A/BNAT Program Type Definitions were developed by IDPH and SIUC in order to define programs consistently, to increase validity of comparisons based on program type and to clarify which rules and regulations pertain to specific A/BNATPs. An A/BNATP is classified as one of the following:

- College
  - o Sponsored by a community college
  - o Adult students, secondary students (in a high school)
- Secondary
  - o Sponsored by a high school, area vocational/career center or community college
  - o High school students learn at their high schools or area career centers
  - o Secondary programs cannot sponsor an ANATP at this time
- Vocational
  - o Sponsored by a vocational career center/school or private entity
    - ▪ This is an education institution privately owned and operated which holds a valid certificate of approval or certificate of exemption issued by the Illinois Board of Higher Education. Reference: Private Business and Vocational Schools Act [105 ILCS 425] and Private Business and Vocational Schools (23 Ill. Adm. Code 451).
    - ▪ Enrolled students are not considered traditional secondary (high school) students.
    - ▪ Adult students, post-secondary students
- Facility
  - o Sponsored by a facility licensed by the Department under the Nursing Home Care Act [210 ILCS 45].
  - o IBHE approval of the A/BNATP is also required if admission to the program is open to anyone other than employees of the facility.
- Home Health
  - o Sponsored by a Home Health Agency licensed by the Department under the Home Health Agency Licensing Act [210 ILCS 55].
  - o IBHE approval of the A/BNATP is also required if admission to the program is open to anyone other than employees of the agency.
- Hospital
  - o Sponsored by a hospital licensed by the Department under the Hospital Licensing Act [210 ILCS 85].
  - o IBHE approval of the A/BNATP is also required if admission to the program is open to anyone other than employees of the facility.

- Other (only to be used by the Department)
  - o 9992—Grandfathered
  - o 9993—Nursing Students
  - o 9994—Foreign LPN/RN
  - o 9995—Military
  - o 9996—Recertification

Private programs will now be classified as Vocational because of the required IBHE approval as a private business and vocational school.

New A/BNATP Approval

Reference 77 Illinois Administrative Code, Sec 395.110

Written approval of the program from the Department is required prior to the start date of a class offering of a new A/BNATP. A program code will be assigned by the Department once approval has been granted. A program must have an approved BNATP before consideration for an ANATP. A Program Sponsor may have several program codes. Examples of when a separate program code is required when:

- The Program Sponsor is establishing an additional program theory site at a new location.

- The Program Sponsor is offering classes to high school/secondary students during regular high school hours and is also offering classes to adult students at a different time. The high school program would be considered secondary while the adult program would be considered vocational. IBHE approval is required for the vocational program.

- There is a difference in total number of theory and clinical hours between class offerings of the same program sponsor such as day and evening classes. Classes with different class meeting hours offering the same total program hours do not require additional program approval or codes.

- A program is requesting approval for a hybrid (online) program which would be in addition to a traditional A/BNATP.

- The Program Sponsor requesting reactivation of an A/BNATP is required to complete the same process as if applying as a new A/BNATP. The only difference will be that the previous program code will be assigned to the reactivated A/BNATP (77 IL Admin Code, Section 395.140 (b-d)).

The NATCEP New Program Submission Checklist and BNATP Facility & Equipment/Supplies Form, both located at www.nurseaidetesting.com ➔ Coordinators & Instructors ➔ Forms are the forms to complete and submit to the Department. The checklist has a detailed listing of additional forms and documents. **The Facility & Equipment/Supplies form is for optional use with A/BNATP applications.**

Questions and requests for additional information can be directed to dph.bnatp@illinois.gov or by calling the Training and Technical Unit of IDPH at (217) 785-5569.

Tips and hints:

1. Incomplete submissions will be rejected.

2. Mailed packets are not accepted.

3. Allow up to 60 days from the date that the <u>complete</u> submission is received and acknowledged by the Department for new program approval, denial or request for additional information. You may inquire as to the status of the application at any time beginning 10 days after submission. While it typically does not require a full 60 days for review, potential programs must plan for this timeframe, nevertheless.

4. Organizing the documents of your submission in the same order as on the checklist, separating the sections with a sheet of paper labeled with the section name and submitting in .pdf format will help expedite the review by the Department. **If you must submit by U.S. Mail, do not submit documents in a binder or in sleeve protectors. Do not use paper clips or staples in the document. Do not send documents printed on both sides of the page.** *Do not fax new program approval requests. Faxed program applications are never accepted.*

5. Obtain required certificates of approval from other agencies (such as ISBE or IBHE) to be included in the program application document. Facility-based programs (Nursing Home and Hospital) are required to have approval from IBHE if they will be admitting students other than their employees whether or not a fee is charged. IBHE approves Private Business/Vocational Schools (including facility-based) and ISBE approves Secondary school programs. This document is renewed annually according to IBHE policy, a copy of which should be forwarded to the Department when received. Additional information is found at http://www.ibhe.org. Click on Private Businesses and Vocational Schools. ***Applications that require IBHE or ISBE approval will be rejected if that approval has not already been obtained. Resubmission of the packet will be required when the appropriate approvals have been received.***

6. Objectives and Content

    o   Ensure that your syllabus is complete. There are websites with guidelines for preparing a syllabus if your educational entity does not have a standard form. All sections and classes with the same A/BNATP code number should use the same syllabus. If a different syllabus is used, it will be considered a separate program and a new program application must be submitted.
    o   Textbook choices are abundant. The Department and SIUC NAT do not recommend or endorse any specific textbook; some of the textbooks currently being used are listed at https://www.nurseaidetesting.com/instructor-resources-theory/

7. The attendance policy, including guidelines for the make-up of missed classes, will be reviewed closely. When developing your policies and procedures, consider all aspects of program operation and instruction in both theory and clinical environments. Some of these may include admission requirements, classroom, and homework assignments,

attendance and tardiness, student behaviors and expectations, dress code (including tattoos and piercings), cell phone and computer usage, grading system, academic integrity, etc. Programs requesting the minimum hours of instruction of 80 hours of theory/lab and 40 hours of clinical must have a make-up policy or a policy stating that any absences will result in failure of the program. Programs with more than the minimum required hours must have a policy that does not allow a student to receive less than the minimum hours of education required.

