IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PROGRAM COORDINATOR TRAINING GUIDE

Welcome

Message from the Education Coordinators

Welcome to your essential guide for managing Basic Nursing Assistant Training Programs (BNATP) and Advanced Nursing Assistant Training Programs (ANATP). This handbook is designed to be your comprehensive resource, providing the necessary information to ensure your programs run smoothly and comply with regulations.

Within these pages, you will find detailed instructions, helpful tips, and crucial updates to keep you informed and effective in your role. We encourage you to refer to this guide regularly, as it will be updated with current information to support your success.

Dive in, explore the resources available, and get ready to make a meaningful impact in the world of nursing assistant education!

Best regards,

Beth Young, MSN-Ed, RN

Tabitha Reeise, MSN-Ed, RN

Angela Pavlick, BSN, RN

Your Education Coordinators

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I. MESSAGE FROM THE PUBLIC SERVICE ADMINISTRATOR

This guide is intended to give Program Coordinators and instructors information to operate a Basic or Advanced Nursing Assistant Program and to maintain regulatory compliance. It contains answers to most of the frequently asked questions pertaining to CNA education. It cannot cover every possible contingency and for this we ask that you communicate with us to get answers to questions not covered here or to updated outdated information.

Please reach out to the PSA or your Education Coordinator for assistance with all things related to CNA education, forms, assistance with increasing test scores, etc.

II. NURSE AIDE TRAINING PROGRAM STRUCTRE

IDPH
- The Public Service Administrator for the Nurse Aide Testing Competency Evaluation Program (NATCEP) at IDPH provides program approvals, support and enforces Federal and State Administrative Code for A/BNATPs. The Health Care Worker Registry is also maintained by IDPH.

SIU NAT
- NAT is responsible for administration of the Illinois Nurse Aide Competency Exam (INACE) and verification of nursing assistants transferring to Illinois or seeking recertification as a nursing assistant.

Education Coordinators
- NATs Education Coordinators (ECs) do program evaluations for IDPH, monitoring for Code compliance, provide support and educational to training programs. ECs also conduct instuctor training, visit programs and share educational content related to the Model Program and create educational tools for instructors.

Program Sponsor
- A program sponsor type may be a college, secondary school, vocational center, private business school, nursing home facility, home health agency, or a hospital (Joint Committee on Administrative Rules, 2013a). However, an ANATP cannot be sponsored by a secondary program. Any program sponsoring an ANATP must have a current BNATP with no corrective action plans on any other program.

A/BNATP
- Every program is reviewed, approved, and monitored by IDPH; this includes a site visit by an EC prior to approval. Vocational program types must have approval by the Illinois Board of Higher Education prior to applying. All programs must be conducted in accordance with Federal and State Administrative Codes and standards set forth by IDPH.

Program Coordinator
- The PC must be a registered nurse and is the direct program contact person for IDPH and SIUC NAT. This person is responsible for the overall coordination, planning, implementation and evaluation of the training program.

Instructors
- Instructors are approved by IDPH to teach theory, clinical, Alzheimer's and dementia content, CPR and function as an approved evaluator for skill competency.

III.   COMMUNICATION & SUPPORT

Office of Health Care Regulation
Phone: 217-785-5569 | Email: dph.bnatp@illinois.gov

Randy Carey-Walden, Public Service Administrator
Email: Randy.carey-walden@illinois.gov

Nurse Aide Testing Regional Program Support
Website Section: Coordinators & Instructors

Angela Pavlick, BSN, RN, Education Coordinator, Chicago
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Beth Young, MSN-Ed, RN, Education Coordinator, South
Email: educoordsouth@siu.edu| Phone: 618-521-0088

Nurse Aide Testing Southern Illinois University
Website: www.nurseaidetesting.com
Phone: 618-453-4368 or 877-262-9259| Email: inat@siu.edu

Robert Marlow, Interim
Email robertmarlow@siu.ed

Darin Barham, Testing
Email dbarnham@siu.ed

Pamela Schemonia, Office
Email pjschemonia@siu.ed

Department of Public Health Care Worker Registry
Search Website: https://hcwrpub.dph.illinois.gov/Search.aspx
Phone: 217-785-5133 | Email: dph.hcwr@illinois.gov

Department of Public Health Alert Network Web Portal
Website: https://portalhome.dph.illinois.gov/

Illinois State Board of Higher Education
Website: https://www.ibhe.org/pbvsfaq.html
Phone: 217-782-2551 / 866-262-6663 | Email: info@ihbe.org

Certified Nursing Assistant Educators Association (CNAEA)
Website: cnaeducators.org

ACRONYMS	MEANING
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
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
CHRI	Criminal History Record Information
CMS	Centers for Medicare & Medicaid Services
CNA	Certified Nursing Assistant or Certified Nursing Assistant I
CNA II	Certified Nursing Assistant II
CNAEA	Certified Nursing Assistant Educators Association
Code	Illinois Administrative Code
CPR	Cardiopulmonary Resuscitation
DHS	Department of Human Services
ECFR	Electronic Code of Federal Regulations
FBI	Federal Bureau of Investigation
FEE_APP	Fee Applicant Inquiry Fingerprint-Based Criminal History Records Check
HCWBCA	Health Care Worker Background Check Act
HCWR	Health Care Worker Registry
HHS	Health and Human Services
IBHE	Illinois Board of Higher Education
ID/DD	Intellectual Disabilities/Developmental Disabilities
IDPH / DEPARMENT	Illinois Department of Public Health
IEP	Individualized Education Plan
ISBE	Illinois State Board of Education
ISP	Illinois State Police
LTC	Long Term Care
MS	Master Schedule
NATCEP	Nurse Aide Training Competency Evaluation Program
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

IV. ABOUT THE ROLE OF THE PROGRAM COORDINATOR

The Program Coordinator (**PC**) **must be a registered nurse** and is the contact person for the program. The PC is responsible for the planning, implementation, evaluation, and coordination for an Advanced or Basic Nurse Aide Training Program (A/BNATP).

Duties are regulated by the Illinois Administrative **Code.** This includes verifying proper completion and submission of forms and documents related to the A/BNATP operation, including instructor credentials. Please **reference** Title 77 of the Illinois Administrative Code, **Program Coordinator Section 395.165.**

Maintaining current contact information, including telephone numbers and email address on file with IDPH is vital to a successful A/BNATP.

A *change in PC requires* **email** *notification to the Department* *(*dph.bnatp@illinois.gov) *within five business days* (Section 395.170 Program Operation)*.*

*A PC who has submitted their resignation to an A/BNATP is responsible for notifying the Department of the resignation and of the new PC only if known.

Updates from the Department should be sent to all instructors of an A/BNATP and must be placed in monitoring visit binder for review during an evaluation. Monthly updates are available at https://www.nurseaidetesting.com/idph-updates/ under Coordinators and Instructors.

PCs are expected to **send received reports, program cluster score summaries** and **any updates promptly to** the **instructors** in their respective A/BNATPs. This promotes program improvement and compliance with the rules and regulations.

All correspondence from the Department and the Southern Illinois University Nurse Aide Testing Project (SIU NATP) **will be directed to the PC**.

- Please **make sure the contact information** on page one of the master schedule **is current**. Please **include** the A/BNAT **Program name** and **Program Code number on *all correspondence*** to the Department, including electronic mail (email). There are over 375 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.

NEW COORDINATOR CHECKLIST & PERTINENT INFORMATION

Notify IDPH of change in Program Coordinator (**PC**) within five days of change or as soon as the position is assigned by sending an email to dph.bnatp@illinois.gov.

Subject Line: Program Code # (if known) New PC for name of Program Sponsor

Content:
- Your Name (must have RN credentials for Illinois, will be verified via Nursy's)
- Best contact phone number and email address

You will receive an email from Southern Illinois University Carbondale (SIUC) Nurse Aide Testing (inat@siu.edu) providing you with **credentials for** the Illinois Nurse Aide Competency Exam **(INACE) access**. This will be used to complete student rosters at time of successful course completion and to view student exam reports.

You will need to **get access to the Health Care Worker Registry** (HCWR) to enter student demographics, training dates and to generate a Live Scan request for criminal-based fingerprinting and background checks on ALL students other than students in Secondary program types. This includes Facility program types as well. **See Accessing the HCWR.**

Each program code is tied to a specific Program Sponsor and a specific Theory/Lab site that has been **approved by IDPH**. These **may not be changed without approval** by IDPH and will require additional documentation and/or possible new program application.

A **nursing assistant program** is different than any other type of medical program as it **must follow Federal and State Regulations.** You need to **be familiar with Illinois Administrative Codes that govern all Programs** in Illinois and the guidelines for program operation to keep the program in good standing with IDPH. **Programs that do not maintain Code compliance put the program at risk for program revocation**. As the PC **it is your duty to maintain compliance** for your program(s). Review the Code by clicking the links below.
Go to https://www.nurseaidetesting.com/ > Illinois Administrative Code Title 77

Read PART 955 HEALTH CARE WORKER BACKGROUND CHECK CODE
    Section 955.165 Fingerprint-Based Criminal History Records Check

Read PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE > SUBPART C: POLICIES > **Section 300.660** Nursing Assistants

Read PART 395 LONG-TERM CARE ASSISTANTS AND AIDES TRAINING PROGRAMS CODE

    SUBPART A: PROGRAM APPLICATION AND APPROVAL PROCESS
    All sections for Basic Nurse Aide Training Program (**BNATP**) &
    Advanced Nurse Aide Training Program (**ANATP) as applicable**.

    SUBPART B: TRAINING PROGRAM CURRICULA REQUIREMENTS
    (395.300 and/or 395.305)

    SUBPART C: PROFICIENCY EXAMINATION as applicable for A/BNATP

Review all documents related to the program(s) and provide IDPH with changes to your program via email to dph.bnatp@illinois.gov. Changes to a program should be submitted 30 days be for the start date. If you cannot find the program documentation, see New Program for information related to the documents required and submit changes to IDPH via email.

- Subject Line: Program Code # Name of Program Change in Program Content
- What to send (send separate email for each Program Code):

    Changes to the curriculum, information related to use of an online learning platform, syllabus i.e., methodology, content, objectives, background check policy, attendance, and makeup policy. Changes to allocation of hours, evaluation tools i.e., Instructor/program evaluations, final exam, clinical performance evaluation form, clinical skills checklist, and clinical site agreements. *Home Health and Vocational programs must provide up-to-date credentials.

*All documents must agree**. The **attendance policy & makeup policy should not allow students to fall below minimum required hours** and must be listed in syllabus or handbook along with a Background Check Policy. When creating the syllabus an online template helpful. The handbook and syllabus may be incorporated together or separate.

All instructors must be approved by IDPH and must have an instructor code to teach theory, lab, or clinical. See Obtaining an Instructor Code and Master Schedule Instructions.

It is your job to make sure the instructors are familiar with Administrative **Code Guidelines**, program operation, the program policies, and procedures and the requirements for an unannounced monitoring visit to check program Code compliance for IDPH.

- **All RN instructors are required to enroll in a Train the Trainer** (TtT) course.
- Instructors who will be the sole PC and instructor of a program must take a TtT course regardless of level of education.
- Instructors who have obtained a BSN or higher are encouraged to take TtT if the instructor does not the program's trained personnel assumes the responsibility of training the instructor.
- **All instructors must obtain an instructor approval by IDPH**.

To operate a BNATP course the **PC must submit a Master Schedule in the format prescribed by the department 15 business days before the start date** and the length of the program must be no less than four weeks. **See Master Schedule Instructions.**

All program codes operated by a PC **must have the required paperwork at each theory/lab site** for an unannounced monitoring visit by the Education Coordinator on behalf of IDPH to check Code compliance.

- A document binder must be readily available at each theory/lab site with all required documentation provided to the EC within five minutes of arrival to the site. See Monitoring Visit Document Requirements

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 All forms pertinent to BNATP operation and referenced in this guide **are found at www.nurseaidetesting.com** Coordinators & Instructors Toolbox for Coordinators and Instructors.

The Illinois HCWR webpage (<linked here in blue) **provides** the following **information on:**

- **Resources:** Search the HCWR, Re-certify as a CNA, CNA Training Programs, SIUC Testing Website, Equal Employment Opportunity Commission (EEOC) Enforcement Guidance

- **Forms:** Applications for Waiver, Foreign Nurses, Military Personnel, Nursing Students and Out of State CNAs wishing to reciprocate a CNA certification based on training

- **Laws & Rules:** publications related to the Health Care Worker Background Check Act (225 ILCS 46), information on Disqualifying Convictions

- **Publications**: FAQs for CNAs and Other Workers, Employers, and Waivers

CNA Facts webpage **shows Requirements for**:
- Illinois CNAs
- Working in a Licensed LTC Facility
- Working in a Federally Certified LTC

And:
- Important Points to Remember About Checking CNA Status
- Links to Resources, Forms, Laws and Rules, and Publications (as described above)

Familiarize yourself with the Nurse Aide Testing website. As it provides access to documents, forms, program information for PCs, instructors, and students. The **main page for PCs is under COORDINATORS AND INSTRUCTORS**. Information for students and a practice exam is located under the STUDENT RESOURCES tab. The EXAM REGISTRATION tab provides information for PCs and students related to the State Exam.

It **is your job to keep documents related to the program, current course, student documents as required at each Theory/Lab site UpToDate.** Store documentation in a binder for each theory site, and have readily available within five minutes for an unannounced monitoring visit.

Review Monthly Updates Posted on NurseAideTesting.com Under IDPH Updates.
It is the **Program Coordinator's responsibility** to **review updates** each month and to **notify instructors** of any **applicable change(s).** Click Here to find Monthly Updates from IDPH. These updates must be kept in the Monitoring Visit Binder for review on monitoring visits.

PROGRAM RENEWAL

Programs are valid for two years. A renewal request must be sent to the Department every two years.

To Renew the Program
Send an email to dph.bnatp@illinois.gov requesting reapproval. The subject line should include the name of the program and the program code and state "Renewal Request."

What to Include in the Renewal Request
Any previously unapproved changes to documents a program would submit for program approval. These documents include credentialing documentation, objectives & content, textbook information, evaluation tools, clinical site agreements, final exam, and the course syllabus.

If there have been no changes made to the program state there are no changes to the program and that you are requesting the program be renewed.

What NOT to Send
Please **do not send** updated **RN licenses** as those may be obtained online. **CPR cards do not** need to be sent to IDPH. Keep Instructor CPR cards on file in your program binder for review by the Education Coordinators on site monitoring visits.

Vocational Programs ONLY
Vocational Programs MUST renew with IBHE annually and send the approval certificates from IBHE for

the two years to IDPH for program renewal. Proof of approval certificate must be available for monitoring visits. Vocation Programs **MUST** receive approval from IBHE before using online modality without full approval.

For Multiple Program Sites
If the **program sponsor has multiple program sites** with the next renewal request that all the sites be renewed at the same time. Include pertinent information for each site. This will make it easier to remember and it can be done at the same time every two years.

PROGRAM CHANGES

Note: changes must be approved within 30 days of the change.

IV. ABOUT THIS GUIDE AND CNA PROGRAMS

As a **new or seasoned program coordinator** (PC) you will need to **review this guide** in its entirety to **understand your role** in Advanced/Basic Nurse Aide Training Programs (A/BNATP).

> ## THIS GUIDE
>
> **Enables you to learn** the elements of the Illinois Administrative **Code**, Federal **Regulations**, and **standards** set forth by the Department of Public Health (Dept.) **as they relate to A/BNATPs and your role as** the **Program Coordinator** (PC).
>
> **Understanding** these **requirements will enable you to maintain compliance and the program's approval to operate.**

Omnibus Budget Reconciliation Act (OBRA) of 1987

OBRA, known as the Nursing Home Reform Act, **established standardized**, high-quality **training and certification for Certified Nursing Assistants** (CNAs) to improve nursing home care nationwide.

Key Requirements for CNA Programs

- **Training Requirements**: CNAs must complete a state-approved program, **specific number of training hours**, covering basic nursing skills, personal care, infection control, communication, safety, emergency procedures, and residents' rights.

- **Competency Evaluation**: CNAs must **pass** a state **competency evaluation**, including a written/oral **exam** and a **practical skills test**, **to be certified** and listed on the state registry.