8. Allocation of A/BNAT Program Hours worksheet, found at www.nurseaidetesting.com ➔ Coordinators & Instructors ➔ Forms lists the minimum number of theory hours which must be dedicated to each module. Indicate the number of hours your A/BNATP will dedicate to each module in the blank column; do not use a range of hours. Lab time/practice is to be included in the theory hours. Clinical time is the total clinical time the program will be providing and is not divided into modules. The Time on the Allocation of Hours form must equal the theory hours indicated on page two of the Master Schedule.

The Methodology section may seem repetitive. This is an expansion of what is found in your syllabus since you are being asked to provide a detailed listing of any/all audiovisual and multi-media materials being used. The optional BNATP Facility & Equipment/Supplies Form found at https://nurseaidetesting.com/wp-content/uploads/2014/03/BNATP_Facility_Equip_Supplies_Form_03_2014.pdf may be completed and attached to the New Program Submission Checklist. Access to medical equipment and supplies for student practice and demonstration of the required skills outlined in the model program must be provided to the students by the A/BNATP; reference 77 IL Administrative Code, Sections Lab Environment & 395.170 (f).

Each individual Instructor must obtain credentials from the Department by first submitting a resume for review. Upon approval based on the resume and meeting requirements in Title 77 and 42 CFR, the Instructor would then qualify to take the Train the Trainer course if the registered nurse does not hold at least a Bachelor of Science degree in Nursing. Instructor codes may be requested through the A/BNATP's Program Coordinator or directly by the instructor. See the Instructor Approval section for additional information.

Registered nurses with baccalaureate or graduate degrees not in the field of nursing (i.e., *not* a BSN, MSN, DNS or DNP) are considered associate degree nurses and must take the Train the Trainer course before being approved to teach.

All registered nurses, regardless of education, must have at least 4 contact hours (CEUs) in Alzheimer's or related dementias approved by any entity authorized to provide continuing education accepted by the Illinois Department of Financial and Professional Regulation toward registered nurse licensure. This is required to be submitted with any request for an instructor code. College course work is also accepted to fulfill this requirement. Certified Dementia Professional (CDP) certifications may be submitted in lieu of CEUs.

Program Coordinators must apply for an instructor code by submitting a resume and CEU certificate(s) (and Train the Trainer/Evaluator certificates for ADN or diploma RNs) for review to the Department at dph.bnatp@illinois.gov.

No instructor may teach without an instructor code.

9. A copy of each Evaluation Tool to be used in the A/BNATP is to be submitted. These should include, but are not limited to:

- o Instructor and Program Evaluation forms for the student to evaluate the instructor(s) and the A/BNATP. This may be a combined form or two different forms.

- o A Clinical Skills Checklist which can include more skills than just the required 21 Performance Skills that must be evaluated by an Approved Evaluator. Provide a list/check-off sheet for additional skills of which students will be evaluated. The nursing assistant will learn approximately 200 skills in a BNATP and as many in an ANATP so there are many choices. *The checklist does not have to include 200 skills! Note that there is no minimum requirement set by the Department for passing clinical skills. This is determined by the individual program's internal policy.*

- o A written final examination must be comprehensive and a balance of questions covering all modules/units. It must include questions pertaining to Resident Rights and Social Services. Using the Allocation of A/BNAT Program Hours as a worksheet can help you assess this balance. Remember to submit the answer key! More than one version of a Final Examination can be used by an A/BNATP. All final exam questions must be Multiple Choice. The certification examination consists of application-based questions requiring critical thinking skills. There are very few knowledge-based questions on the exam. Knowledge-based questions are simple questions requiring memorization of information such as "What is the normal respiration rate for an adult?" or "How many employees must be present to assist with a mechanical lift transfer?"

- o A Clinical Performance Evaluation Form is the document the clinical instructor will use to evaluate the student in the clinical setting. Determine what your program policy will be for clinical grading such as pass/fail or earning a letter/number grade. The form should be objective. The form should include a signature line for your student to acknowledge receipt of the evaluation and a space for comment by the student.

10. Submit a Clinical Site Agreement for each facility which will be used as a clinical site. This agreement is a contract that is signed and dated by the program sponsor representative and the facility representative which grants written permission for the use of the facility and/or equipment not owned or operated by the program sponsor. The agreement should include a statement that the Program Coordinator will provide a copy of the master schedule for each clinical group to the designated person at the

facility, usually the administrator or the Director of Nursing. Site agreements are provided with the initial request for approval, but as new clinical sites are identified new agreements should be forwarded to the Department. *Always ask the facility administrator if the facility has received a NATCEP restriction due to survey findings.* The Department does not provide a template or blank site agreement form. Most corporate offices for nursing homes, hospitals and assisted/supported living facilities already have a standardized document.

11. The proposed Master Schedule:

   o It is advisable to review the guidelines at https://nurseaidetesting.com ➔ Coordinators & Instructors ➔ Forms when preparing the Master Schedule. Reference: *IDPH Guidelines for Completing A/BNATP – Master Schedule.*

   o The current Schedule template is in calendar format and is to be used by all program types. All other schedules are obsolete. Only the schedule currently posted online is valid. On the schedule, you may delete unneeded months or leave them blank. *Your ability to delete pages depends on your software. You may not be able to delete them and it is not required.*

   o Write "pending" for the Program Code Number.

   o Write "pending" for the Instructor Code for each of the listed instructors unless the instructor was previously issued a code. Programs will not be given approval until at least one instructor has been shown to meet the minimum qualifications.

   o This is a proposed Master Schedule; a revision will need to be submitted once the BNATP is approved even if no changes have been made. If your initial class offering is cancelled, notify the Department of the cancellation via email.

   o Both theory and clinical hours must be calculated to allow for break time. Be realistic in setting up your class schedule. The hours listed in the theory and clinical hour columns exclude orientation, break and mealtimes, travel time and in-services. For example, if you put 0800-1630 as your clinical times, do not also put 8.5 hours of instruction as this is unrealistic. You must give a 15-minute break for every 2 hours of instruction. If programs are scheduled over a regular mealtime period and class is at least five hours long, a 30-minute uninterrupted meal break must be given.

   o There must be an instructor who is approved to teach CPR content designated on the Master Schedule. This ***can*** be an outside agency. Instructors teaching CPR must have a BLS Instructor card or an outside agency authorized to provide CPR certification must be used. Enter the name of the CPR instructor or the agency providing instruction and check only CPR on the master schedule. CPR-only instructors do not receive an instructor code.

12. Email submissions for new program approvals must be in portable document file (.pdf) format. If you have printing on both sides of the paper, make sure your scanner is set to two-sided printing. Mailed applications are not accepted. They will not be returned to you. A letter of program approval or denial will be emailed to the Program Sponsor by the Department. Please ensure that a valid email address and phone number is included with all email correspondence. Note your A/BNATP Program Code Number. ***Include the A/BNATP name and program code number in all correspondence to the Department and SIUC NAT thereafter.*** Follow the checklists and guidelines herein before submitting your packet. Email or call the Department with any questions

or clarifications. An initial denial is sent with a request for additional information or documentation. Packets may be submitted as many times as necessary to obtain approval, but please try to complete the application packet correctly after the first review and denial. There is no fee for reviewing and approving an A/BNATP.

13. Please use the name that you initially requested for your program and include your four-digit program code in all correspondence. If your program was approved as ABC High School #1234, do not refer to the program as District 12. If you need to change the name of your program, a letter or email to the Department is sufficient as long as nothing else in your program has changed. Name changes with changes to curricula will require new program approval. Classes cannot proceed in this case. IBHE or ISBE may need to be notified also.

Changes Made to Current BNATP

This information and documents submitted for new program approval is also a list for Program Coordinators to use when changes are made to existing A/BNATPs. **The basic rule of thumb is: if a form, document or information was required for initial program approval, then Department approval is required prior to implementation of the change(s).** If an A/BNATP is adding a new theory site, it must have a separate A/BNATP program identification number. If an A/BNATP is moving a theory site to a new location but not adding an additional site, the program number will remain the same after receipt of a letter from the BNATP outlining the new location and the anticipated start date of the first class in the new location. IBHE or ISBE may need to be notified also. Application for a new A/BNATP theory site is the same as for a new A/BNATP and must be submitted a minimum of 60 days before a course is scheduled. Any changes made to A/BNATPs, including Master Schedule changes, must be sent to the Department. This notification is submitted only via electronic mail (email) to dph.bnatp@illinois.gov.

Inactive Status & Reactivation of a BNATP
Reference 77 Illinois Administrative Code, Section 395.140

An A/BNATP can submit a written request by email to the Department at dph.bnatp@illinois.gov in order to be placed on inactive status. The Department will place an A/BNATP on inactive status automatically if there has been no program activity for 24 consecutive months or if the Department is unable to contact the school and it appears to

not be operating (phones disconnected, no response to emails or voice mails within a reasonable period of time, no master schedules received, deactivated website, etc.)

The Program Sponsor requesting *reactivation* of an A/BNATP which has been inactive is required to complete the same process as for new A/BNATP approval (77 IL Admin Code, Section 395.140 (b-d)).

This procedure shall be followed by the Program Coordinator or the instructor to request approval for each instructor prior to the new instructor teaching in a BNATP. This procedure is the same for new instructor approval as well as with a new program application. Once an instructor has received an instructor code, the Program Coordinator must then only verify the instructor's credentials via email to dph.bnatp@illinois.gov. The instructor will be added to the list of program instructors for an A/BNATP so that Program Coordinators can continue to receive Cluster Score Summary Reports for individual instructors.

Program Reapproval

A/BNAT programs are valid for two years. Programs must apply for reapproval every two years. No application is required. Programs must notify the Department at dph.bnatp@illinois.gov if there have been any previously unapproved changes (curriculum, textbook, etc.) made to the program. Note that changes must be approved within 30 days of the change. If there have been no changes made to the program, send an email stating this with a request for program reapproval.

Instructor Approval
Reference 77 Illinois Administrative code, Sec. 395.160

Any instructor presenting A/BNATP curriculum content must have approval from the Department prior to instructing any portion of an A/BNATP class. Instructors should only teach a content area in which they are approved. If a non-approved individual presents A/BNATP curriculum content, the content must be repeated to the students by a Department-approved instructor.

Instructor requirements are outlined in the 77 IL Admin code, Section 395.160. These are also found in the *Nursing Assistant Training Performance Skill Evaluation* manual (aka the IDPH Skills Manual) at https://nurseaidetesting.com/wp-content/2018/04/Performance-Skills-Manual-25APR2018.pdf. The Department has 60 business days from the date of receipt of a request to approve, deny or request additional information regarding the instructor approval request. While it typically does not take this long, Program Coordinators are advised to plan accordingly and not enroll students or schedule classes under these instructors until program approval is obtained.

An instructor must be a registered nurse who has been approved by the Department. Instructors must have two years of experience as a registered nurse and one year of experience in caring for the chronically ill, the elderly or in the provision of long-term care services. Instructors must also have experience teaching adults, take a course in teaching adults, or have experience in supervising nurse aides/assistants.

Procedure to Request Instructor Approval

For new instructors without an instructor code:

1. The Program Coordinator must send a request via email requesting the instructor be approved for Clinical, Theory, Alzheimer's and Approved Evaluator. These content areas are required for all theory instructors. Instructors may also be approved to teach CPR or a Special Content subject(s).

2. Send a copy of the instructor's resume which includes the instructor's home address, email address and preferred contact phone number with the A/BNATP Instructor Code Request and Approval Form.

3. Send a copy of Special Content Instructor license or credentials, if applicable. Special Content instructors must have at least one year of experience in their subject area.

4. Send a copy of Train the Trainer Program Certificate of Completion (which may include the Alzheimer's component) for associate degree and diploma nurses only. You may send certificates from nurses with a BSN or higher if s/he attended a Train the Trainer course.

5. Send a copy of the Approved Evaluator Certificate, if it is a separate certificate. Note that some schools include the Train the Trainer, Alzheimer's training and the Approved Evaluator all on one certificate.