- **State Registry**: **States maintain a registry** of certified CNAs, including eligibility related criminal history and any findings of abuse, neglect, or theft. **CNA programs** and employers **must verify eligibility for student enrollment** and employment.

- **Continuing Education**: CNAs must complete ongoing education and in-service training   to maintain certification.

- **Resident Rights and Quality of Care**: CNA training emphasizes protecting residents' rights and ensuring quality care, including recognizing, and reporting abuse and neglect.

- **Accountability and Enforcement**: OBRA enforces compliance through regular inspections and penalties for non-compliance, ensuring nursing homes meet federal standards.

V.   HOW RULES & REGULATIONS RELATE TO PROGRAM

A/BNATPs in Illinois are **responsible for complying with standards set** forth **by** the Illinois Department of Public Health (**IDPH**) and **State and Federal Regulations**.

It is **important for PCS and all Instructors to be aware all rules and regulations** related to your program(s) and the services LTC facilities are required to provide to supply the most up-to-date information to their students.

IDPH STATE REGULATIONS	RELATES TO	LINK
Long-Term Care Assistants and Aides Training Programs Code	Program application and approval process, pertinent information about A/BNATPs, Program Curricula Requirements, and the Proficiency Examination	Title 77, Chapter I, Subchapter c, Part 395, Subpart A, B, & C
Skilled Nursing and Intermediate Care Facilities Code	Nursing Assistants, Health Care Worker Background Check, And the Registry of Certified Nursing Assistants	Title 77 Chapter I, Subchapter c, Part 300 Subpart C: Policies
Health Care Worker Background Check Code	Criminal based fingerprinting, background checks, disqualifying convictions	Title 77, Chapter I, Subchapter u, Part 395
IDPH Web Portal	Accessing the Health Care Worker Registry (HCWR), Portal Registration Authority registration, registering for a portal account to access the HCWR to entering student information from the Authorization and Disclosure Forms, and entering student training dates	IDPH Health Alert Network Web Portal
Health Care Worker Registry	Nursing assistant information, links to search the HCWR, approved training programs, and online forms	Health Care Worker Registry
FEDERAL RULES & REGULATIONS	RELATES TO	LINK
Federal Regulations Manual	Provides guidance on Nurse Aide Training and Competency Evaluation Program	Chapter 4, 4132 - NATCEPs and CEPs
Code of Federal Regulations	Requirements That Must Be Met by States and State Agencies: Nurse Aide Training and Competency Evaluation	42 CFR Part 483.150-160 Subpart D
Federal Regulations for Long Term Care (LTC) Facilities	State operations manual for Guidance to Surveyors for Long Term Care Facilities	State Operations Manual Appendix PP

VI. HIGHLIGHTS OF ADMINISTRATIVE CODE SECTIONS

Every program must adhere to the [Administrative Code](#) and standards set forth by the Department of Public Health.

Section 395.100 Program Sponsor Types

1. **Educational Institutions** : Community colleges or public schools

2. **Private Vocational/Business Schools** : defined under the Private Business and Vocational Schools Act with valid approval or exemption from the Illinois Board of Higher Education (IBHE).

3. **Licensed Facilities** : Licensed under the Nursing Home Care Act or Hospital, Home Health, Home Services, and Home Nursing Agency Licensing Acts.

4. **Specialized Programs** : Facilities or programs licensed under the ID/DD Community Care Act or certified by DHS.

Section 395.110 Application for Program Approval

1. **Application Submission** : Submit to the Department at least 90 days before the program start date. Approval must be received in writing before offering the program; retroactive approvals are not granted.

2. **Site and Program Type Applications** : Separate applications required for each theory site and program type (e.g., community college, vocational, facility- based, hybrid).

3. **Application Contents** : Type of training program (Basic Nursing or Advanced)

   Sponsor's certificate of approval if applicable. Program summary, including philosophy and purpose.
   Program outline: objectives, content, methodologies, & hours.
   Syllabus and master schedule.
   Clinical site agreements and evaluation tools.
   Attendance policy and floor plan (BNATP only).
   Identification of other businesses at the location.

4. **Submission** : All applications should be submitted to the Department.

Section 395.120 Review Process for Program Approval

The **Department will evaluate** the **application** for compliance and will:

1. Grant approval.
2. Deny approval due to major deficiencies.

If deficiencies are **found, additional documentation will be requested**. Upon compliance, approval will be issued. **Approved A/BNATPs** will **receive** a **program code number** for correspondence.

Section 395.130 Review of Approved Training Program

Programs valid for two years only. The **PC must request reapproval** via email to the Department **before** the program's **expiration date.**

- **Any unapproved changes to submitted documents** must be submitted.

  Documents include:

  credentialing documentation, objectives, content, textbooks, evaluation tools, clinical site agreements, final exam, and syllabus.

- **Do not send updated RN licenses or CPR instructor cards**; keep on file for monitoring Visits.

- **Vocational programs must annually renew with IBHE and send approval certificates to IDPH** for program renewal; certificates must be available for monitoring visits.

Evaluation includes unannounced onsite monitoring by the Education Coordinator for compliance **approximately every two years**.

Factors determining additional visits or monitoring for BNATP:

Student completion rates

Low cluster scores

Nature of complaints warranting investigation

Submission of incorrect documentation

Review of noncompliance leading to probation or revocation

Section 395.150 Minimum Hours of Instruction

Total Instruction Hours:

Minimum of **120 hours, excluding breaks, meals, and orientations to program or clinical site(s).**

Breaks and Meal Requirements

A **thirty-minute uninterrupted meal break shall be provided** in all programs **where class times meet or exceed five continuous hours. One fifteen-minute break** shall be provided **for each class** session that **meets for two consecutive hours and every two hours thereafter.**

Program Time Frame Requirements:

Basic program content presented in **4 weeks to 120 days**, unless conducted by an educational institution on a term basis.

Theory and Clinical Hours: **Minimum of 62 hours of theory**
                                          18 hours of **laboratory** skills
                                          40 hours clinical instruction

Alzheimer's and Dementia Instruction: **Minimum of 12 hours** theory **instruction,** excluding breaks, and meals.

CPR Instruction

Minimum of **4 hours theory instruction**; **CPR certification required** by program conclusion. Except as provided in Section 395.300(f)(12)(I). A student who previously has certified in CPR and whose certification is current is exempt from the requirements

> ***If CPR** certification **is a prerequisite** for program admission, **credit** of **four theory hours may be given**, meaning total theory would be 76 hours.

Training Requirements Before Direct Resident Contact

A Minimum of 16 hours training in the following areas conducted **before direct resident contact**:

Communication and Interpersonal Skills

Infection Control

Safety/Emergency Procedures, Including Airway Obstruction Clearing

Promoting Residents' Independence

Promoting Residents' Rights

Section 395.160 Instructor Requirements

Clinical and Theory Instructors:

Approval Process: Instructors must be approved by the Department before teaching. The program coordinator should request approval 60 days before the course starts.

Qualifications:

1**. Registered nurse** with an **active Illinois license** and **2+ years** of nursing **experience.**

2. Completed Department-approved Train the Trainer course (BSN+ exempt).

3. Provide documentation of 4 CEUs in Alzheimer's Disease and related dementias (this is included in Train the Trainer, BSN+ are not exempt from this requirement.)

4. Have **2+ years' experience** as an **RN and one** year of **experience in one of the following areas:**
      o   Teaching theory in an accredited nurse training program or BNATP.
      o   Providing nursing care, including personal care and ADLs to older or chronically ill adults.
      o   1+ years' experience in long-term care

  *Secondary School Instructors:

  Shall **not serve as** the **school nurse unless** the school **district ensures no interruptions** during BNATP instruction, except for life-threatening emergencies.

  *Sole Instructors & Program Coordinators

  Must be an RN with **2+ years**' experience teaching in a BNATP or accredited nursing program.

  or

  Successfully completed the Train the Trainer course.

CPR Instructors:

Must be Department **approved**. CPR instructors must provide **current certification** at the healthcare provider level from a **nationally recognized program** and maintain documentation.

Special Content Instructors:

Must have at least **one year of experience in** their **field**. This includes nurses, pharmacists, dietitians, social workers, fire safety experts, and other specialists. List on the master schedule.

[Section 395.165](#) Program Coordinator Requirements

An approved Program **Coordinator must be a registered nurse**.

RESPONSIBILITIES

Plan, implement, evaluate, and **coordinate** the following:

- BNATP **Program**
- Competency **Testing**
- Criminal **Background Checks**

Complete and submit accurate documentation.

Serve as **primary contact for Department** communications.

Formulate, implement, and **communicate corrective measures.**

Notify the Department via email **of** a **change in PC** within five business days if known.

Meet all **requirements of Sections [395.160](#)** and [395.162:](#)

Must be an RN with **2+ years**' experience teaching in a BNATP or accredited nursing program.

or

Successfully completed the Train the Trainer course.

Section 395.170 Program Operation

The **Master Schedule** is to be **submitted to masterschedule@siu.edu 15 business days prior to course start date.**

Any change in program content, objectives or instructors shall be **submitted** to the Department at least **30 days prior to** program **start** date.

As the PC **it is your responsibility to review and update all documents** related to the program **and notify IDPH of the changes via email** at dph.bnatp@illinois.gov; such as:

> Changes to the curriculum, syllabus i.e., methodology, content, objectives, background check policy, attendance, and makeup policy. Changes to allocation of hours, evaluation tools i.e., Instructor/program evaluations, final exam, clinical performance evaluation form, clinical skills checklist, and clinical site agreements.

Credentialing documentation for **Home Health program** types **require an updated license** and **Vocational program** types **require** a IHBE **Certificate of Approval.**

Unscheduled Changes to Master Schedule (i.e. Snow days, instructor illness, last minute cancellations) email must be promptly reported and emailed to dph.bnatp@illinois.gov.

STUDENT TO INSTRUCTOR RATIOS FOR **CLINICAL: 8 students to 1 instructor**

RATIOS FOR **SKILLS LABORATORY: 16 students to 1 instructor for skills lab,** unless Prior approval is received from the Department.

> ***No more than five students** may be **assigned to one bed in** the **lab** setting.

Skill Competency:

Students must show competency of Department-approved performance skills by hands-on return demonstration by an approved evaluator (instructor).

The classroom and laboratory environments shall be:

> **Clean,** with **all equipment** (video screens, etc.) in **working** order.
>
> **Free of insects, rodents, or other vermin.**
>
> **Free of trash** other than what has been produced during instruction; and
>
> **Free of food or drink.** (Applies to the **laboratory** environment only.)
>
> **All supplies required for** laboratory **training shall be present**, **clean**, and available to students and instructors.

Section 395.171 Health Care Worker Background Check

Compliance:

Training programs **must adhere to** the **Health Care Worker Background Check Act and Code.**

- **All programs**, **excluding secondary programs**, **must check** the **registry before allowing students entry** into program.

- **If "FEE_APP" or "CAAPP" appears** in the background check area of a registry profile, **do <u>not</u> repeat** the **fingerprint** based criminal history **check.**

- **Background checks must be initiated before** the **first day of class**.

- **Students may continue** through the program, including clinical **while results of the background check are pending.**

- **PC must check weekly for *student* results** until obtained.

Counseling:

Provide counseling to **all applicants**, **covering:**

- **Notification of fingerprint**-based criminal history **check** will be initiated **before** the **first day of class.**

- **Clear statement fingerprint-based criminal history records check is required** for individual **to work as a direct access worker, a CNA,** or Direct Support Person in Illinois

- Provide access to a [Listing of disqualifying offenses](#), in Section 25 **that would disqualify a person** from working **unless waiver is obtained** under Section 40.

Enrollment Eligibility:

Pass a criminal **background check without disqualifying convictions**, unless waived and **have no findings of abuse, neglect, or property misappropriation**.

Procedure if person has **Disqualifying Convictions**:

- **Immediate disenrollment** for those with disqualifying convictions.

- **Submission of waiver request required.**

- **If waiver** is **approved** under Section 40 individual **may reenroll.**

Section 395.173 Successful Completion of the Basic Nursing Assistant Training Program

A student shall be **considered to** have **successfully completed** the **BNATP** upon:

Successful completion of a **min**imum of:

62 hours of theory, 18 hours of laboratory (skills) training**,** and **40 hours** of **clinical** instruction, **including** the **required** hours of **content** in accordance with Section 395.150; and

Demonstrated competence in the Department-**approved performance skills**.

A student shall **pass the Department**-established computer-based **competency exam.**

Section 395.175 Program Notification Requirements

The **program sponsor must submit an official roster** of students who completed the training program **within 30 days of completion via INACE**.

The **roster must include**:

Student identification (name, address, and Social Security number)

Training program code number

Program start and end dates

Signature or other verification as prescribed by the Department

Section 395.190 Denial and Revocation of Program Approval

COMPLIANCE: Regarding this Part or 42 CFR 483.151(b)(2)(i) through (v):

FAILING TO COMPLY WITH PROGRAM REQUIREMENTS FOR PROGRAMS:

Proposed Programs Awaiting Approval

Program sponsor will be notified of denial of program approval, the reason for denial, the right of sponsor to appeal and a hearing before the Department.

Currently Approved Programs

Upon program evaluation or during monitoring the program finds program does not comply with the requirements, the sponsor will be notified of finding(s) of non-compliance and the reasons for the finding.

FINDINGS OF NONCOMPLIANCE INCLUDE, BUT ARE NOT LIMITED to the **FOLLOWING:**

Instructor(s):
Not being approved by the Department or not meeting requirements of Section 395.160

Program Instruction
Instruction does not follow approved curriculum
Does Not satisfying the requirement of 120 hours of training
Exceeding the student-to-instructor ratio at clinical site or in laboratory setting

Related to Student Testing & Test Results:
Official student roster not submitted within 30 days after program completion
Cluster Scores consistently being below target levels for two or more consecutive years
First-time pass rate for certification exam below 70% for two or more consecutive years

Master Schedule (MS):
Program not conducted in accordance with the master schedule
Master schedule not submitted 15 business days before first scheduled day of class

Theory and Laboratory Site:
Instruction held at a location other than the approved site(s) Laboratory environment not meeting requirements in Section 395.50.
Theory instruction site not meeting student needs for space, comfort, and learning
Lab environment does not meet requirements in Section 395.50.

Program Renewal Requirements:
Program to request renewal via email to Dept. every two years before expiration
No review of approved training program pursuant to Section 395.130
Vocational programs not submitting the IBHE annual renewal certificate or letter.

QUIZ: TEST YOUR ADMINISTRATIVE CODE KNOWLEDGE

1. **True or False:** Programs are valid for two years only.

2. **True or False:** If CPR certification is a prerequisite for program admission, credit of four theory hours may be given, resulting in a total theory time of 76 hours.

3. **True or False:** To be an approved clinical and theory instructor in a BNATP, you must be a registered nurse with at least two years of nursing experience as an RN.

4. **True or False:** Secondary school program instructors can serve as the school nurse during BNATP instruction.

5. **True or False:** An approved Program Coordinator for a Basic Nurse Aide Training Program (BNATP) must be a registered nurse.

6. **True or False:** The master schedule for a BNATP should be submitted to at least 15 business days before the course start date.

7. **True or False:** The student-to-instructor ratio for clinical settings should not exceed eight students per one clinical instructor.

8. **True or False:** If a person has disqualifying convictions, they can still enroll in the program without a waiver.

9. **True or False:** Background checks must be initiated before the first day of class, allowing the student to continue through the program while pending results.

10. **True or False:** If "FEE_APP" or "CAAPP" appears in the background check area of a registry profile, the fingerprint-based criminal history check must be repeated.

11. **True or False:** The program sponsor must submit an official roster of completed students to INACE within 30 days of course completion.

12. **True or False:** A student must complete 80 hours of theory instruction and 40 hours of clinical instruction to successfully complete the Basic Nursing Assistant Training Program.

13. **True or False:** A program not being conducted in accordance with the submitted master schedule is considered a finding of non-compliance.

14. **True or False:** For a theory instruction site to be compliant, it must meet student needs for space, comfort, and learning environment.

15. **True or False:** Successful monitoring visits ensure the program's approval to operate is maintained.