6. Send a copy of an Alzheimer's component training certificate if not part of the Train the Trainer program for associate degree nurses. Nurses with a BSN or higher degree must provide a resume and a copy of a certificate showing at least 4 accredited CEUs in Alzheimer's (or other college work) to the Program Coordinator.

7. Copy of the Instructor's CPR Card, if that instructor will be teaching the CPR portion. Minimum requirements for CPR Instructor approval shall be the equivalent of the health care provider instructor level from a nationally recognized program. Online CPR certification is considered valid only with verification that both the cognitive skills and manual skills demonstration portions have been successfully completed. *It is the CPR Instructor's responsibility to ensure that updated CPR cards are presented to the Program Coordinator to forward to the Department.*

Obtaining an Instructor Code

Once a new instructor has been approved by the Department, IDPH staff will send an instructor approval letter to the Program Coordinator and/or the instructor. Instructor approvals and instructor codes will be issued by the Department at the same time on the same approval letter.

Note: Instructors are no longer assigned to individual program codes.

Instructor Refresher Course Information

Refresher courses are no longer required for any instructors as of March 6, 2020. Program Coordinators may request an individual instructor attend a refresher course, but it

is no longer required by the Department. The Department will no longer update refresher course information.

Official Forms for Program Operation

Using the current version of these official documents and following the instructions are the steps toward maintaining compliance with the rules and regulations (both Federal and State). The required information is requested on the forms, and this is the reason that these documents should not be altered. Submission of these forms and documents according to the timeframes established in the Illinois Administrative Code (Title 77) is also important in maintaining program compliance. ***As of January 2019, handwritten Master Schedules, will no longer be accepted.***

Master Schedule

Reference 77 IL Admin Code, Section 395.110(b)(6).

Reference: *IDPH Guidelines for Completing A/BNATP – Master Schedule* found at https://nurseaidetesting.com/program-coordinators-instructor s/forms/

When preparing the Master Schedule, review the guidelines which contain much more than just "how to complete the form."

1. The Master Schedule must be submitted at least **15 business days prior** to the Start Date of the class; reference 77 IL Administrative Code, Section 395.170 (a) unless prior communication was made with the Department.

2. Notify the Department promptly of any changes, scheduled or unscheduled, in the Master Schedule. This can be done via email to dph.bnatp@illinois.gov. Minor changes such as class cancellation due to weather or illness may be sent via email. ***Multiple changes especially for future dates, require that the schedule be revised, and the revision sent to IDPH.***

3. Time used for orientation, meals, breaks, travel, in-ser vices and conference is to be excluded when calculating theory and clinical hours, reference 77 IL Administrative Code, Section 395.150 (a)(1).

Preparing the Master Schedule

The Master Schedule must be completed and sent to the Department at least 15 business days before the first day of class unless prior contact has been made with the Department. Beginning January 2019, schedules must be submitted via email in their original format directly from your computer. Scanned, faxed and handwritten schedules will be rejected and will have to be resubmitted.

1. Ensure instructor availability.

2. Ensure clinical site availability. Determine if the facility will be in its survey window during your clinical rotation and if they will allow students to be in the facility during survey. This may mean choosing an alternate clinical site.

3. Ensure that the clinical site has not received a NATCEP restriction from CMS (Centers for Medicare and Medicaid Services). *Due to the possibility that a facility may receive a NATCEP restriction from CMS (Medicare), it is suggested that all programs have at least two clinical sites.*

4. Anticipate holidays, special events, etc. that would require an adjustment to the schedule. Mark these off the calendar before continuing.

5. Anticipate leave, vacation, etc. for instructors.

6. Build make-up days into the schedule at the beginning for instructor absence, student make-up due to absenteeism if allowed by the A/BNATP, for clinical sites requesting no classes during a survey, snow days, etc.

7. Complete all the information prior to the calendar page entries. Include any instructors who have agreed to substitute on your schedule. If a substitute is required, you will not have to update the master schedule.

8. You may include up to four clinical groups on one schedule, if desired.

9. On the calendar pages, enter a "T" for theory. Use an "L" for lab days. Enter a "C" for a clinical day. You may spell out the words, if desired. If there is an alteration to a time that is different from the first two pages of the schedule, enter it onto the calendar in a format similar to "C: 8 a.m.-12:00 p.m." If you have more than one clinical group on the same schedule, you can differentiate these by using "C1," "C2," etc. If you prefer to spell out Theory, Lab or Clinicals, you may do so.

10. You may delete unwanted calendar pages if desired. Instructions for deletion are in the master schedule instructions. If your software does not allow deletion of the blank pages, you may leave them.

11. If you are completing the schedule in more than one sitting, click "Save As" instead of "Save." When clicking save or using the save icon, additional information is appended to the schedule by Adobe which increases the size of the file. By clicking "save as", the file size will remain less than 1 mb. IDPH email servers will not accept emails with attachments larger than 10 mb total.

12. Submit the schedule directly to the Department after verifying information is entered correctly and hours on schedule have been verified via email without printing or scanning.

How to address CPR Instructors on the Master Schedule (MS)

CPR instructor(s) must be designated on the MS, if the instructor is not teaching CPR do not check CPR. An individual or a group who is certified to teach CPR does not need IDPH approval. An instructor code will not be issued. The name of the individual or company should be listed in the instructor section on the master schedule. Any instructor checked on the MS as teaching CPR must have a CPR Instructor Card on file and readily available on request during monitoring visit.

How to enter hours on the MS

Hours counted are consistently wrong. If, for example, a class is from 0900- 1500 (6 hours) with two fifteen-minute breaks and one thirty-minute lunch. Breaks are subtracted to determine total hours counted. 6 hours – 1-hour break time = 5 hours counted. On your calendar pages, there must be enough theory days that, when multiplied by the hours counted, add up to your total theory hours. Using the example above, there would have to be 16 theory days (5 hours x 16=80) if you are providing only 80 theory/lab hours.