QUIZ ANSWERS WITH RATIONALES

1. Programs are valid for two years only.
   Answer: **True** – Programs must request renewal and submit any changes every two years.
2. If CPR certification is a prerequisite for program admission, credit of four theory hours may be given, resulting in a total theory time of 76 hours.
   Answer: True – A reduced hours or a student with a valid certification may exempt.
3. To be an approved clinical and theory instructor in a BNATP, you must be a registered nurse with at least two years of nursing experience as an RN.
   Answer: True – This is a Code requirement.
4. Secondary school program instructors can serve as the school nurse during BNATP instruction.
   Answer: False - The school nurse may only be used in cases of an emergency.
5. An approved Program Coordinator for a BNATP must be a registered nurse.
   Answer: True - The Code clearly states the Program Coordinator must be an RN.
6. The master schedule for a Basic Nurse Aide Training Program (BNATP) should be submitted at least 15 business days before the course start date.
   Answer: **True** – Programs who are not submitting MSs at all or within the time limit puts the program at risk.
7. The student-to-instructor ratio for clinical settings in a BNATP should not exceed eight students per one clinical instructor.
   Answer: True - 8:1 is the ratio maximum; deviation is considered non-compliance.
8. If a person has disqualifying convictions, they can still enroll in the program without submitting a waiver request.
   Answer: False - The passage states those with disqualifying convictions require an approved waiver to enroll.
9. Background checks must be initiated before the first day of class, allowing the student to continue through the program while pending results.
   Answer: True – All programs other than secondary must do background checks.
10. If "FEE_APP" or "CAAPP" appears in the background check area of a registry profile, the fingerprint-based criminal history check must be repeated.
    Answer: False - Do not to repeat the fingerprint check, check registries and enter training dates to ensure proper notification of disqualifications while student is in program.
11. The program sponsor must submit an official roster of completed students to INACE within 30 days of course completion.
    Answer: True - These requirements for the roster submission are stated.
12. A student must complete 80 hours of theory instruction and 40 hours of clinical instruction to successfully complete the Basic Nursing Assistant Training Program.
    Answer: True - These are the minimum instructional hour requirements.
13. A program not being conducted in accordance with the submitted master schedule is considered a finding of non-compliance.
    Answer: True – Proper revisions must be submitted, and notifications of any change submitted.
14. For a theory instruction site to be compliant, it must meet student needs for space, comfort, and learning environment.
    Answer: True – Adequate room for the students is required, it should not be cramped.
15. Successful monitoring visits ensure the program's approval to operate is maintained.
    Answer: True – Non-compliance to rules and standard can put programs at risk.

VII. LONG-TERM CARE FACILITY PROGRAMS PERTINENT INFORMATION

Long-term care facilities with a **BNATP cannot charge a student for any portion of** their **training, nor** can they **request repayment if** the **CNA leaves employment.** This violates **of 42 CFR 483.152 and Illinois Administrative Code Title 89 Section 140.539.**

You may not have the student sign a contract guaranteeing the student will remain with the employer for any length of time in exchange for providing the course to the student.

No individual who is employed by, or who has received an offer of employment from, a facility on the date on which the individual begins a Basic Nursing Assistant, Developmental Disabilities Aide, Basic Child Care Aide, or Habilitation Aide training program **may be charged for any portion of the program (including any fees for textbooks or other required course materials and the facility must pay for the students first CNA Certification Exam)**.

This **provision applies whether the facility requests Medicaid reimbursement for the training, the individual fails the competency exam or leaves employment.**

Link to the code: Administrative Code -- Reimbursement

Facilities must also reimburse a student who has paid for and completed a BNATP elsewhere within the first year of certification.

> Costs can be recovered by requesting reimbursement through HFS on the facility's Medicaid Cost Report on HFS Form 2310.

VIII. NON-COMPLIANCE & PROGRAM MONITORING
WHAT HAPPENS WHEN A PROGRAM IS NON-COMPLIANT

A **Corrective Action Plan** (CAP**) will be requested** by DPH.

The **Program has 10 business days** after request **to submit** the plan.

Follow up monitoring may occur.

Compliance with CAP ensures no further action.

If **findings** are **not corrected after** the **CAP** the program will be notified of

placement on PROBATION

along with **length** (up to 180 days) and **conditions** of the probation.

Program will be **notified when probation** is **lifted**.

If **findings are not corrected during probation** the program will be notified of

REVOCATION of the program

along with **duration** of suspension **and conditions** of reinstatement.

If program **REVOCATION OCCURS for REASONS NOT INCLUDED** in 42 CFR 483.15 the program **sponsor has** the **right to appeal** suspension or revocation **and to a hearing** with the Dept.

Program **has 10 calendar days after notification** of decision to deny revoke or suspend approval **to write an appeal** of the action and request a hearing.

Hearings are conducted by the Department's policies and procedures for Administrative Hearings.

A **revoked program CANNOT conduct nursing assistant programs.**

HOW PROGRAM COMPLIANCE IS MONITORED BY IDPH

Programs are monitored by information submitted to the Dept. and through **unannounced monitoring visits from** SIU Nurse Aide Testing's **Education Coordinator (ECs) on behalf of** the **Department** of Public Health. Refusal to allow an unannounced site visit will result in withdrawal of approval for the A/BNATP and no classes will be allowed for 90 days, a class in progress may be completed. Resubmission of new program application is required (42 CFR 483.151.)

The visit **ensures compliance with all rules and all regulations outlined in the** Illinois Administrative **Code** is maintained with **special attention to Section 395.195** Denial, suspension, and Revocation of Program Approval.

While an unannounced visit can be stressful, please keep in mind **our goal is to provide constructive feedback about the program** and **identify** any Code **compliance issues that need** to be **addressed so they can be corrected** to keep the program in good standing.

The **visit will** include
- Observation of Theory, Lab, and/or Clinical Areas
- Evaluation of Instructional Methods
- Interviews with students, instructors, & PCs
- Evaluation of Performance Skills by Students or Instructors
- Program Operation Evaluation
- Review Program Documents & Procedures
- Inspection of Facilities and Equipment
- Opportunity to Ask Questions
- Identification of Areas for Improvement
- Review of Cluster Scores
- Ways to Improve Program Test Scores
- Review of Corrective Action Plans if Applicable

On the evaluation form, **you may see "CODE VIOLATIONS" or "CODE ISSUES"**, this is **to bring awareness** to violations that might be cited on future visits if the identified issue is not corrected after an initial monitoring visit.

The **information collected** during the evaluation will be **submitted to the Public Health Administrator** at DPH.

Upon review, the Administrator will **determine what action if any** based on the **citations noted** during program evaluation.

You will receive a copy of the evaluation form and further information regarding the visit via email, typically within a few days after the visit.

Successful monitoring visits **ensure program approval to operate** is maintained.

Programs with no citations will receive an ACED Monitoring Visit Award

HOW TO PREPARE FOR A MONITORING VISIT

The **monitoring visits are unannounced**, this means you never know when it may happen, the Education Coordinator will just show up. So, **get organized and be prepared**. It will make the visit go smoother, faster, and allow you to keep working with your students.

 What To Do:

▪ You are **required** to keep all materials for an inspection up to date for each course on site and **readily available** for review within **five minutes** of the Education Coordinators arrival to program site. Failure to provide documents in the allotted time places the program immediately on a corrective action plan (CAP) and may put the program at risk. For a program that is on track, the visits will occur every other year.

▪ **Gather all the required documents** the education coordinator will ask to see linked below. Put them in one place. A **binder with organizing tabs** is a fantastic way to do it and can be grabbed and handed to the education coordinator right when

▪ they walk in the door. An electronically accessible cloud-based file with all documents separated within file would work as well.

▪ A **PC is not always on site** and the **documents are expected to be provided by** the **instructor**. So, if the PC does not provide a binder or easily accessible organized electronic files with the required documents at the start of the course the instructor needs to immediately contact the PC.

MONITORING RELATED TO THE CERTIFICATION EXAMINATION

First time student test scores on the **Certification Exam** are also **evaluated yearly** and during program evaluations.

Yearly scores determine if the **program will be placed on** a corrective action plan (**CAP**).

Cluster scores below target levels set by the Dept**. for two consecutive years is a finding of noncompliance**. This finding **puts the program at risk** should scores not improve to target levels (Section 395.190 Denial, suspension, and Revocation of Program Approval.)

RESOURCES:

Video: How to Prepare for a Monitoring Visit

Copy of Monitoring Visit Evaluation Form used.

CAP Template for Code Violations

LIST OF DOCUMENTS REQUIRED FOR EVERY THEORY/LAB LOCATION

[Link to document request letter](#)

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

Program Code: _____   Monitoring Visit Date: _____

Dear Program Coordinator or Instructor,

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

- Proof of current Program Approval or Reapproval from IDPH (print email; renew every two years)
- Current IBHE Certificate for Vocational Schools (or Facility, Home Health or Hospital program types if admitting students other than employees)
- Any current Corrective Action Plans (Test Scores/Code Violations) and related documentation, if applicable
- Copy of the Program Coordinator's Active Illinois RN License
- Current Master Schedule (MS)
- All current Affiliation Agreements (Facility-based programs are exempt)
- Instructor CPR Cards for ALL instructors or outside agencies marked as teaching CPR on MS
- Current Class Roster
- Student Social Security Cards or ITIN Cards (may redact first 5 numbers)
- Course Catalog or Handbook, if applicable
- Course Syllabus with inclusion of the following policies:
    - Attendance Policy
    - Makeup Policy
    - Healthcare Worker Background Check Policy
- Textbook Copyright Page
- Any documents students are required to sign
- Final Exam
- IDPH Monthly Updates. starting from most recent month and going back 12 months
- Other documentation related to the program may be requested by Education Coordinator at time of visit
- _____

Thank you in advance for your cooperation,

R.R Carey-Walden

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

PROTECTING HEALTH, IMPROVING LIVES

CLINICAL SITE SELECTION, AGREEMENTS, & RESTRICTION

Program Coordinators should **prioritize long-term care nursing facilities for clinical**. There are approximately 1,200 long-term care nursing facilities in Illinois. Avoid critical access facilities due to typically low census.

Students **must** have many opportunities to provide direct personal care during scheduled clinical hours. Education Coordinators will verify this during site visits.

Competency in the 21 mandated Performance **Skills should ideally be demonstrated in a clinical setting** on a resident after being shown in the lab.

Clinical Site Evaluation

1. Identify **LTCs near program**.
2. **Reach out to facility** to determine if the facility is willing to host students for clinical.
3. **Verify that the facility is not restricted** from hosting students due to citations by contacting DPH via email. The facility administrator can provide the six-digit Medicare provider number to identify the facility.

Types of Approved Facilities for Clinical Sites

Long-Term Care Skilled is the best choice and should be looked at first.
Intermediate Care Facilities
Skilled care
Extended care
Transitional care units of hospitals (swing-beds/skilled units)
Assisted Living facilities

Unapproved Sites

Group homes
Home Health Agencies
Hospital medical units should only be considered if local nursing homes are unavailable.
If there are no long-term care facilities nearby,

Clinical Site Agreements

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.*

DPH 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.

TIP: An agreement with an evergreen clause (automatic renewal clause) is ideal where the agreements is automatically renews the terms of an agreement except when the contract is terminated through mutual agreement or contract breach. This cuts down on the work and coordination the PC must do with clinical sites once an agreement is in place. Facilities may require an agreement for each clinical.

*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.

All agreements for sites utilized on a MS must be UpToDate and should be readily available for monitoring visit and must be provided.

Clinical Sites on Restriction From Having Students

PCs should maintain regular communication with facility administrators to confirm if a restriction notice has been received. **If a facility is suspected of facing NATCEP restrictions, contact the Department immediately.** Restrictions last two years, but facilities may request a waiver depending on the circumstances. For more details, contact DPH.

What to Do if Facility is Placed on Restriction During Course

All programs are required to contact DPH regarding any classes already in progress when a facility is facing restriction.

If a facility becomes restricted after the start date the **clinical group scheduled at** that **facility will be allowed to complete the clinical** experience at the restricted facility at the discretion of the PC who may consider the reason for the restriction.

IX. WHAT IS THE MASTER SCHEDULE (MS)?

The MS **provides course specific information related to location of theory** and **clinical sites, identifies instructors, notes course hours,** and **represents a program's theory, skills lab** and **clinical**.
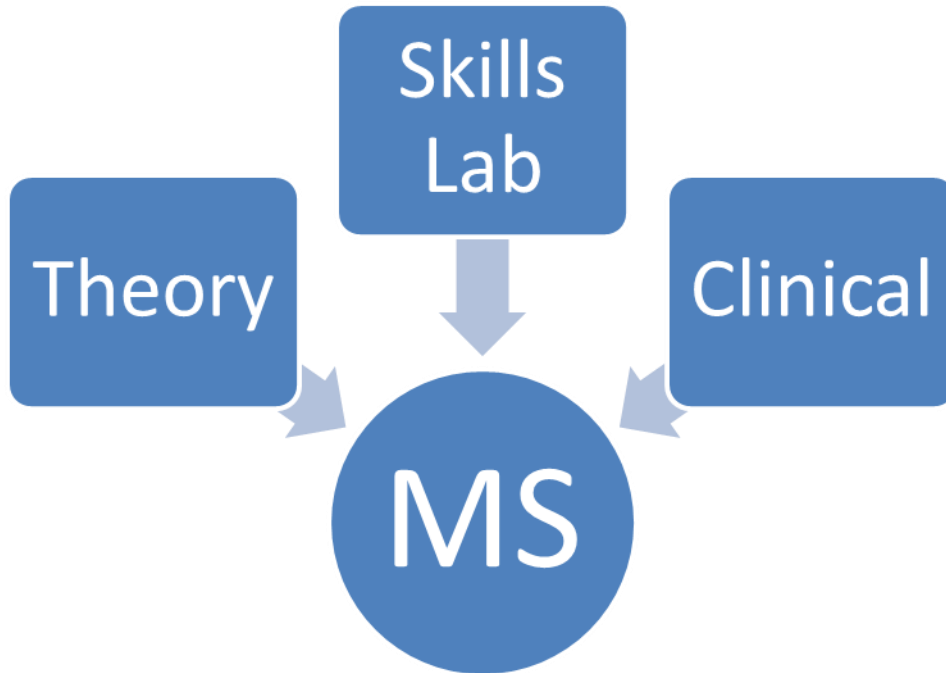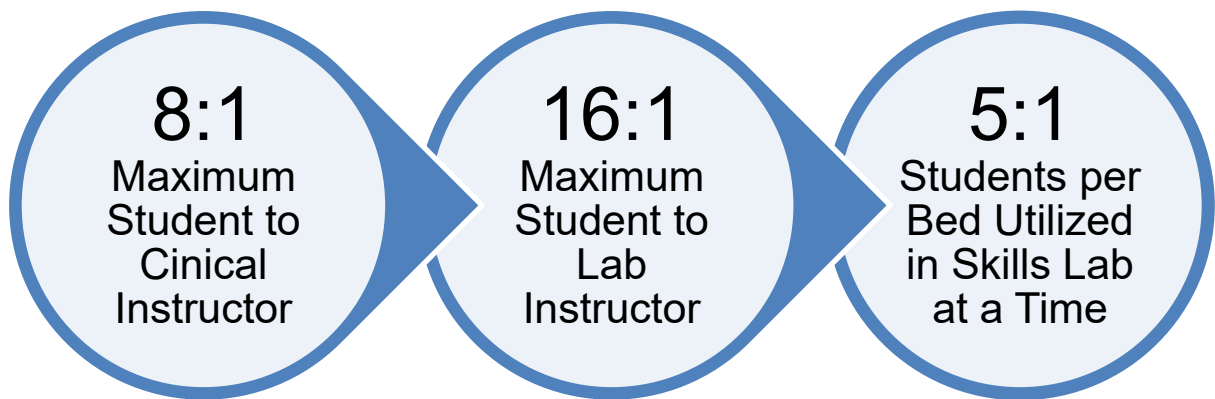

o Allows DPH to **check for Code compliance** with minimum hours required.

o Functions as a **way to locate a class** for an unannounced monitoring visit.

o Functions as a **course calendar for instructors and students.**

o **Shows** that **program** is **not counting orientation to theory/lab** or **clinical** or **break times** in the hours counted toward minimum required hours and is designated on calendar.

o **Shows** a **minimum** of **12 hours** of **AD/Dementia** training, **four hours** of **CPR are designated on calendar days**,**16 hours** of time completed **prior to student interaction with residents** (395.150) and **18 hours** of **lab** time.

o **Sent to IDPH 15 business days before the start** of a BNAT course **days on** a **calendar.**

A course **must be at least four weeks in length** and have a **minimum of 62 theory hours, 18 hours of skills lab** for a total of 80 theory hours, and **40 hours of clinical** time with an instructor approved by the Department.