Breaks and Mealtimes

These MUST be excluded from the time scheduled for theory, lab, and clinicals. If, for example, the class meets from 10 a.m-2 p.m. and four hours of class time is listed as hours counted, the schedule will be rejected. During site visits, several programs tell us there are no breaks, but students can get up and leave if needed. This is NOT acceptable. If a student leaves the class for 15 minutes, how are they making up for the missed instruction? If a class is scheduled over a normal mealtime, the expectation will be that you have subtracted at least 30 minutes from the time. In the example above, this would be 3.5 hours counted. If you provide four hours of class time and state that there are no breaks for bathroom during those four hours, the schedule will be rejected. No student can sit through four hours of class without a break. Subtract your break times and adjust your schedule accordingly. Minimum hours (80/40) must be provided, and break time does not count toward these hours.

Theory Dates on MS Calendars

These MUST add up to the total number of hours for which your program was approved. Using the example above, if you have 80 theory/lab hours, you will have to have 23 class times to equal 80 hours. A meal break is required for ALL class times of five hours or more and to provide at least one fifteen-minute break for every two hours of class time.

Orientation to Theory and Clinical Site

This does not count toward required hours. Please, identify on the MS when orientation will be, and the time spent on the calendar pages of the MS.

NO clinical simulation is permitted, allowing clinical simulation will put the program in violation of the Administrative Code requirements for clinical hours.

Working as a nursing assistant does not count toward a student's hours for any portion of the program.

The only online hours allowed are for the theory portion, and the program must have a hybrid program number if this is being done. *The only exception to this is a weather-related closure. Programs may use this as an online learning day. An email must be sent to* dph.bnatp@illinois.gov *before the weather-related closure occurs.*

Clinical preconference and clinical post-conferences CAN be included in your instruction time on your master schedule as part of the clinical hours if desired. Orientation time to site does not count.

Entering make up days on the Master Schedule

This is an open day on the schedule where you enter "Makeup Day." If there is a need for a makeup day and it was on the original master schedule, there is no need to email a revised schedule to IDPH. A simple email to IDPH stating "No class 10/5/2022 using make up day" will suffice.

Do not use anything other than Adobe to open and complete the schedules.
The reason for the requirement for this format is to provide a searchable document. Do not send master schedules or other documents via cloud or shared drives. "The State of Illinois antiviral software will not allow access." ("ANATP/BNATP Monthly Update January 2021 - Nurse Aide Testing") Send only the .pdf file attached to an email with your program number in the subject line to dph.bnatp@illinois.gov. See link below to set up your computer:

To set Adobe as your default .pdf file reader, see: https://helpx.adobe.com/acrobat/kb/not-default-pdf-owner-windows10.html

Master Schedule Approval

IDPH does NOT "approve" master schedules. They are reviewed briefly for any obvious errors. If there is something questionable, they are sent back for revision. Otherwise, a thank you email acknowledging receipt will be sent. Over 2500 schedules a year and approximately 600 revisions are sent to IDPH each year. Every detail of your schedule cannot be reviewed. Master Schedules are reviewed thoroughly on monitoring visits, any errors noted may require correction. The expectation then would be that the schedules would be sent correctly thereafter.

Master Schedule Revisions

Multiple revisions require a revised master schedule submission, please click the revision box, and include the reason for it. For minor changes or use of a makeup day an email noting the change may be sent to IDPH without submitting a revised schedule. Build makeup days into the schedule to accommodate unexpected changes to your master schedule (weather, instructor absence, etc.) This reduces the number of revised schedules required. Changes in the starting or ending date of the class requires a schedule revision.

Last-minute Schedule Changes

Cancelling a class due to illness, etc. can be communicated via email. This is for any changes within the next few days. Any future changes in the schedule more than a few days away must be noted on a revised schedule.

Please double check your schedules before submitting Master Schedules!

Consistent problems with multiple programs: Starting and ending dates not completed, hours counted incorrectly, hours on page two not matching what is on the calendar pages, and hours scheduled not adding up to the total hours stated on the schedule. ("ANATP/BNATP Monthly Update April 2022 - Nurse Aide Testing") Breaks, mealtimes, and orientation time must be deducted from total hours. The hours on your schedule must match what is on your Allocation of Hours (AOH) form. If there is a need to change the AOH, you can do so by sending a new AOH with your schedule.

Roster Creation

- Only students who have completed **ALL** theory, lab, clinical hours, and the 21 Skills may be place on a roster.

- If for some reason a student does not complete at the same time as other students submit a separate roster for the student with the correct dates.

- A PC for the program is the only person with access to roster creation and the only person who should be submitting a roster. An instructor with access to INACE for Recertifications should not enter students who are in a program on a roster. Doing so will result in removal from Recertification list and loss of INACE access.

- A roster affiliates the test scores and the instructor to a specific program.

- The completion date for the course entered on the roster serves as the 12-month mark for testing eligibility.

- Programs **must** submit the Official Class Roster online and register all students who are eligible to take the certification exam within 30 days of course completion. (See instructions in this document on how to enter a roster online).

- Programs must submit the Official Class Roster online and register all students who are eligible to take the certification exam within 30 days of course completion.

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Late Completion Instructions

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This student's information is NOT to be listed on the Official Class Roster online along with the other students in the course. The student will be entered online and registered to take the certification examination after successfully completing the course. Ensure that the student is registered to take the certification examination within 30 days after program requirements have been met.

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Waiver Application for Health Care Workers

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Program Coordinators and Instructors should inform students at the beginning of class that certain convictions, referred to as "disqualifying convictions" will require that a waiver is granted by the Department via the HCWR. Disqualifying convictions are listed in the Illinois Administrative Code, Part 955 at:
http://www.ilga.gov/commission/jcar/admincode/077/07700955sections.html

The waiver process usually takes 8 to 10 weeks, the beginning date being the date the **complete and correct request** was received by the Department. The 8 to 10 week waiting period will reset if waiver submissions are inaccurate and are rejected by the HCWR. Certain convictions such as abuse, neglect, or theft cannot be waived. *As not all waiver requests are granted, students should be disenrolled from an A/BNATP until a decision has been made on whether the waiver will be approved. Waivers are reviewed by a committee with the Health Care Worker Registry.* Do not request waivers through the Training and Technical Direction of the Department.