If CPR certification is required as a course **prerequisite** the **program may deduct four hours** of **theory** time (put in note section on MS p. 1), hours would be 58 theory and 18 lab hours for a total of 76 theory hours.

IMPORTANT RATIOS

8:1 Maximum Student to Cinical Instructor

16:1 Maximum Student to Lab Instructor

5:1 Students per Bed Utilized in Skills Lab at a Time

Things to Ask Before Creating the Schedule:

- ☐ How many weeks is the class?
- ☐ What day(s)/times will the class be held?
- ☐ What days will students not be in attendance?
- ☐ How many hours are allocated to theory, lab, and clinical?
- ☐ When will clinical be integrated?
- ☐ How many students will be enrolled?
- ☐ How many instructors are needed to meet proper ratios?
- ☐ How many clinical sites will be used?
- ☐ When will clinical be integrated?
- ☐ How many students will be enrolled?

Other Things to Think About:

- When clinical will be implemented? In between theory days? Toward the beginning? Middle? Or after students have completed theory?
- Take into consideration what skills the students have completed in the lab setting and coordinate this with the student's clinical experience.
- How much time will be allocated for theory/lab and clinical site orientation? Will students be taking breaks and meals in the clinical setting? Any time allocated to orientation, breaks, or meals do not count toward minimum hour requirements.

X. CREATING A COURSE MASTER SCHEDULE

1. Write down the total course hours for theory, skills lab, and clinical.

2. Determine length of class in hours.

3. **Divide** the **total course hours by the length of the class to calculate** the **number of days** needed to complete course hours.

CALCULATE DAYS NEEDED TO COMPLETE PROGRAMS SET HOURS						
	Total Hours	**÷**	**Class Length**	**=**	**# of Days**	
THEORY (FACE TO FACE)	80	÷	4 hours	=	20	
THEORY (HYBRID)	0	÷	0	=	0	
SKILLS LAB	20	÷	4 hours	=	5	
			Total Theory Days	=	25	
CLINICAL	40	÷	8 hours	=	5	
			Total Clinical Days		5	

 *Note: You must have a **hybrid program code** to implement **hybrid hours**.

4. **Plot out** the **calendar marking any day's students** will **not** be **in attendance or** days students would be **dismissed early** from class. Remember to show orientation days/time on the MS calendar and that this time is not counted.

5. **Adjust schedule** to **add time for orientation to theory/lab/clinical**, and **for breaks** based on length of class. **Example r/t above using break table below: Theory/Skill Lab is 4.25 hours with a 15 min. break counting for 4 hours**, **Clinical is 8.75 hours with a 45 min. break counting for 8 hours.**

CLASS TIME IN HOURS			MINIMUM TIME DEDUCTION FROM HOURS COUNTED	TIME DEDUCTION REQUIREMENTS
0.25	-	1.75	0.0	**ANY break/mealtime provided** to student **must be deducted** from hours counted. This means if you are providing time to use the **restroom, get a drink/snack** it should not be counted toward class time.
2.0	-	4.0	- 0.25	
4.25	-	6.5	- 0.50	
6.75	-	8.75	- 0.75	
9.0	-	11.0	- 1.0	**If you provide** more than the time **minimum deduction** listed this time must also be deducted from counted hours.
11.25	-	12.0	- 1.25	

Hour Conversion Key:
15 minutes = 0.25 hours
30 minutes = 0.50 hours
45 minutes = 0.75 hours

ADDITIONAL NOTES ON THE MASTER SCHEDULE

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 Centers for Medicare and Medicaid Services (CMS). *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 plotting out the schedule.

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

6. **Build make-up days into the schedule** 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**. This will prevent you from having to make schedule updated.

8. The program **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. **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 like "C: 8 a.m.-12:00 p.m."** If you have **more than one clinical group or clinical time varies** on the same schedule, differentiate these by **using "C1," "C2,"** etc. If you prefer to spell out Theory, Lab or Clinicals, you may do so. For **hybrid programs use "F" for face to face and "O" for online theory days**. All programs must enter lab days and times.

10. **Unwanted calendar pages may be deleted** if desired. Instructions for deletion are in the master schedule instructions or you may leave them.

11. When 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.

XI.   MASTER SCHEDULE INSTRUCTIONS

<div style="border: 1px solid black; padding: 10px;">

WHAT YOU NEED TO KNOW REGARDING SUBMISSION

1. Schedules <u>MUST</u> BE SENT to <u>masterschedule@siu.edu</u> in proper format.

2. <u>DO NOT</u> SEND any OTHER ATTACHMENTS or REQUEST INFORMATION.

3. YOU WILL <u>NOT</u> RECEIVE A RESPONSE to your schedule submission.

4. <u>DO NOT</u> EMAIL DPH OR SIU asking if your schedule was received.

5. IF A SCHEUDLE IS NOT RECEIVED AT <u>masterschedule@siu.edu</u> the program will be cited for VIOLATION OF Title 77 Section 395.170 a.

6. CLASS CANCELLATIONS and MINOR UPDATES NOT REQUIRING a REVISED SCHEDULE go to<u>dph.bnatp@illinois.gov</u>.

</div>

WHERE TO EMAIL NEW, REVISED OR CANCELED MASTER SCHEDULES

SEND IN ADOBE pdf format **to** <u>**masterschedule@siu.edu.**</u>

HOW TO NAME THE MS FILE WHEN SAVED TO YOUR COMPUTER

The file name MUST BE IN THE FOLLOWING FORMAT:

Program Code_Beginning Date of Class_Ending Date of Class.

FILE NAME Example:

1056_20231101_20231215

NAMING REVISIONS & CANCELLATIONS

*If you revise a schedule, it must be in this format:
Program Code_REVISION_Beginning Date of Class_Ending Date of Class.
FILE NAME Example:

1056_REVISION_20231101_20231215

*If you CANCEL a whole schedule, it must be in this format:
Program Code_CANCELLED_Beginning Date of Class_Ending Date of Class.
FILE NAME Example:
0095_CANCELLED_20240201_20240327

GENERAL INFORMATION

Master Schedules must be completely and accurately filled out following Illinois Administrative Code Section 395 (Control + Click over hyperlink to go to Code for Windows or use Command + Click for Mac.)

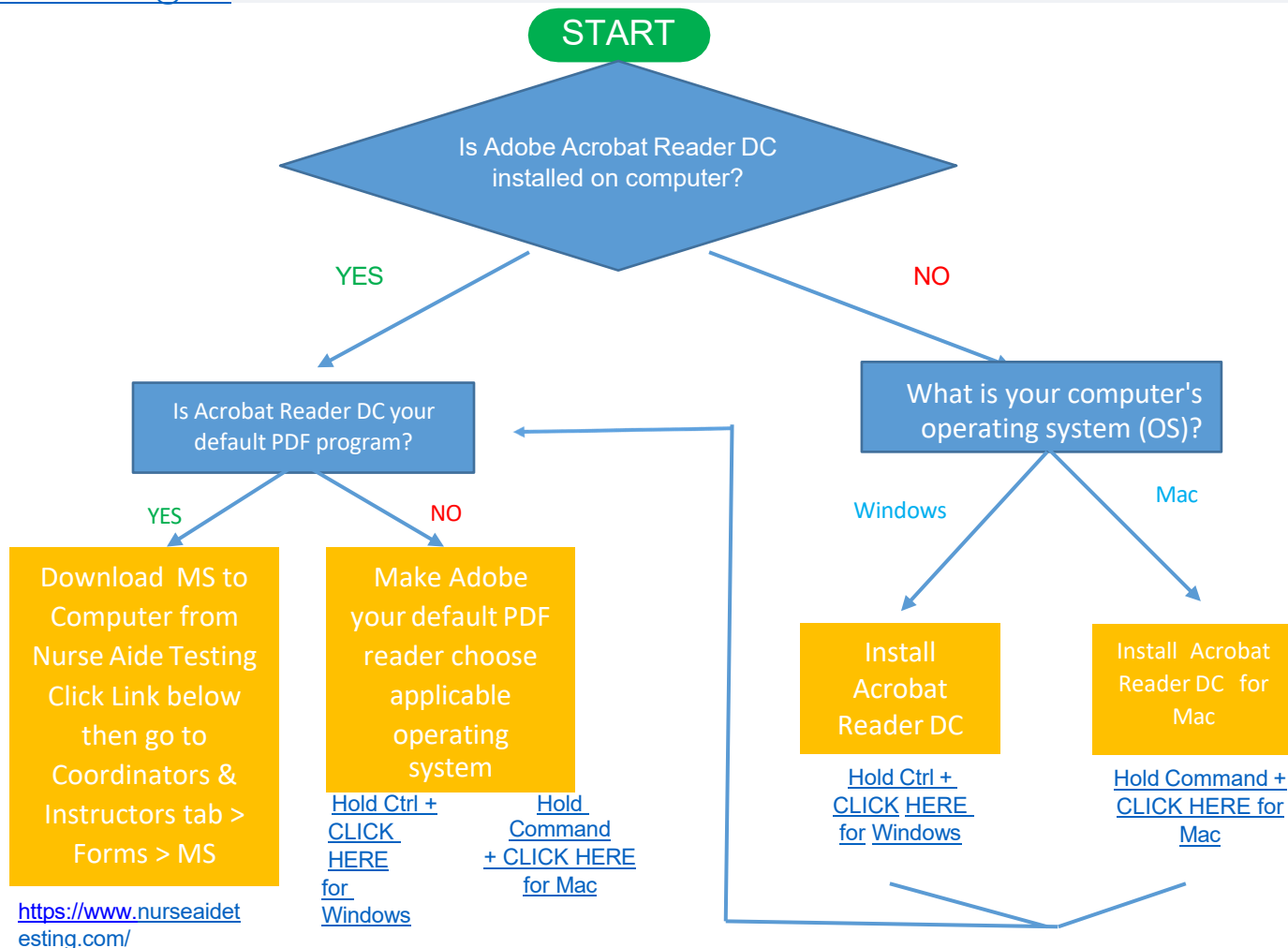All instructors and facility administrators must have access to the MS.

The **MS must be received 15 working days prior to the start date of the class.** Do not send the MS more than 30 days in advance of the start date this prevents need for revisions.

Do not use anything other than Adobe Acrobat or DC to open and complete the schedules The Adobe format provides a searchable document for IDPH for schedule review and must be utilized. (See decision tree below.)

Check that Adobe Acrobat Reader DC is the default program on computer prior to downloading MS (see below.)

Do not alter template forms. Altered, previous formats, and inaccurate Master Schedule forms will be returned to the Program Coordinator (PC) for revision; then must be resubmitted via email to masterschedule@siu.edu.

Do not send master schedules or other documents via cloud or shared drives. The State of Illinois antiviral software will not allow access. Send only the .pdf file attached to an email with your program number in the subject line to masterschedule@siu.edu

START

Is Adobe Acrobat Reader DC installed on computer?

YES → Is Acrobat Reader DC your default PDF program?

NO → What is your computer's operating system (OS)?

Is Acrobat Reader DC your default PDF program?

YES → Download MS to Computer from Nurse Aide Testing Click Link below then go to Coordinators & Instructors tab > Forms > MS

https://www.nurseaidetesting.com/

NO → Make Adobe your default PDF reader choose applicable operating system

Hold Ctrl + CLICK HERE for Windows

Hold Command + CLICK HERE for Mac

What is your computer's operating system (OS)?

Windows → Install Acrobat Reader DC

Hold Ctrl + CLICK HERE for Windows

Mac → Install Acrobat Reader DC for Mac

Hold Command + CLICK HERE for Mac

USE ONLY ADOBE TO COMPLETE THE SCHEDULE

START SEE "START" ON P.1 FOR INSTRUCTIONS

FIRST GO TO HTTPS://WWW.NURSEAIDETESTING.COM/ > COORDINATORS & INSTRUCTORS > FORMS > MASTER SCHEDULE CONTENT > **[PDF]** MASTER SCHEDULE CALENDAR FORM

1. Download File
    a. Single Right click on **[PDF]** to the left of the desired file
    b. Click on Save link as
    c. When prompted to save, note the location to which the file will be saved. This is typically a user's "Downloads" file
2. Navigate to the recent download by left clicking on File Explorer >
3. On a Windows machine, Single Right click your file
4. Select "Open Using" or "Open With"
5. Then select Adobe Reader DC from the options
6. If a user does not have Adobe Reader, download, and install a FREE copy of ADOBE READER by clicking on the Adobe logo below.

NOTE: Copies of all PDF forms can be saved to your local hard drive. For certain forms, form data may also be saved with the local copy. This may help those who use these forms regularly, as the field data will be saved with the form. To save a copy of the form with your data, click "Save a Copy" in the upper left corner of the form window. Note that Adobe Reader 7.0 or higher is required to save data with these forms.

NOTE from IDPH

An email from IDPH acknowledging receipt of the Master Schedule will be sent after a brief review by IDPH for any obvious errors. This is NOT an "approval" of the submitted schedule, it simply means the schedule was received by IDPH.

Be aware a submitted schedule is used by the Education Coordinators to visit the program for unannounced monitoring visits. Not following a submitted schedule is a violation of the Administrative Code. Therefore, it is important to update IDPH with changes or cancellations.

Prior to a monitoring visit, schedules will be checked for code compliance, accurate calculation of program hours, identification of breaks, meals, and orientation times, correct format, and completion.

If an error is found, it will be identified as a code violation during a monitoring visit. Correct the error(s) as directed and ensure future schedules do not contain the same error(s).

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ANATP/BNATP MASTER SCHEDULE
MARCH - JUNE 2023-2024

Program Number **4 Digit Code**   Start Date **1st day of class** End Date **Last day of class**

Program Type [   ] ▼   Clinical Site #2 (S2) [   ]

Program Name **Name from Program Application**   Address [   ]

Program Sponsor Phone **Enter Contact #**   City [   ] ZIP [   ]

Address **Enter Address of Sponsor**   Phone [   ]

City [   ] ZIP [   ]   Clinical Site #3 (S3) **If more than 3 enter in Misc Notes**

Theory Site (T) **Where Theory Takes Place**   Address [   ]

T Site Address **Where Students Meet**   City [   ] ZIP [   ]

City [   ] ZIP [   ]   Phone [   ]

T Phone **Enter Room Phone #**   Misc Notes

Theory/Lab Room # **Exact Building &/or Room #**   The theory class should be easily located. Provide specific directions if applicable that directs someone to the exact location.

Program Coordinator (PC) **Must be an RN**

PC Contact Phone **Enter Best Contact #**   Hybrids: If instructor is not teaching theory from theory site please denote. Ex. Instructor teaching from home.

PC Email **Will be used by SIU/DPH to Contact**   List pertinent information that applies to this schedule. Ex. CPR is completed outside of theory class. 4 hours deducted from theory time.

Clinical Site #1 (S1) **List All Sites**

Address **List Address of All Sites**   Additional Theory or Clinical times should be listed here. Ex. T5 Times/Hours Counted
C5 Times/Hours Counted

City [   ] ZIP [   ]

Phone [   ]

Click on the envelope icon ✉ or attach to an email **masterschedule@siu.edu**

Do not use any software other than Adobe to complete this schedule. Do not alter the format.
The theory Site should be easily located add note if additional directions are needed.

DO NOT SEND ANYTHING OTHER THAN SCHEDULES TO MASTERSCHEDULE@SIU.EDU

NOTE: Holidays in red are State of Illinois holidays and IDPH will be closed.

IF THE PROGRAM IS HYBRID/DISTANCE LEARNING BNATP FOLLOW INSTRUCTIONS BELOW:

MUST place a note on p. 1 of the schedule informing us from where the hybrid program will be taught. If there is no notation, we will assume that the instructor(s) will be present at the program site.

Hybrid programs **MUST** say on every MS on p. 1 what type of platform is being used to deliver content. If you are using a third-party platform, the name of the platform must be listed on p. 1.

Online education **MUST** be proctored with an approved instructor available while students are learning. Self-learning or asynchronous learning is **NOT** approved in Illinois.

MS Page 2 CALCULATION OF BREAKS/MEALTIME & HOURS COUNTING TOWARD MINIMUM REQUIRED HOURS

A program **must show** that the **students are being provided breaks/meals** during theory/lab/clinical hours. **Early class dismissal in lieu of breaks is prohibited.**

This is done by subtracting the total break time from the hours the program is counting.

- The amount of time deducted is based on the following **rule**:
  15-minutes of time MUST be deducted for every two hours of class time.
- The structure of the breaks is up to the program during the class time **but MUST be at least every two-hours.**
- A 30-minute uninterrupted meal break is required to be provided if class time meets or exceeds five continuous hours.

CLASS TIME IN HOURS			MINIMUM TIME DEDUCTION FROM HOURS COUNTED
0.25	-	1.75	0.0
2.0	-	4.0	- 0.25
4.25	-	6.5	- 0.50
6.75	-	8.75	- 0.75
9.0	-	11.0	- 1.0
11.25	-	12.0	- 1.25

Hour Conversion Key: 15 minutes = 0.25 hours
30 minutes = 0.50 hours
45 minutes = 0.75 hours

TIME DEDUCTION REQUIREMENTS

ANY break/mealtime provided to student **must be deducted** from hours counted. This means if you are providing time to use the **restroom, get a drink/snack** it should not be counted toward class time.

If you provide more than the time **minimum deduction** listed this time must also be deducted from counted hours.

Program Number 4 Digit Code Start Date auto populates End Date auto populates Clinical Group(s) total #groups Ratio 8:1

Programs MUST deduct orientation to theory/lab/clinical, and breaktime from Hours Counted.

	Start Time		End Time		Hours Counted
Theory 1 (T) Start Time	0800	End Time	1530	Hours Counted	6.75
Theory 2 (T2) Start Time	1700	End Time	2230	Hours Counted	5
Theory 3 (T3) Start Time		End Time		Hours Counted	
Theory 4 (T4) Start Time		End Time		Hours Counted	
Lab 1 (L) Start Time	1245	End Time	1530	Hours Counted	2.75
Lab 2 (L2) Start Time	1700	End Time	2130	Hours Counted	4
Lab 3 (L3) Start Time		End Time		Hours Counted	
Lab 4 (L4) Start Time		End Time		Hours Counted	
Clinical 1 (C) Start Time	0700	End Time	1530	Hours Counted	7.5
Clinical 2 (C2) Start Time	1400	End Time	2230	Hours Counted	7.5
Clinical 3 (C3) Start Time		End Time		Hours Counted	
Clinical 4 (C4) Start Time		End Time		Hours Counted	

HOURS COUNTED is the start time to end time with the subtraction of time for breaks/meals.
Ex. 0800-1530 = 7.5
7.5 – 0.75 = 6.75 h

ALL programs **MUST** show face to face lab hours here. Lab days **MUST** be shown on calendar.

All hours listed **MUST** be listed on calendar days and **MUST** calculate to hours listed on page two of the MS.

A minimum of 18 Lab hours & 62 Theory hours are Mandatory

Theory Content 62 + Theory Lab 18 = Theory Hours 80.00
Above is a breakdown of Theory hours into two parts the hours spent teaching content and the time students spend in skills lab.
Clinical Hours + 40.00
Total Program Hours = 120.00

A **master schedule** shall be **submitted** to the Department **15 business days prior to** the **start of** the actual **training program**, in accordance with Section 395.110(b)(6)

■ Original Submission   Enter Date Original Sent to IDPH   Date Sent via Email
□ Revision   Enter Date Revision Sent to IDPH
If submitting a revision, the reason must be stated below.

The following **schedule changes** *do NOT* require a revised schedule sent to IDPH. Update local copy for inspection only.

a. Clinical site changes to a secondary site already listed on a schedule
b. Addition or deletion of an instructor
c. Change in CPR instructor or company that provides CPR
d. Short notice cancellations such as a snow day, instructor illness, or clinical cancellation due facility being in survey, in outbreak, etc. Notification by email is sufficient.

The following **schedule changes** *require* a revised schedule sent to IDPH.

a. Cancellations of theory or lab sessions more than 7 days in the future.
b. Changes in starting or ending dates.

List all instructors with instructor codes in the table to the right. An instructor code issued by IDPH allows an instructor to teach theory, clinical, and Alzheimer's.

- Mark CPR only if instructor is teaching CPR. CPR instructor credentials MUST be on file at time of monitoring visit.

- Enter Pending in box if waiting on Instructor Code approval from IDPH.

- Enter "SC" for special content presenter, this must be approved by IDPH.

- Substitutes can be included here.

Instructor Name	Instructor Code	CPR
Anita Break	0001	X
ABC CPR Company		X
Justin Case	0002	
Annie Boddy	Pending	
Norma Lee	SC	

If you have someone who wishes to teach **special content** (SC) they must first be approved by IDPH, no instructor code will be issued. Enter instructor name here with SC in the Instructor Code box.

COMPLETION OF CALENDAR DAYS:

The program must follow the submitted MS unless notification of change has been sent.

- Orientation to the program, lab if applicable, and clinical site MUST be entered by noting Type of Orientation and time completing on the calendar day. These times do not count toward theory, lab, or clinical minimum hours.

- Show CPR (4 hours) and Dementia (12 hours) on the calendar days. If CPR is done outside of course check note in Misc. on P.1 and 4 hours may be deducted from allocated theory time on P.2.

- ALL programs MUST enter lab days on calendar.

- Hybrid Programs: Face-to-face and online hours must be delineated the calendar. Note face-to-face hours with an "F" and lab hours with an "L" on the calendar pages.

- Breaktime MUST be provided and subtracted from counted hours. A 20–30-minute meal break is expected if class is during mealtime in addition to breaks, see table to right for required deduction time.

- Must be submitted 15 business days before start date DO NOT send more than 30 days in advance.

Entry of orientation, CPR, & Dementia on calendar days shows Code compliance.

CLASS TIME IN HOURS		MINIMUM TIME DEDUCTION FROM HOURS COUNTED	TIME DEDUCTION REQUIREMENTS
0.25	- 1.75	0.0	ANY break/mealtime provided to student must be deducted from hours counted. This means if you are providing time to use the restroom, get a drink/snack it should not be counted toward class time.
2.0	- 4.0	- 0.25	
4.25	- 6.5	- 0.50	
6.75	- 8.75	- 0.75	
9.0	- 11.0	- 1.0	If you provide more than the time minimum deduction listed this time must also be deducted from counted hours.
11.25	- 12.0	- 1.25	

Hour Conversion Key:
15 minutes = 0.25 hours
30 minutes = 0.50 hours
45 minutes = 0.75 hours

Verification of Master Schedule requirements your check mark below signifies compliance.

☐ I certify this schedule has been double checked for accuracy.

☐ I certify the hours listed on P2 match the total hours plotted on the attached calendar pages.

Submission of accurate documentation is a Code requirement. The program will be cited on monitoring visit for errors, misrepresentation of hours. Follow instructions and ask questions if you are unsure before submission. See Title 77, Ch. 1 c, Part 395 Training Programs Code. Link: https://www.ilga.gov/ commission/jcar/admincode/077/07700 395sections.html

TRADITIONAL CALENDAR KEY:

T1 = Theory Day that designates one group of students meeting at the same time, or theory day online for hybrid or distance learning program types.

T2, T3, T4 = Theory Day that designates more than one group or same group meeting at different times noted for T1.

L1 = Lab days (must be face-to-face), these hours MUST be specified on calendar and account for no less than 16 hours. **L2, L3, L4** designates more than one group or same group of students meeting at different time than noted for L1.

C1 = Clinical Day designates students meeting at same time.
C2, C3, C4 designates more than one group or same group of students meeting at different time than noted for C1.

S1 = Main Clinical Site listed first on p.1.
S2, S3, S4 = Use of site other than S1 (Must be listed on p.1 of Master Schedule.) **Makeup Days** – listed on calendar and utilized to makeup missed time.

Makeup Days – listed on calendar and utilized to makeup missed time.
Mandatory Days – show required content for Code compliance and aid in student attendance. Ex. CPR 4h, Alzheimer's Disease/Dementia 12h

Nonrecurring Class Times: If theory/lab/clinical time is different for one day and not recurring simply enter the class time will be held directly on the specific calendar day. This will alert IDPH that a particular day has a different class time from the time indicated on p. 2 of the Master Schedule.

CALENDAR EXAMPLE FOR TRADITIONAL PROGRAM

Sun	Mon	Tues	Wed	Thu	Fri	
			1 Theory Orientation for ALL students 1400-1600	2	3	4
6 T2 Orientation from 17-19	7 T1 Orientation from 08-10	8 T2	9 T1	10 T1 & T2 CPR Mandatory Day CPR	11	
13 T2 Dementia	14 T1 Dementia	15 T2 Dementia	16 T1 Dementia	17 T2 Dementia	18	
19	20 T2 L2	21 T1	22 T2	23 T1	24 T1 & T2 Make-Up Day	25
26	27 T2 Mandatory Day	28 T1 Mandatory Day	29 Clinical Orientation for ALL students from 1600-1800	30 C1 S1	31 C2 S2	

List CPR content days(4h) and Dementia content days (12h) on calendar to show Code compliance.

Orientation time does **NOT count** toward hour requirements. **Identify** the **days** orientation will take place on the calendar.

Ex.1 – Shows orientation day is the **week before start** of class and time is not counted as theory.

Ex.2 – Shows orientation **incorporated into theory day**, time is deducted from theory hours on this day.

T2 Indicates theory time is different than T1.

L2 Indicates theory time is different than L1.

C1 Indicates one clinical time.

C2 Indicates a different clinical time for students other than C1.

CS2 indicates clinical is at second site listed on p. 1.

CALENDAR EXAMPLE FOR HYBRID PROGRAM

Sun	Mon	Tues	Wed	Thu	Fri	Sat
			1 Theory In-Person Orientation for ALL students 1600-1800	2	3	4
6 T2-F	7 T1-F	8 T2	9 T1		10 T1-F & T2-F CPR Mandatory Day	11
13 T2-F	14 T1-F	15 T2	16 L1	17 L2	18	
19	20 T2-F	21 T1-F	22 T2	23 T1	24 T1-F & T2-F Make-Up Day	25
26	27 T2-F Mandatory Day	28 T1-F Mandatory Day	29 In-Person Clinical Orientation for ALL students from 1600-1800	30 C1 S1	31 C2 S2	

Callout notes:

- T1F & T2F Indicates theory time is in person.
- Hybrid Programs MUST have a face-to face Orientation with students. This time does NOT count toward hour requirements. Identify the days orientation will take place on the calendar.
  Ex. – Shows orientation day is the week before start of class and time is not counted as theory.
- L1 & L2 Indicates in-person lab time and must be listed on calendar.
- C1 Indicates one clinical time.
  C2 Indicates a different clinical time for students other than C1.
  S2 indicates clinical is at second site listed on p.1.

HYBRID CALENDAR KEY:

T1 = Online theory day, this designates one group of students meeting at the same time for hybrid or distance learning program types.
T2, T3, T4 = Theory Day that designates more than one group or same group meeting at different times noted for T1.

T1F = Face-to-face hours, this designates one group of students meeting at the same time in person.

L = Lab days (must be face-to-face), these hours **MUST be specified** on calendar and account for no less than 16 hours.
L2, L3, L4 designates more than one group or same group of students meeting at different time than noted for L1.

C1 = Clinical Day designates students meeting at same time.
C2, C3, C4 designates more than one group or same group of students meeting at different time than noted for C1.

S1 = Main Clinical Site listed first on p.1.
S2, S3, S4 = Use of site other than S1 (Must be listed on p.1 of Master Schedule.)

Makeup Days – listed on calendar and utilized to makeup missed time.
Mandatory Days – show required content and aid in student attendance. Ex. CPR, Alzheimer's Disease/Dementia

Nonrecurring Class Times: If theory/lab/clinical time is different for one day and not recurring simply enter the class time will be held directly on the specific calendar day. This will alert IDPH that a particular day has a different class time from the time indicated on p. 2 of the Master Schedule.

XII. MASTER SHEDULE APPROVAL, REVISIONS, & CHANGES

APPROVAL

IDPH does NOT "approve" master schedules. MSs are reviewed briefly for any obvious errors. If there is something questionable, they are sent back for revision. 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.

THE SUBMITTED SCHEDULE

The **schedule submitted by the PC for each course is a record of the days class will be in session and proof of minimum hours that must be provided** to students during a course. **DO NOT deviate from the schedule without notifying IDPH**. This **schedule is used to locate the class for unannounced monitoring visits** by the Education Coordinators.' **Not following the Master Schedule is a direct violation of the Administrative Code** and will result in the Program being placed on a Corrective Action Plan.

Please **do not submit schedules for upcoming courses more than 30 days in advance** of the Course. Changes are more likely to occur, and this avoids the need for multiple submissions of revised schedules.

IF THE SUBMITTED SCHEDULE HAS CHANGED WHAT TO DO

The **following schedule changes do NOT require a revised schedule** sent to IDPH. **Update local copy** for inspection only.

Major Changes

The **following** schedule **changes require** a **revised schedule sent** to IDPH:

1. Cancellations of theory or lab sessions more than 7 days in the future.
2. Changes in starting or ending dates.

Minor Changes
For the **following Minor Changes Notification by email** to IDPH is sufficient:

1. **Clinical site changes** to a secondary site already listed on a schedule
2. **Addition or deletion of an instructor**
3. **Change in CPR instructor** or company that provides CPR
4. **Short notice cancellations such as a snow day**, instructor illness, or clinical cancellation due facility being in survey, in outbreak, etc.

MASTER SCHEDULE FREQUENTLY ASKED QUESTIONS (FAQ)

What if the Program Conducts Skills Lab at a Different Classroom than Theory?
Specify this in the notes section on the MS. Lab room numbers, if different, should be placed on page 1 of the MS. The MS Calendar must include days and hours the lab will be conducted (Hybrids.) Not doing this is a Code violation.

What if the Skills Lab is at a Different Site all together from the Approved Theory Site?
The initial approval to use a separate site must come from **IDPH**. This **approval must be sought prior** to any classes being held.

How do I address CPR Instructors on the MS?
CPR instructor(s) must be named on the MS. If the instructor is not teaching, CPR does 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 MS. **Enter the instructor or the company that is providing CPR instruction and check that box.**

What if I want an expert to present a topic during theory?
If you have someone who wishes to **teach special content (SC), they must be approved by IDPH although they will not receive an instructor code.** Send notification to DPH and enter that instructor on the MS with (SC) after their name.

Any instructor checked on the MS as teaching CPR must have a CPR Instructor Card on file and available on request during the monitoring visit. Valid CPR Instructors must be certified through the American Heart Association (AHA) or Red Cross.

How should hours for class be entered 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 break the breaks are subtracted to find 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 hours. Please double check your schedules before submitting MSs! Submission of **INACCURATE** information is a Code violation.

When should the MS for a Class be Sent?
Schedules must be received in the correct format 15 business days before the start of your class unless you have made a prior arrangement with me to send a late schedule. **Do NOT send MSs more than 30 days in advance.** Any delay will result in a citation for non-compliance.

Does Orientation to Theory, Lab, and Clinical Site count toward hours?
This DOES NOT count toward required hours. Please show on the MS when orientation will be, and the time spent on the calendar pages of the MS.

What Counts as Clinical Hours per the Administrative Code?
Clinical **preconference and** clinical **post-conferences CAN be included** in your instruction time on your MS as part of the clinical hours if desired. Orientation time to site, meals, or breaks does not count.

Are MSs Approved?
IDPH does NOT "approve" MSs. Schedules are reviewed briefly for any obvious errors. If there is something questionable, they are sent back for revision. **MSs are reviewed thoroughly on monitoring visits.** Any errors noted may require correction and future schedules should not have the same errors.

What If the Program Conducts Class Online Related to Quarantine Situation?
You do not have to have a separate hybrid program approved if you are going to hold classes online only temporarily (such as during quarantine situations). **You MUST send an email** to dph.bnatp@illinois.gov note what dates you will be online.