The waiver application form and informational documents pertaining to the waiver application procedure can be found on http://www.idph.state.il.us/nar/home.htm. This information should be presented to potential students prior to enrollment in an A/BNATP; reference 77 IL Administrative Code, Section 395.171. Questions about the waiver application should be directed to HCWR staff at 217-785-5133.

Informing prospective students of disqualifying convictions is not meant to discourage Individuals from entering the health care field as a certified nursing assistant. However, students with disqualifying convictions are prohibited from enrolling in an A/BNATP without a waiver and therefore will not be allowed to take the certification exam. *This is the reason that fingerprint background checks must be done prior to a student entering the program. Once the student has signed the consent form, the fingerprints must be obtained within 10 days. It can take 45-90 days for the results of a background check to be displayed on the registry.* Students without a prior background check are not eligible to attend classes, including clinicals, even though the background check has not appeared on the registry as long as the A/BNATP has documentation that the LiveScan was completed. Note that students enrolling in an ANATP may not require an additional background check if a FEE_APP or CAPPS was entered in the HCWR. Background checks should have been done by a BNATP or by a facility as a condition of employment. Programs are required to check the registry for subsequent convictions and keep a record in the student's file. Students currently certified as a CNA I cannot continue in a CNA II program or continue

employment as a CNA with a disqualifying conviction without a waiver.

Clinical Site Selection

There are approximately 1200 long term care nursing facilities in Illinois. Program Coordinators should consider these facilities first when choosing a clinical site. Use of critical access facilities are discouraged due to the low census typically. There must be ample opportunities for the students to actively provide direct personal care during the scheduled clinical hours. During site visits the Education Coordinator will verify the students are being provided with opportunities to practice all skills at the clinical site. Many of the competency evaluations of the mandated 21 Performance Skills should ideally be demonstrated in the clinical setting on a resident after competency is shown in the lab setting. Fifty percent of all CNAs work in long term care.

Long-Term Care Skilled and Intermediate Care Facilities which are not restricted are appropriate. Designated skilled care, "extended care" or "transitional care" units of hospitals are also appropriate as clinical sites. Assisted Living facilities may be used as a clinical site also. Please keep in mind that students should be exposed to as many skills as possible and evaluation of most of the 21 mandated skills should *ideally* be done involving a resident.

Consider this when evaluating a clinical site. Group homes and Home Health Agencies cannot be used for the clinical experience. A medical unit of a hospital may be a clinical site but should only be considered after area nursing homes have been contacted and visited by program staff. If there are no long-term care facilities nearby, there has been a NATCEP restriction imposed, or if none of the facilities are willing to host student clinicals, contact the Department with specific questions.

The facility administrator can provide the six-digit Medicare Provider number (starts with #14…) for page one of the Master Schedule and verification that the facility is not restricted from having nurse assistant students. Hospitals and Assisted/Supportive Living facilities may not have a provider number in this format. Restriction status can also be checked by contacting the Department. Communication with the facility administrator by the Program Coordinator is important to ensure notification if a restriction notice is received during a scheduled clinical experience. Restrictions are in effect for a two-year period. If a facility becomes restricted after the start date noted on the Master Schedule, the clinical group scheduled at that facility will be allowed to complete the clinical experience at the restricted facility. This is at the discretion of the Program Coordinator who may consider the reason for the restriction. Program Coordinators who suspect that a facility has been or is facing NATCEP restrictions should contact the Department as soon as possible. ***Beginning in January 2019,*** all Master Schedules must be submitted directly to the Department via email in its original format. The purpose of this requirement is to ensure that all schedules are searchable. This will eliminate the delays caused by some facilities that do not return calls or provide information on NATCEP restrictions readily.

For all programs, the Program Coordinator is required to contact the Department regarding continuation of any classes already in progress and the status of the A/BNATP when a facility is facing a NATCEP restriction.

A/BNATP Passing Grade/Score

The Illinois Administrative Code does not state what the passing score and/or grading scale for an A/BNATP should be. This is to be determined by the A/BNATP as a program policy. Program Cluster Score Summary Reports require that each content area scored is at least 75% in most cases and 50% in other areas. Overall scores must be maintained at 70%. If your requirement is that an overall score of 70% is required to pass the course, this may affect your Cluster Scores if a large

number of students are performing at minimum levels. Students will not pass the certification exam if they do not achieve a minimum score of 70%.

Questions to consider when addressing passing grades:

1. How are the requirements for passing your program stated in your syllabus?

2. Are the passing scores and grading scales objective?

3. Are these clear to both students and instructors?

4. Are the students required to sign a document that they have read and understood the grading policy?

5. Is this policy verbally explained to them if necessary? When?

6. Does the grading policy clearly state the average score that must be maintained throughout the course on each assignment? Is an overall average required to be maintained? Are there minimum average scores that will disallow a student from transitioning into clinicals and thus failing out of the program early?

7. How and when are grades and progress reviewed and discussed with individual students?

8. If you are considering a revision to your passing score or grading scale, what are the reasons cited for the proposed revision?

9. What effect do extra credit assignments have on your passing score and grading scale?

10. How consistent are each of the instructors with the grading/scoring practices?

Competency Testing

Reference 77 Illinois Administrative Code, Section 395.400; 42 CFR § 483.154

An individual who has successfully completed an approved A/BNATP in Illinois is eligible to be competency tested (i.e., take the State of Illinois certification examination). All program instructors are responsible for assuring that their A/BNATP students are competent to demonstrate the performance skills listed on the clinical skills checklist of each respective A/BNATP. This clinical skills list shall include the required 21 Performance Skills. Successful return demonstration of skills must be performed in the A/BNATP or the clinical setting as a prerequisite for passing the course and eligibility to take the certification exam. While there is no hands-on testing on the certification exam, there are some questions relating to these skills.