XIII. STUDENT ELIGIBILITY REQUIREMENTS

Must be **at least 16 years of age at time of enrollment**, of temperate habits and good moral character, honest, reliable, and trustworthy.

Must have **completed at least eight years of grade school or** provide **proof of equivalent** knowledge.

Have **criminal history records check** as prescribed by the Health Care Worker Background Check Act with **no disqualifying convictions unless** the individual has requested and **received a waiver** of those disqualifying convictions. (Secondary   program types are exempt.)

Have **no administrative finding of abuse, neglect or misappropriated property** in Illinois or any other state.

Must be able to **speak and understand English** or a language understood by a substantial percentage of a facility's residents.

Resource CNA Facts linked here.

Other Course Prerequisites

Prerequisites can assist in setting the students up for success in the A/BNATP course.

Programs may set requirements for student entry such as other courses that must be completed prior to BNATP, math or reading tests, and college-based entrance test scores. Secondary program types in addition may opt for certain grade point average and good record of attendance.

Social Security Numbers (SSNs) & Individual Taxpayer Identification Numbers (ITINs)

It is the **policy of the Department** that **an individual must have a valid SSN or ITIN in order to take the state written competency examination** for either the ANATP or the BNATP.

A **physical copy of the 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!
It is suggested that Program Coordinators make a copy of a student's card and keep it in the student file either on paper or as an electronic copy.

For Social Security Number questions, PCs 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.

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.

Tuberculosis (TB) Testing Requirements

TB testing is required to have prior to clinical. It is not a requirement for the theory or lab portion of a program.

The students' clinical experiences will place them into direct contact with high- risk individuals**. Students must have a negative test result other test indicating student is not TB positive.**

PCs 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

Types of TB Testing Accepted

Two-step TB test or follow-up annual TB testing or a chest x-ray.

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. This is also a good option for students who have time constraints and have difficulty setting up a two-step test.

For foreign-born students, make sure the student identifies whether they ever had the Calmette-Guerin (BCG) vaccine which is a vaccine to prevent tuberculosis given in some countries. If so, they cannot have a PPD skin test for TB if they have been vaccinated.

XIV. REGISTERING FOR ACCESS TO THE HEALTH CARE WORKER REGISTRY (HCWR)

REGISTRATION

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 are a facility-based program with access already you still must still register so your training program is listed on the HCWR and utilized when the student's information is entered into the Registry.

STEPS TO REGISTERING FOR PORTAL ACCESS:

***If you already have a username**, please exit so you do not create an additional username and **have your facilities'** Portal Registration Authority (**PRA**) **send an email to IDPH Security** requesting additional access to the DPH Web Portal.

If you do not have a username, follow the steps below:

1. [Click here to Access the DPH Web Portal](#)

2. Click link under section I need to… [Register for a Portal Account](#)

3. Complete the [Web Portal User Agreement](#) by scrolling down and selecting "I Agree."

4. A **generic email address that can be accessed** should be created and utilized when requesting access to the HCWR to circumvent loss of access to the Registry by the program. Email addresses must be kept up to date in the registry.

5. Enter your information as required.

6. **Purpose for registration**: Entering BNATP student training dates and to complete process required for student criminal-based fingerprinting and background checks.

7. Enter your PRA for your agencies email or search for your PRA by clicking Portal Registration Authority List.

8. Click submit to send the application to your PRA.

*If you encounter problems or have questions, contact the IDPH Helpdesk at 866-220- 5247 or via email at DPH.Helpdesk@illinois.gov for Portal access and web-based application support.

XV. HEALTH CARE WORKER BACKGROUND CHECK ACT

Programs must certify compliance with all requirements and regulations issued pursuant to the Illinois Health Care Worker Background Check Act.

Criminal Based Fingerprint background checks are required by Title 77, Section 955.165.

- These **must be initiated before a student begins a training program**.

- **Fingerprint background check must be done for all educational entities *other than secondary schools.***

- The **student has 10 days to go to a Live Scan vendor** for fingerprint processing once the Authorization and Disclosure Form is signed and dated.

- ISP will email results to the PRA and update the profile on the HCWR.

REQUIREMENTS

ALL students (other than those enrolled in secondary programs) **must undergo fingerprint criminal background checks** via IDPH-approved livescan vendors.

Programs are prohibited from enrolling or allowing students to stay enrolled with disqualifying criminal convictions unless a waiver is granted by IDPH.

The law requires Programs to **remove student from the course** if found to have any one of the following findings:

- disqualifying criminal convictions unless there is a waiver granted by IDPH, or

- substantiated findings of physical or sexual abuse, neglect, or financial exploitation

- indicated findings of abuse or neglect reported unless there is a waiver granted

PROCESS

Program Coordinators (**PCs) must initiate fingerprint background checks using the IDPH Web Portal prior to enrollment**. In some cases, this will need to be initiated in the course orientation day. The **student will have 10 days to complete** the request before it expires, and a new request would have to be printed. If the student does not complete the process at 30 days, they should be removed from the course.

Completing the background check before the course begins saves the program and the student unnecessary investments of time for a course, they cannot complete should the results show the student is ineligible.

ALL STUDENTS, including secondary **must complete** an **Authorization and Disclosure Form** (A&D). This is a legal document that allows the Program to access the HCWR and should be kept on file.

The **PC will verify that the SSN/ITIN is correctly entered** on the Form by comparing it to the actual card and keep a copy of card as proof of verification.

ALL STUDENTS, including secondary will be entered into the HCWR and the **PC will conduct required registry clearances.** PC will <u>not</u> click "Save" for the checks completed for secondary students, only print. Saving puts in a request for a criminal based fingerprint background check that would never be completed by the student which should be avoided.

*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.* **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.

- For students, other than secondary and if a background check has not been completed previously the PC will print and save the information and proceed to the Live Scan Authorization to be given to the student to take to an approved Live Scan Vendor for fingerprinting.

- Some Live Scan vendors will come to the Program site to complete the background check.

- The vendor will submit the request along with the digital fingerprints to the Illinois State Police (ISP).

- Results are electronically reported to the Illinois Health Care Worker Registry (HCWR).

HCWR & ISP CONTACT INFORMATION

ISP Email: isp.boi.customer.support@illinois.gov
ISP Phone: 815-740-5160
Health Care Registry Phone: 844-789-3676 (CNA 217-785-513

RESOURCES

Videos: See NurseAideTesting.com > Coordinators & Instructors > Illinois Administrative
          Code & Health Care Worker Registry

XVIII. BACKGROUND CHECK POLICY FOR PROGRAMS & SECONDARY PROGRAM TYPES

Program coordinators must ensure that the Background Check Policy follows the Code Requirements in in [Section 395.171 Health Care Worker](#) [Background Check](#). **Add to Syllabus/Handbook below** you may copy and paste the Code **or add in a format that depicts the Code listed. You must provide inks to the disqualifications** (see below), as they contain the most up to date information.

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 Act.

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).

LINKS to DISQUALIFYING CONVICTIONS and WAIVERED OFFENSES:
- [Webpage HCWR Disqualifying Convictions](#)
- [Disqualifying Offenses that May Be Considered for a Waiver by the Submission of a Waiver Application](#)
- [Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver](#)
- [Offenses that Are Always Disqualifying Except Through the Appeal Process](#)

Background Check Policy for Secondary Programs

For background check policy add a statement in your Handbook or Syllabus that **secondary schools 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** to have the required information added to the HCWR to input training dates of course. **A fingerprint-based criminal history records check is required for the individual to work as a direct access worker, a CNA.***Secondary programs should NOT be doing background checks. If your administration or facility is requiring it contact Randy Carey-Walden at dph.hcwr@illinois.gov.

ABOUT THE AUTHORIZATION AND DISCLOSURE FORM

1. **ALL A/BNATPs must use this form** rather than a form that they have created.

   o This form **authorizes the Department to request** the fingerprint background check aka Live Scan (digital fingerprinting transmitted to ISP) and to review identity-based criminal history record reports initiated by the program.

   o 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.

2. Student data **entry into the HCWR will be verified during monitoring visit.**

3. The program **should only use** the Authorization **form for its intended purpose** of putting the student on the registry and verifying student's eligibility.

4. **Students** who are **already on the Registry** and **have a FEE_APP or CAAPS background check** listed should **NOT be sent for fingerprinting** as they are already in the system and **any subsequent convictions will be disclosed to the program**.
   *This **is why you MUST enter student training start and end dates into the HCWR,** so the **Registry directs any information regarding new convictions to the program** the student is in.

5. If **UCIA Name** appears in place of FEE_APP or CAAPS, **a new fingerprint background check MUST be** initiated.

6. This form **also authorizes the program to enter the student into the** Registry or access a specific **individual's** personal **information** and the conviction sheet and the determination of eligibility of the FBI CHRI. This also **is why secondary programs must** have students **complete the Authorization and Disclosure form.**

7. **Keep** the completed **Authorization form on file**, this **is a legal document** and proof you have been given permission to enter and/or access the student's information on the HCWR. Completed forms may be requested by the Education Coordinator on a monitoring visit.

8. This **form states** that the **student's Social Security Number (SSN) is required by law.** The **program should request a copy of** the **SS Card or** an Individual Taxpayer Identification (**ITIN**) and **maintain the copy on file** (the first five numbers may be obliterated for security purposes). *An ITIN is an identification number issued by the IRS to individuals who are not eligible to obtain and SSN.* These will also be viewed during a monitoring visit.

9. It is possible that **a CNA applying for an ANATP may have a disqualifying conviction** even though CNA certification has been obtained and **may no longer work as a CNA with either ANATP or BNATP** qualifications **until a waiver** has been **granted.**

TWO WAYS TO PRINT AUTHORIZATION & DISCLOSURE FORM

1. Click the link below to **go** to the Illinois Department of Public Health **Health Care Worker Registry** Welcome Page > **Forms** > Select **Authorization and Disclosure Form**

2. Go to https://portalhome.dph. ill inois.gov/
   Click DPH Portal Login > **Hover over the New Applications** Tab at the top > **select Production Apps** > Click **Health Care Worker Background Checks** > Select **Authorization Disclosure Form**

EXAMPLE Authorization & Disclosure Form

THIS FORM IS ONLY AN EXAMPLE
YOU MUST PRINT THE FORM ONLINE AS IT IS THE MOST UP TO DATE

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 and photographs 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 and photographs relating to me, including but not limited to a local unit of government in any State, to release those records and photographs 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 and photographs, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incured as a result of releasing such information. I further acknowledge that a educational entity or a 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? _____

☐ Male ☐ Female   Race _____ Height _____ Weight _____ Date of Birth _____ Social Security Number _____
(Enter a letter from below)
Hair Color _____ Eye Color _____ Place of Birth _____

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

*** ALL FIELDS MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED***

XVI. HCWR STUDENT ENTRY (SEE A through H)

A. START Provide information [Link to Disqualifying Convictions](#)
Have **<u>EVERY STUDENT</u> complete** an
Authorization and Disclosure (A&D) form.

B. VERIFY if Prior Background Check Completed

DO NOT request another background check **IF** a **FEE_APP or CAAPP appears** under the IDPH Determination of Illinois State Police (ISP) Background Check.

- If either of the above appears under the field with a date, **subsequent convictions** will be loaded **automatically into the HCWR,** and provided the Training Start date is entered the Program will be notified.

- **Students,** other than those enrolled in a secondary program, **who do not have this entry must have their fingerprints collected by** an ISP-[approved LiveScan vendor](#).

C. CHECK for Previous FEE_APP or CAAPP Listed the HCWR
If **COMPLETED**, go **to #4**.
If **NOT COMPLETED**, go **to #5**.

D. CHECK Eligibility: *A <u>student cannot enter</u> a program <u>without</u> a <u>waiver</u> by IDPH.
<u>WHAT DO YOU SEE?</u>

ELIGIBLE If the student is ELIGIBLE and has <u>NO Findings</u> Listed
Check the six registries shown and **IF** there are <u>NO HITS</u> the student may enter the course. Click **Print and save copy for re**cords.
 *<u>**Do not click Save**</u> as **this will initiate a Live Scan request.**

INELIGIBLE or NO WAIVER If there **is no waiver on file, the student must apply for a waiver**. This **takes 8-10 weeks,** therefore, **the student must be removed from the program until a waiver is obtained then reapply**.

- The waiver approval/denial process will not be covered in this manual. [Link to Waiver Application Information and Form](#)
- It is not the Program Coordinator's responsibility to assist with the processing of a waiver.
- Direct student to the HCWR https://hcwrpub.dph.illinois.gov/

E. ENTER Verified Information as Listed on the A&D Form

(SEE STEPS LISTED BELOW)
Check the six registries shown, click **print for Program records**, then
SAVE to proceed to the Live Scan Request Form.

- **Print the Live Scan Request Form**
- Students (other than secondary will **bring the form & valid**,
  government-issued **I.D.** to an <u>approved vendor for fingerprinting</u> and
  return the bottom portion as a receipt to PC.

HOW TO ENTER STUDENT INTO THE HCWR TO INITIATE THE LIVESCAN REQUEST

Follow the steps below to get to the appropriate screen.

STEP 1.

Login to the DPH Web Portal
https://portalhome.dph.illinois.gov/

portalhome.dph.illinois.gov

IDPH web portal   Illinois Department of Public Health
Health Alert Network
Web Portal

Welcome to the IDPH Web Portal

From here, you can:

- Find all your public health related information at one secure site.
- Join online communities to share files, discussions, calendars and
- Access Web-based applications.

Requirements: To access the IDPH Web Portal, you must be running Internet Explorer
applications may not function properly with other browsers such as Mozilla Firefox.

Current Users: click here to access the portal: DPH Portal Login

PASSWORDS:

IDPH has a new and easier way to **RESET** your own password!

STEP 2.

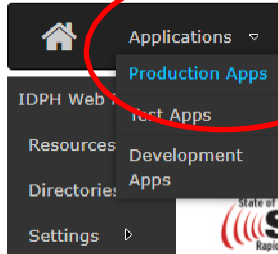**Click DPH Portal Login**
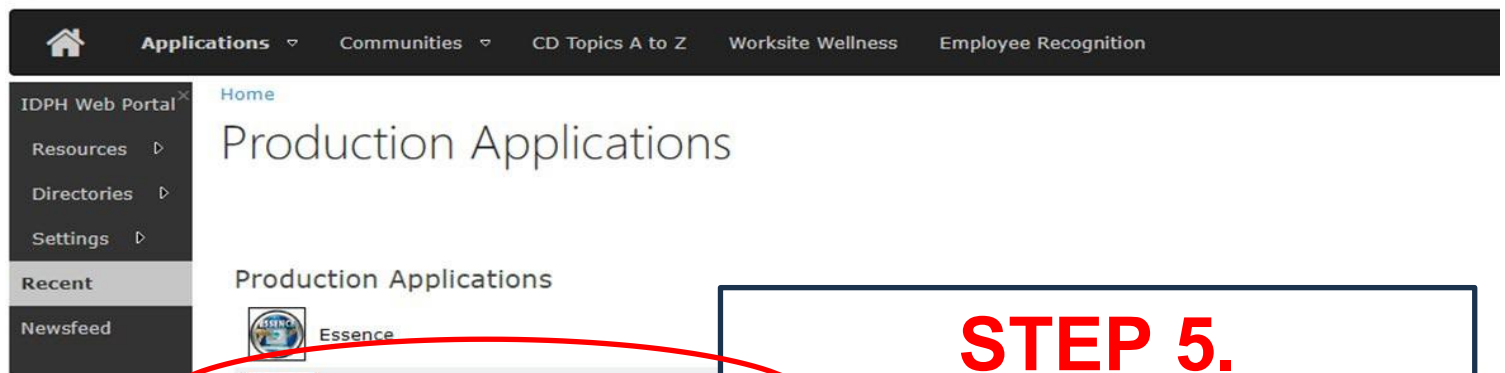**then select Click Here**

STEP 3.

To Log on:
Enter Username and Password
Domain: idph.il Then Click Logon
*If you do not have a username, see Steps for
Registering for Portal Access.*

STEP 4.

Hover Over Applications Tab at Top Then Click Production Applications

STEP 5.

Click Health Care Worker Background Checks

STEP 6.

Click New Application, this enables you to see if a student is on the Registry, and will take you to the demographic page.

STEP 7.

Do 7a. Shown Below then go to One of the Following:

1. If the Student is Found on the registry proceed to 7b.
***If the Program Type is Facility** – Print Applicant Profile Screen for Records, then Proceed to Entering Student Training Dates Section.*

2. If the Student is Not Found on the Registry proceed to 7c.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY

IDPH *Online*

| Persons | New Application ▾ | Determinations | Rejects | Exceptions ▾ | Programs ▾ | Letters |

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

STEP 7a.
Enter and Verify the SSN or ITIN# Here then click next.

Authorization and Disclosure Form

Social Security Number: _____

Verify Social Security Number: _____

> Next

STEP 7b. *If the Student is Already on the Registry:

To access the student's Applicant Profile Page:

1. **Click on** their **name on** the **upper right** side under the Persons/New Application tabs at the top of the page. *(Position the pointer directly over the name.*

2. **On** the **Applicant Profile Page,** you will **check:**
   a. Type of Background Check (***Must be*** a ***FEE_APP or CAAPS***)
   b. Disqualifying Offenses & Waivers (*No waiver, no entry*)
   c. Work Eligibility: Must be listed as Eligible
   d. Abuse, Neglect, and/or Theft Administrative Findings: MUST

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

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY

IDPH Online

| Persons | New Application ▾ | Determinations | Rejects | Exceptions ▾ | Programs ▾ | Letters |

← Jane Doe
Work Eligibility: **Eligible**

In addition to Work Eligibility, Employers are responsible for checking "Training and Work History" and "Certifications" to determine if person is eligible to work in a position that requires certification, such as a CNA.

IDPH Applicant Profile...

Background Checks:

			ISP Criminal History...			FBI Criminal History...			Determination...	
App #	Type	FP Date	Resp Date	Hit	DQs	Resp Date	Hit	DQs	Final	Letter
1510992	FEE_APP	9/22/2016	9/28/2016	No Hit	🌱				🌱		Edit ▾

Demographic Information:

| Name: |
| SSN: |
| Sex: |
| Race: |
| DOB: |
| Height: |
| Eyes: |
| Hair: |
| Address: |
| Phone: |
| Comment: |

Dept on Aging Registry Finding: **No**

Training and Work History: +
No employment history on record.

Abuse, Neglect and/or Theft Administrative Findings: +
No Abuse, Neglect and/or Theft offenses on record.

Livescan Requests: +
pending.

Disqualifying Criminal Offenses: +
No criminal offenses on record.

Waivers: +
No waivers on record.

Certifications: +

Completed	Program	Competency	Result
5/11/2017	0860	5/25/2017	Passed

Equivalency Requests: +
No equivalency requests on record.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY

| Persons | New Application ▾ | Determinations | Rejects | Exceptions ▾ | Programs ▾ | Letters |

Work Eligibility: NotYetDetermined

In addition to Work Eligibility, Employers are responsible for checking "Training and Work History" and "Certifications" to determine if person is eligible to work in a position that requires certification,such as a CNA.

Demographic Information...

Personal Information:

SSN:	
First Name:	
Middle Name:	
Last Name:	
Maiden Name:	
A.K.A. / Alias:	

Gender: ⦿Male ⚬Female
Height: ___ ft ___ in
Weight: ___ lbs
Race: Unknown ▾
Eye Color: --- Select an Eye Color --- ▾
Hair Color: --- Select Hair Color --- ▾
Birth Date: ___
Place of Birth: ___ (State or Country if Not US)

☐ No Background Check Required

Contact Information:

Current Mailing Address
Street: ___
City: ___
State: --- Select State --- ▾
County: ___
Zip: ___ *
Country: ___ *

Other States Lived or Worked Previously:
___

Phone Number: (618) 453-1842

Photo:
No image available.
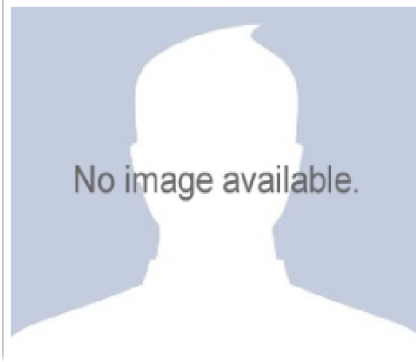
Last Update   User:sarah.young   Date:12/13/2023 1:32 PM

➡

STEP 7c.
Entry for Students Not Found on the Registry
Using the completed A&D Form enter the Demographic Information.
It is the **program's responsibility to verify the student's SSN or ITIN** number using the actual card or copy of the card.

Once complete Click the GREEN ARROW to continue to the Background Check.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY

IDPH *Online*

| Persons | New Application ▾ | Determinations | Rejects | Exceptions ▾ | Programs ▾ | Letters |

» **Jane Doe**
Work Eligibility: NotYetDetermined

In addition to Work Eligibility, Employers are responsible for checking "Training and Work History" and "Certifications" to determine if person is eligible to work in a position that requires certification,such as a CNA.

Background Check...

Background Check Type

◉ FEE APP ○ UCIA Fingerprint ○ UCIA Name ○ CAAPP

Last Update   **User:**   **Date:**

🖶 Print   ⬇ Save

STEP 8.

Select FEE APP then click SAVE to proceed.

Application...

Position Sought   Select the name of your program or facility

Facility: Certified Nursing Assistant (CNA) Training Program ▾

Category: Nurse Aide in Training ▾

Type: - Select an Employment Type - (required) ▾

Background Check...

Background Check Type

◉ FEE APP ○ UCIA Fingerprint ○ UCIA Name ○ CAAPP

☐ Manual?

STEP 9.

You will enter the Facility, Category, and Type as shown here. Then proceed to the Registry Checks section shown on following page.

STEP 10. **You will check each registry by clicking on the name. Search each registry by entering requested information. All checks should come back "No Disqualification Found."**
Then check "Authorization and disclosure form complete Print a copy for the program's records and then Save.

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.

* If the applicant was listed in one or more public registries, this application cannot be saved. Please print the screen with your selections made and store it in the applicant's file.

The registry checks above completed on: 6/17/2024

Paperwork

Authorization and disclosure form complete ☐   * Please select authorization and disclosure form complete.

Last Update   **User:** sarah.young   **Date:** 6/17/2024 2:12 PM

🖶 Print   ⬇ Save

Saved
Application saved successfully.   ✕

Click here for Fingerprinting Form.

Application...

Position Sought

Facility:	1002479 - 1A HCWRegistry Initiated BGCheck ▾	
Category:	ABC CNA Program ▾	A nursing yet beco
Type:	Nurse Aide in Training ▾	

STEP 11.

After Saving the Fingerprinting Form can be generated for the student.

EXAMPLE of the Form the STUDENT TAKES TO the VENDOR TO INITIATE A CRIMINAL-BASED HISTORY CHECK & FINGERPRINTING

ORI: ILNHPP00Z   **Date of Request:** month/day/year

Application Number: 000000

Livescan Fingerprint Request
Illinois Department of Public Health

Health Care Worker Registry, 525 W. Jefferson St. 4th Fl., Springfield, IL 62761
Phone (217) 785-5133 Fax (217) 524-0137 E-mail DPH.HCWR@Illinois.gov

You have received this form because you have applied for a position with a health care employer, enrolled in a health care training program, want to be considered equivalent to an Illinois CNA, or applied for a waiver of disqualifying convictions. You must have a fingerprint criminal history records check requested by the Illinois Department of Public Health and submitted to the Illinois Department of State Police as a fee applicant inquiry. Your fingerprints must be collected from a livescan vendor contracted by the Department of Public Health. No other fingerprinting vendors are authorized to participate in this program. As a result of this background check, you will be listed on the Health Care Worker Registry.

You have only ten working days from the time you signed the authorization form to have your fingerprints collected by one of the Department's contracted vendors or be suspended.

Please check the vendor websites for the most up to date hours/days of operation and terms of service.

Vendor	Phone	Hours of Service
123 FingerPrint Me, Inc (www.123fingerprintmeinc.com)	1-(708) 898-0365	M - F 9 am - 6 pm; Sat 9 am - 1 pm *Appointments only
1st Mobile Fingerprint PLCC (www.1stmobilefingerprint.com)	1-(815) 630-7204	M - F 8 am - 7 pm; Sat - Sun 10 am - 5 pm *Appointments only
A Fingerprinting US Photo Inc. (www.fingerprintingchicago.com)	1-(312) 782-8144	M - F 8 am - 5 pm
A P Private Detective & Security Agency (www.apprivatedetectiveltd.com)	1-(708) 335-3500	M - F 8:30 am - 4:30 pm
A-D Background Resources, LLC (a-dbackgroundresources.com)	1-(847) 767-7402	M,T,TH,F 9 am - 4 pm; Closed Wed
Above Biometrics (www.abovebiometrics.com)	1-(224) 286-4595	24/7 *Appointments only
Accurate Biometrics, Inc. (www.accuratebiometrics.com)	1-(866) 361-9944	M - Sat 8 am - 7 pm
Alpha Training & Biometric Solutions PLLC (www.alphatbsolutions.com)	1-(708) 737-7280	Mon - Sun 9 am - 7 pm *Appointments only
Big River Investigations (www.bigriverinvestigations.com)	1-(217) 228-9114	M - F 9 am - 4 pm *Appointments only
Biometric Impressions Corp. (1-833-4 BIOIMP) (www.biometricimpressions.com)	1-(833) 424-6467	M - Sat 9 am - 4 pm (Multiple locations)
Bushue Human Resources, Inc. (www.bushuebackgroundscreening.com)	1-(217) 342-3042	M - F 8 am - 5 pm & by appointment *Appointments only
Choice Biometrics LLC (choicebiometrics.com)	1-(312) 964-5205	M - F 10 am - 4 pm; Sa by appointment
Digital Synergy, Inc. (digitalsynergyads.com)	1-(217) 766-8408	M - F 9 am - 5 pm; evenings/weekend appts avail. *Appointments only
Distinct Biometrics (www.distinctbiometrics.com)	1-(708) 996-4611	M - F 9 am - 6 pm; Sat 9am - 9 pm
DMAZ Corporation (www.dmazcorp.com)	1-(224) 534-7665	M - F 9 am - 6 pm; Sa 10 am - 4 pm
Ethos Tactical, LLC (www.ethosfingerprinting.com)	1-(309) 340-4266	M - F 9 am - 7 pm, Sat - Sun 10 am - 3 pm *Appointments only
Fact Finders Group, Inc. (www.factfindersgroup.com)	1-(708) 283-4200	M - F 9 am - 5 pm
FIRM Systems (www.firmsystems.net)	1-(866) 721-1203	M - F 9 am - 4 pm
Flawless Biometrics LLC (https://flawlessbiometrics.com)	1-(217) 474-7491	M - F 9 am - 8 pm; Sa 10 am - 2 pm *Appointments

FMJ Biometric Services, LLC (www.fmjbiometrics.com)	1-(708) 357-0580	Su - Sa 8 am - 6 pm *Appointments only
Intelligents ETV (www.intelligentsetv.com)	1-(708) 534-3994	M - Th 9 am - pm; F 10 am - 6 pm; Sa 10 am - 2 pm *Appointments only
Juris Biometrics (www.jurisbio.com)	1-(708) 799-6944	M - F 9 am - 5 pm *Appointments only
Kevin McClain Investigations Ltd. (www.mcclaininvestigations.com)	1-(618) 532-1152	By appointment only *Appointments only
LA Thomas Security Corporation (www.latsc.com)	1-(630) 962-8558	M - F 10 am - 6 pm *Appointments only
Monroe-Randolph Regional Office of Education # 45 (www.roe45.net)	1-(618) 680-0154	M - F 8 am - 4 pm *Appointments only
Oasis Medical Services (oasismedicalservices.org)	1-(815) 935-4663	M - F 8 am - 4 pm
Safe Hire USA Corp (www.safehireusa.com)	1-(800) 833-9224	M - F 9 am - 5 pm; Evening/Weekend appts available *Appointments only
Secureone Livescan (www.livescanprinting.com)	1-(708) 687-6018	M - F 9 am - 5 pm
Statewide Fingerprinting	1-(309) 258-9881	M - Sa 9 am - 9 pm *Appointments only
Trace Identity Services, Inc. (www.traceidentitysi.com)	1-(708) 754-2900	Tu - F 10 am - 4 pm (Please call first)
Trace2 Biometrics LLC (www.trace2biometrics.com)	1-(773) 494-2211	M - F 8 am - & 7:30pm; Sa/Su by appt. 9 am - 1 pm

*The Illinois State Police fees are included in the amount the vendor charges the applicant.
You must present current, valid government-issued photo identification or other valid photo identification.

Applicant: John Doe

Address: 1 Innovation Drive
Carbondale, IL 62901

Date of Birth: 01/31/2006

Place of Birth (State or Country if not US): Illinois

SSN: 000 00 0000

Sex: M   **Race**: Unknown

Height: 5' 9"   **Eyes**: Blue

Hair Color: **Weight**: 130 lbs

Telephone: (123) 123-4567

Fingerprints to be submitted to: State Police

I verify that the above information is true and correct.

Requesting Facility: 1002479
1A HCWRegistry Initiated BGCheck
Address: 525 W. Jefferson
Springfield, IL 62761

Applicant Signature: _____

TCN: _____

The student should return portion shown below as proof of completion.

Return this portion to the facility that gave you this request form.

Full Name: John Doe   Application Number: 2865669

On: _____

Date

TCN: _____

In: _____ _____ Vendor_____

City, State

_____(Technician's signature)

F. MONITORING RESULTS Criminal Based History/Live Scan Results

The PRA for your PROGRAM will receive the results from ISP via email.
It is the PC's responsibility to verify eligibility. Check the Registry for results or get the results from the PRA. Check weekly until verification is made for eligibility.

Typically results take 48-72 hours, check for results weekly until received, it may take up to 45-90 days and will show PENDING

If INELIGIBLE the student must be removed from the course and reapply once a waiver is granted.

How Can I Tell If a Student is Eligible for a Course? Verifying Student Eligibility After Live Scan

Once the HCWR receives the background check results and decides on those results, that employee's "Work Eligibility" will change to either "Eligible" or "Ineligible."

Look at Work Eligibility Section

What do you see?

Eligible: The student is **cleared for working as a CNA** with no disqualifying criminal convictions, or is granted a waiver for any disqualifying convictions.

Ineligible: The student is **not eligible** to work in the health care field.

Reason(s):

1. The student has an **Administrative Finding** of Abuse, Neglect, and/or Theft (ANT Finding) is ineligible for work. ANT Findings are not waivable and prohibits students from working in a direct patient care role.

2. The student has one or more **disqualifying criminal convictions** and no waiver is granted. A Student listed as "Ineligible" for this reason can submit a waiver application if meets certain waiver eligibility requirements.

3. You can see information about **disqualifying criminal convictions and waivers**, along with the status of those waivers. If there is no waiver, or if the waiver is listed with the status of "**Pending, Denied, Revoked, or Returned**" the **student is ineligible.**

Not Yet Determined: Student has **not had** a fingerprint-based **background check** (either a FEE_APP or a CAAPP) or a UCIA background check (name only). The PC **must start** the process for a **Live Scan** request for a FEE_APP.

G. REJECTION OF FINGERPRINTS: REASONS & WHAT TO DO

REASONS

Incorrect Collection: Poor technique or equipment issues
Poor Ridge Definition: Damaged ridges from certain Professions

FIRST REJECTION

Recollection Required: Bring rejection email and the original Live Scan
request form to the same LiveScan vendor.
Fee: Pay a $10 fee to the Illinois State Police. Full price for use of different vendors.