Performance Skills Evaluation

The *Nursing Assistant Training Performance Skill Evaluation* manual (aka *IDPH Performance Skills Manual*) found at
https://nurseaidetesting.com/wp-content/uploads/2018/04/Performance-Skills-Manual-25APR2018.pdf
includes instructions for administering the performance skills portion of the NATCEP. The 21 Performance Skills that the CNA I student must demonstrate are identified and outlined in the manual. *This manual was created to assist the programs with skills instruction.* **It is not mandatory. There is no manual for the ANATP.**

Performance Skills Videos

The purpose of the Performance Skills videos at www.nurseaidetesting.com is to prepare registered nurses who meet the minimum A/BNATP instructor requirements to be approved as an Approved Evaluator. The standards and the steps of each manual skill are detailed in the videos available online at www.nurseaidetesting.com ➔ Coordinators & Instructors ➔ Performance Skills Videos. There are always updates to research and differences in practice around the state. The skills videos are as up to date as possible and represent current best practices. Students may see deviations from this in the clinical setting. Instruction in an A/BNATP must be best practice. If a facility is requesting that you perform skills differently, inform the facility that it is not the best practice as identified by the State of Illinois or the Centers for Disease Control and Prevention (CDC). If a facility is insistent, it may require that you identify a different clinical partner for future students. Please call the Department for guidance.

State Written Competency Examination

Reference 77 IL Administrative Code, Section 395.400

All students must be registered online through the SIUC INACE (Southern Illinois University-Carbondale Illinois Nurse Aide Competency Evaluation) portal at www.nurseaidetesting.com. For computer-based tests, the test administration closes 48 hours before the actual test, provided there are seats left to purchase. Reference *IL NA/HHA Competency Exam Application Guidelines for IL NA Program Coordinators/Instructors located* at www.nurseaidetesting.com. Other related documents may be found at this site.

Students must be registered to take the CNA Competency exam using the INACE Program. The registration must be submitted within 30 days of the completion of the program to comply with the Administrative Code.

Test applicants are required to have a Social Security Number to take the written portion of the competency exam. ***Social Security numbers do not begin with a 9, do not have 666 in the first three digits, do not contain all zeroes in the first three digits, digits four and five or digits six through eight.*** Students with invalid Social Security numbers will not be able to take the certification exam. The SIUC website will reject any effort to schedule an exam with an invalid Social Security number. It is required that A/BNATPs request a copy of the student's Social Security card for verification during the enrollment process and keep a copy on file.

Students should create their own accounts and ***will be allowed to choose the site where they will test.*** *Students should be encouraged to complete the course and any review sessions offered by the A/BNATP before taking the test. Students may register to take the certification exam independent of the A/BNATP.* Having the choice of test sites is beneficial to the students to ensure they pick a test date and time that works with their schedule.

Testing Accommodations

Accommodations are based on the Individualized Education Plan (IEP) that an individual must provide in order to identify the specific learning disability and the accommodations that are requested and/or provided at the training level.

Accommodations most often provided are extended time (either time and a half or double time), a reader, and/or a separate testing area. The request is to be made by a qualified professional, usually from the disability support services area of your institution. [Specific questions can be directed to SIUC NAT at (877) 262-9259 or inat@siu.edu.](mailto:inat@siu.edu)

Documentation of accommodations must be forwarded to SIUC NAT as far in advance of testing as possible to ensure that SIUC NAT has sufficient time to set up the accommodations at the various test sites. Students must be aware that they need to contact SIUC NAT to set up accommodations for any subsequent tests should they fail the first time.

Informing your students of the examination center's admission requirements, which are stated in the guidelines, will make testing less stressful. These include the requirements that all students MUST have a valid photo ID (containing their photo, name and signature), provide a valid Social Security card and bring No. 2 pencils to any paper-based test. They should also arrive at least 30 minutes early as the test starts on time and anyone arriving after the test has started will NOT be allowed entry into the test. For computer-based tests, the Students MUST have a valid photo ID (containing their photo, name and signature) and MUST have their login ID and password to access the computer for their test. Students who do not have this information or their ID will not be allowed to test. Students who are not allowed to test for any reason must pay for the certification exam again.

Program Cluster Scores Report

The Program Coordinator will receive Program Cluster Scores Reports containing different types of testing information throughout the year. A Program Cluster Scores Report will be received by the Program Coordinator after every month that a test applicant(s) has identified the A/BNATP as the training program on a test application. An overall summary of scores is provided for the Program Code number and reports are provided for each theory instructor code identified.

In March each year the Annual Program Cluster Scores Report comprised of the results of initial testers from January to December of the previous year are sent to each A/BNATP. The annual report with the overall program scores and the first-time pass rate on the certification exam is used to determine if a Corrective Action Plan (CAP) is required to be submitted to the Department. This report reflects the overall program scores, not individual instructor scores. *Your first-time pass rate for the certification exam will also be taken into consideration before a CAP is requested. Follow the instructions on the cover letter to determine if you need to submit a CAP.*

Cluster scores are also available at www.nurseaidetesting.com by program code.

A Program Cluster Score Report Information Sheet which is a guide to understanding the Program Cluster Scores Report is available at nurseaidetesting.com ➔ Coordinators & Instructors ➔ Forms ➔ Program Cluster Score Report Information Sheet

State Exam Results and Reports

Cluster scores from 2016 to present are online. Cluster scores by program code can be found using this link: https://www.nurseaidetesting.com/cluster-score-reports/

How to Review Duty Areas Related to State Test Questions

To get reports go to: https://inace.nurseaidetesting.com/ - Reports – Cluster Score Report – Check Show Clusters Box to get detailed test question report. To look up cluster score summary reports with duty areas be sure to check Show Clusters before you generate report.

To find Duty Area Task Analysis Sheets: Go to NAT Website - Coordinators & Instructors – Test Item Development (Scroll down toward bottom of page.) - Task Analysis Sheets - Duty

Area Task Analysis (These correspond to the duty areas listed above lettered A, B, C, D, E, & F). The Task Analysis lists the knowledge, skill and attitudes of a nursing assistant related to each duty area.

Link to Duty Area Sheets https://nurseaidetesting.com/test-development/.

Corrective Action Plans (CAP) for Low Cluster Scores

A Corrective Action Plan template for low cluster scores is located in the forms section at www.nurseaidetesting.com. The Department may also request that an A/BNATP develop a plan of correction to address a finding of non-compliance (Illinois Administrative Code 77, Section 395.190 (b)).

Secondary programs will not be re-evaluated on CAPs and Cluster Score Performance until after the program has finished—typically in May of each year.

The following parameters will be reviewed to determine if your BNATP will be required to submit a CAP.

1. The Program Cluster Mean Score (Total Score) is less than 70% and

2. Any two or more Test Content Cluster Scores are less than the stated goal percentage or any one or more areas are below the goal for Test Content Cluster Scores and the Mean (Total) Score is below the goal and;

3. The first time-pass rate of the certification exam is less than 90% and at least two areas (total score and/or Test Content Cluster Score) are below the goal.

4. A single Test Content Cluster Score below the goal or a single Mean (Total) Score below 70% will not trigger a CAP.

5. If your first-time pass rate on the certification exam is 90% or greater, a CAP will not be required regardless of program cluster scores. The first-time pass rate on the cluster scores does not trigger a Corrective Action Plan (CAP) if all the other metrics have met or exceeded the goal.

6.

Performance Goals:

i.	Communicating Information	Goal 50%
ii.	Performing Basic Nursing Skills	Goal 70%
iii.	Performing Personal Care Skills	Goal 70%
iv.	Performing Basic Restorative Skills	Goal 70%
v.	Providing Mental Health & Social Services	Goal 50%
vi.	Providing Resident's Rights	Goal 50%
vii.	Total (Mean %) Score	Goal 70%.

Thus, any ***two*** or more scored areas below the goal will trigger a CAP if the first-time pass rate on the certification exam is less than 90%. No CAP will be triggered, regardless of scores, if the first-time pass rate on the exam is 90% or greater. A single cluster score that does not meet the goal will not trigger a CAP regardless of the first-time pass rate.

Low cluster scores and non-implementation of the CAP may result in a monitoring visit by the Department or SIUC NAT staff and may have an adverse effect on the continued approval of your program. Questions can be directed to the Department. Programs with cluster scores below goals and a first-time pass rate below 70% will be denied applications for new programs (new locations or hybrid). "Programs that cannot increase the FTPR within two years will be revoked." ("ANATP/BNATP Monthly Update July 2022 - Nurse Aide Testing") If you are providing the minimum hours requirement of 80/40, you may have to increase your hours of instruction to support students in being more successful on the certification exam.

Monitoring Visit

An unannounced Monitoring Visit of your A/BNATP will be conducted routinely by the Department or its designee. Refusal to allow an unannounced site visit will result in withdrawal of approval for the A/BNATP. No classes will be allowed for 90 days (any classes in progress may continue) and the BNATP will have to resubmit an application to begin offering classes again as stated in 42 CFR 483.151.

The on-site visit may include, but may not be limited to:

1. Observation of the theory/lab and/or clinical instructional areas;

2. Evaluation of instructional methods in the theory, lab and/or clinical areas;

3. Interviews with students, instructors and Program Coordinators;

4. Evaluation of Performance Skills as demonstrated by students and/or instructors;

5. Review and discussion of the Program's Cluster Scores Reports;

6. Discussion of Program Operation and Corrective Action Plan(s); and

7. Assessment of the Program's documentation and documentation procedures.

8. Assessment of the Program's compliance with the Health Care Worker Registry rules.

9. Review of the Master Schedule.

10. Review of instructor and/or Program Coordinator qualifications.

11. Review of all required documents. See required documents at this link:
    https://www.nurseaidetesting.com/monitoring-visit-document-requirements/

A copy of the checklist used by the surveyor is found at:
https://nurseaidetesting.com/monitoring-visit-evaluation-form/

A short video providing instructions for how to prepare for a monitoring visit is found at:
https://nurseaidetesting.com/monitoring-visits/

CAP Template for Code Violations can be found at https://www.nurseaidetesting.com/program-coordinators-instructors/bnatp-forms/

CNA Recertification Procedure

Information regarding the recertification of a CNA is located in the *Nursing Assistant Training Performance Skill Evaluation* manual found on www.nurseaidetesting.com. There is information for recertification for the CNA and for the evaluator on the homepage of the above website. Nursing assistants requesting recertification must first contact Southern Illinois University-Carbondale at 877-262-9259 or inat@siu.edu. CNAs contacting Evaluators directly should be directed to SIUC first by the Approved Evaluator.

Health Care Worker Background Check

Reference 77 IL Admin Code, Section 395.171 and Section 955

Programs must provide information to their students on the Health Care Worker Background Check Act and the Health Care Work er Background Check Code in accordance with 77 Illinois Administrative Code, Section 395.171 and Part 955. All programs are required to initiate a fingerprint-based criminal history records check (FEE_APP) **prior** to entry of an individual into the training program. Section 955.110 provides the following definition:

> *"INITIATE" – obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health or its designee; conducting Internet searches on certain web sites from links provided through the Health Care Worker Registry, and having the student's, applicant's, or employee's fingerprints collected directly by a LiveScan vendor and transmitted electronically to the Department of State Police.* (Section 15 of the Act)

Contact the Health Care Worker Registry staff with questions concerning the Health Care Worker Background Check process and procedures. New Program Coordinators should make this contact at your earliest convenience, but before any new classes begin. *Program Coordinators for new programs or additional programs will have to contact the HCWR to request access to the registry in order to input student demographics and training history and to initiate the background check.*

Health Care Worker Registry (HCWR)

The Illinois HCWR at http://www.idph.state.il.us/nar/home.htm contains information on CNA facts, a search engine to locate CNAs on the registry, application forms (for foreign nurses, military personnel, nursing students and out of state CNAs wishing to reciprocate a certification to Illinois), waiver application facts and the waiver application form.

If a student is already on the registry and has a FEE_APP or CAAPP identifier under IDPH Determination of Illinois State Police Background Check, you do NOT have to initiate an additional background check. Negative findings will be posted to the registry for subsequent convictions without additional fingerprinting. ***There is no requirement for secondary programs to submit high school students for a background check.***

Documents & Forms Location

The location of documents and forms pertinent to BNATP operation and referenced in this guide are found at www.nurseaidetesting.com ➔ Coordinators & Instructors ➔ Forms