SECOND REJECTION

UCIA Check Required: Name-based criminal history check
Report Submission: 10 working days to send results to HCWR.
Details Required: Name, race, date of birth, sex, and SS Number.
Results typically in 24-48 hours but may take up to 30-40 days.
Illinois State Police Uniform Conviction Information Act(UCIA)

HCWR & ISP CONTACT INFORMATION

ISP Email: isp.boi.customer.support@illinois.gov
ISP Phone: 815-740-5160
Health Care Registry Phone: 844-789-3676

H. RECORDS: WHAT TO KEEP ON FILE

Printouts of: **Original search** of the Health Care Worker Registry

Profile Screen showing eligibility

Screen showing all Registries and the date checked, as
this specifically stated in the administrative rules
All email notifications received from the Registry

HOW TO REPRINT OR WITHDRAW a Live Scan REQUEST

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY

IDPH Online

| Persons | New Application ▼ | Determinations | Rejects | Exceptions ▼ | Programs ▼ | Letters |

» Sarah Young
Work Eligibility: NotYetDetermined
In addition to Work Eligibility, Employers are responsible for checking "Training and Work History" and "Certifications"
to determine if person is eligible to work in a position that requires certification, such as a CNA.

Livescan Requests...

Date	Facility	App#	Position Sought	
6/18/2024	1002479	2865669	Certified Nursing Assistant (CNA) Training Program - Nurse Aide in Training	☑ Edit ▾

✚ New Livescan Request

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY

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» Sarah Young
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In addition to Work Eligibility, Employers are responsible for checking "Training and Work History" and "Certifications"
to determine if person is eligible to work in a position that requires certification, such as a CNA.

Livescan Requests...

Date	Facility	App#	Position Sought	
6/18/2024	1002479	2865669	Certified Nursing Assistant (CNA) Training Program - Nurse Aide in Training	☑ Edit ▾

▲ Withdraw
— Delete

✚ New Livesca...

Livescan Requests...

Confirm Voluntary Withdrawal?

Are you sure you want to voluntarily withdraw the following application?

Application Date: 6/18/2024

Facility: 1002479

Application Number: 2865669

Position Sought: Certified Nursing Assistant (CNA) Training Program - Nurse Aide in Training

Withdrawal Date: 6/18/2024

❮ N... ✖ Yes

LIVE SCAN REQUESTS:
Expires after 10 business days. It must be reprinted and given to the student with a new date. The student is suspended from participation until fingerprinting is complete.

TO REPRINT:
-Go to applications and pull up student
-Click the profile picture icon to pull up the Profile Screen
-Click on the date of the last Live Scan Request
-Then select "Click here for Fingerprinting Form"
-Print the new form for student.

WITHDRAWAL:
A request may need to be withdrawn from the registry in cases where the student was entered but dropped the course or is not getting a Live Scan such as a student from a secondary program.

HOW TO WITHDRAW LIVE SCAN REQUEST:
-Go to the New Application Tab at Top
-Select Applications from the dropdown.
-Click the profile picture icon.
-Click Livescan Requests (not the date).
-Go to Edit dropdown and select withdraw.
-Select "Yes" to withdraw the request from the registry.

XVII. Entering Training Start & End Dates into HCWR

A Program Coordinator must: **Enter training information and UNDERLINE DEMOGRAPHICS for all current students**, even secondary students, on the registry. A person is added to the Registry **only** if not already on the registry. After a program has entered its current students' information, the program must keep the information until graduation when an end date for training will be entered.

WHY MUST it be Done?

1. **DPH and ISP use** the start and end dates to figure out who to send information about a student **should a disqualification arise** during the time the student is in the program.

2. Employers look for program training entry when hiring.

WHEN: THE IDEAL TIME to ENTER the TRAINING START DATE

After the A & D form is completed by the student and the Registry is being checked to see if the student is currently on the Registry and if a Livescan, criminal-based fingerprinting has been completed. **See Applicant Profile Screen Shown Below: Training and Work History.**

2. Facility: Select the program name from the dropdown.

3. Enter Position Category: Certified Nursing Assistant (CNA) Training Program

4. Enter Position Type: Nurse Aide in Training

5. Enter Start Date (Actual 1st Day of Class): At Start of Program *(This cannot be changed so double check the date is correct.)*

6. Enter End Date: At Completion of program. *(This can only be entered on or after the actual date.)*

7. Click Save

(Entry will be verified during monitoring visit for compliance.)

***Note: If a student drops or does not complete the course for any reason the program must still enter the End Date. This lets DPH/ISP know that the program would not need to be notified about this person.**

Training and Work History...

Facility:	- Select a Facility - (required) ▼
Position Category:	Certified Nursing Assistant (CNA) Tr... ▼ *A nursing assistant trainee who has not yet become certified.*
Position Type:	Nurse Aide in Training ▼
Start Date:	(required)
Last Day Date:	
Date Verifying Still in Position:	
Last Update	**User:** **Date:**

◀ Back to Employment History   ⬇ Save

8. Verify the Dates are Entered on the Applicant Profile Screen.

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.

XVIII.   PERFORMANCE SKILLS EVALUATION & THE 21 SKILLS

The **Nursing Assistant Training Performance Skill Evaluation Manual** (aka IDPH Performance Skills Manual) **includes instructions for administering the performance skills** portion of the NATCEP. The 21 Performance **Skills that the CNA I student must show** are identified and outlined in the manual. This **manual was created to help the programs with skills** instruction. **It is not mandatory; a program may** create a checklist or **use another checklist that includes the 21 skills required.**

The **Evaluator performs skill evaluations and decides competency in the 21 skills** that must be met as **a requirement** for course completion and **to sit for the State Exam**. The evaluator **may use the skill checklists provided or one the program has chosen**. The important thing is that the student can perform each skill safely and can apply what they are learning in the clinical setting.

Can a Program Require More Than 21 Skills?

Yes, many programs add more skill competencies.

NOTE: There is **no manual for the ANATP.**

Performance Skill Videos

The **standards and the steps of each manual skill are detailed in the videos available online** at www.nurseaidetesting.com > Coordinators & Instructors > Program Coordinator Guide, Skills Manual & Educational Resources > IDPH Performance Skills Manual or > Performance Skills Videos.

The **purpose of the Performance Skill Videos on the NAT webpage is to aid instructors in the role of Approved Evaluator. The videos are not meant to be a teaching tool for student learning.**

The **program may use other resources and videos to augment student learning**. The publisher of your textbook may also provide 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 in the way the skills are performed in the clinical setting at a given facility. Instruction in an A/BNATP must be best practice. If a facility is asking 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 find a different clinical partner for future students. Please call the Department for guidance.

XIX. SUCCESSFUL COURSE COMPLETION

A/BNATP Passing Grade/Score for Program

The Illinois Administrative **Code does not say what the passing score and/or grading scale for an A/BNATP should be**. This is **to be decided by** the A/BNATP as a **program policy.**

If you require that an overall score of 70% is needed to pass the course, this may affect your Cluster Scores if many students are performing at minimum levels. Students will not pass the certification exam if they do not achieve a minimum score of 70%. Therefore, **holding students to a higher standard can be beneficial and improve student outcomes on the State Exam**. Most programs require overall course scores between 76-80% to pass the course, in addition, some programs require a set percentage for the final exam for the course as well.

Programs may offer the opportunity to retake the final exam as the student will receive three opportunities to take the State Exam.

Program Cluster Score Summary Reports require that each content area scored is at least 70% in three areas with the most questions and 50% in other areas. **Overall scores must be kept at 70%.** Falling below this level for two consecutive years can put the program at risk.

Questions to consider when addressing passing grades:

1. Are the requirements for passing your program said clearly in your syllabus?

2. Are the passing scores and grading scale's objective?

3. Are the students required to sign a document that they have read and understood the grading policy? Is this policy verbally explained to them if necessary? When?

4. Does the grading policy clearly say the average score that must be maintained throughout the course on each assignment?

5. Is an overall average required to be kept?

6. Are there minimum average scores that will disallow a student from transitioning into clinical and thus failing out of the program early?

7. How and when are grades and progress reviewed, discussed, and discussion documented 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?

PC Responsibilities for Roster Creation for Testing Post Course

Reference SECTION 395.175 PROGRAM NOTIFICATION REQUIREMENTS

Only the Program Coordinator (PC) has access to create and send rosters. Access can only be granted by obtaining credentials from Nurse Aide Testing.

The Roster Ties Program Information to Student Testing

A roster affiliates the test scores and the instructor to a specific program. Ensure the correct information is being entered as this can affect the program's yearly cluster scores. Also, entering the instructor code for the instructor teaching the theory part ensures the students are tied to that instructor and once the students have tested a cluster score summary can be obtained in INACE and sent to the instructor for feedback on the course.

Eligibility

Only students who have **completed all theory, lab, and clinical hours**, have current **BLS Certification**, and achieved **competency in the 21 Skills** may be placed on a roster.

Separate Rosters for Late Completers

If a student **completes the program at a different time** than their peers, **send a separate roster** for that student **with the correct dates**. Occasionally a student may need to complete time with another clinical group to qualify to meet minimum hour requirements. If this is something that your program accommodates it is allowed, However, a separate roster is completed once the student has completed the course requirements.

Completion Date

The course **completion date entered on the roster serves as the start of the 12-month eligibility period for testing. A student may not test once this date is passed** without retaking the course.

Submission Deadline

Submit the Official Class Roster online within 30 days of course completion.

Roster Creation

To create a roster, go to: https://inace.nurseaidetesting.com/

For Instructions on how to create a roster click here.

XXIII. Request Testing Accommodations for Competency Exam

Eligibility and Preparation

Testing accommodations are available for applicants who qualify based on an Individualized Education Plan (IEP) or 504 Plan that shows the accommodations a student receives.

Required Documentation:

Documentation must come from a qualified professional (e.g., school counselor, resource services coordinator, medical professional). Acceptable documentation includes a student's IEP, records of disability services from an educational institution, or documentation of physical disabilities such as vision or hearing impairments. Documentation must be on official letterhead, signed, and dated by the professional, specifying the accommodation needed.

Examples of Accommodations: Oral exams (electronic media)
Reader (live person)
Extended time
Separate testing area
Enlarged type

Form Link: https://www.nurseaidetesting.com/testing-accommodations-form/

Submission Process

Accommodation requests and documentation must be sent to the SIUC Nurse Assistant Testing office for approval.
Submit requests early to ensure proper accommodations.
There is no added charge for approved accommodations.

Non-Qualifying Conditions

English as a second language is not recognized as a disability and does not qualify for accommodations. Individuals are expected to take the exam in English.

Submission Details

Submit accommodation requests and documentation through the online process, via email to inat@siu.edu, or fax to 618-453-4300.

Important Note: Applicants will not be scheduled for accommodation testing until approval from the SIUC Nurse Aide Testing Project is given. Early submission is crucial to arrange for the requested accommodations promptly.

Specific questions can be directed to SIUC NAT at (877) 262-9259 or inat@siu.edu.

XX. INFORMATION ABOUT THE STATE EXAM

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

The **exam is a computer-based competency multiple choice test**, **no hands-on skills testing** post A/BNATP course **is required**. Instructors perform the competency skill checks on all students during the course, placing the student's name on the Roster as verification.

Costs for Taking the State Test

A **link to the Fee Schedule** contained on the Nurse Aide Testing website is included here: Fee Schedule 2023 | Illinois Nurse Aide Testing.

How Students Can Pay for the Test

Credit ➡ Debit ➡ Voucher

Vouchers Purchased by the Program for Payment

If the cost for the first exam is part of the training program's fee, then **the training program will need to send a company check to cover the cost of the student's test fees**. The vouchers would be used by the students in place of a credit/debit card payment.

> ***Include a short cover letter with** the **number of students the check will cover,** the **amount of the check,** and the **e-mail address of the program coordinator.**

Make check payable to: Nurse Aide Testing, Mail to Nurse Aide Testing
 1840 Innovation Drive, Suite 103
 Carbondale, IL 62903

Timeliness of Submission of Payment: Please note that you should leave enough time for the check to get to our office through the mail and allow your students time to register. There is a 24-hour turnaround time from the time our office receives the check to process it, prepare vouchers, and send them to you via e-mail.

Receipt of Vouchers. Immediately upon receipt of the check, vouchers will be prepared using the INACE program. The **voucher numbers will be e-mailed to the Program Coordinator for distribution** and will be contained in an Excel Spreadsheet. This should be used to list the student's names next to the voucher numbers they are given.

Voucher Expiration: The date will be on the voucher.

Voucher Use: The vouchers are only good for one submission and should only be distributed to those students who have completed the program. Please note that when the vouchers are created, they are not assigned to any specific student.

EXAM INFORMATION FOR STUDENTS

All students must be registered to take the CNA Competency exam using the INACE portal.

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. **You must request a copy of the student's Social Security card for verification during the enrollment process and keep a copy on file.**

Choice of Test Site

Students should create their 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.

Registration

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.

What Students Need to Know About Test Day

Informing your students of the **examination center's admission requirements,** which are told in the guidelines, will make testing less stressful.

These include:

- **Valid Photo ID** (having their photo, name, and signature)
- MUST have their **login ID and password** to access the computer for their test.
- **Arrive at least 30 minutes early** (anyone arriving after the test has started will NOT be allowed entry into the test).
- Writing Utensil (a sheet of paper and a computer-based calculator are provided)

For Paper-based Tests Takes Only: will need a Valid Photo ID and their SS or ITI Card, two No.2 pencils.

Note: 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.

Test Results

Conditional exam results will be emailed. Computer-based exam: Allow 3 business days. Paper-based exam: Allow 10 business days. Official results are posted at https://hcwrpub.dph.illinois.gov/Search.aspx 10 business days after conditional results are received.

The Number of Times a Student Can Sit for the Exam

A student who has completed an approved BNATP shall be allowed **three opportunities to pass** the written competency examination **within 12 months from** the program completion date (last day of student attendance). **If a student is a No-Show for the examination, it does not count towards their three opportunities to test**.

If the student fails the examination three times within that one-year, they will have to complete a CNA training program again.

What If the Student Fails the Exam?

The student or PC may contact SIUC NAT to inquire about which Duty Areas the student scored low in. This can be helpful and provide the student with guidance.

Please Ensure Your Students Understand That They Are Certified, Not Licensed

IDPH does not issue license numbers, certificate numbers, licenses, or certificates. If your program issues a certificate of completion, they need to understand that that shows their successful completion of the program, but it does not make them a CNA. We receive dozens of calls and emails daily from employers who are providing graduation/completion certificates as proof of certification. **All students must take and pass the certification exam before they are considered a CNA.** Please consider revising any certificates to state that it is only a certificate of completion of the program and does not mean the individual is certified.

How Do Student Test Scores Affect the Program
See Section 395.190 Denial, Suspension, and Revocation of Program Approval

Program test scores are checked by the Department **yearly.** The **performance focuses on first-time test takers.** If a student is a repeat tester those results are removed from the yearly calculation.

In the **spring of each year** the Annual Cluster Score Summary Report is **posted on NurseAideTesting.com** > Cluster Scores, Task Analysis & Test Item Development.

Programs that are consistently **below the target levels** set by IDPH for a period of **two or more consecutive years or the first-time pass rate for students** on the **exam is below 70% for two or more consecutive years the program will be on probationary status.**

XXI. Program Cluster Scores Report: State Exam Results

Annual Program Cluster Scores Reports are made up of the results of initial testers from January to December of the previous year.

The PC will receive an email when reports come out from Nurse Aide Testing. Keeping the PC's contact email up to date with IDPH is imperative to receive notification of when these reports are available.

The **annual report** with the overall program scores and the first-time pass rate on the certification **exam is used to decide if a Corrective Action Plan** (CAP**) is required to be submitted** to the Department.

A **mid-year report** (six months, Jan. – June) will also be created and notification will be sent to the PC via email. This is to give you an idea of how the program is doing and can aid in making changes to instruction and state exam preparation. **This will include the results of all students**, even students who have taken the exam more than once. So, **bear in mind that the results may change during the annual report related to the data being from first-time testers only.**

This **report reflects the overall program scores, not individual instructor scores**. Follow the instructions on the cover letter to figure out if you need to submit a CAP. You may also refer to "Does My Program Need a CAP" worksheet.

The Program's Annual Scores

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

Detailed Reports Related to Student Testing

To get reports go to: https://inace.nurseaidetesting.com > Reports > **Program Cluster Score Report** > **Check Show Clusters Box to get detailed test question report** (if you do not check this box, you will get a standard report of the duty area percentages and it will show no tasks asked about on the exam). This **report shows reports based on individual student tests** during a certain time and includes the tasks asked about in each duty area on the exam.

If you would like a **report that combines student tests with all the duty areas and tasks** asked about for a certain period, you will **select Aggregate Program Cluster Score Summary Reports and check the show clusters box**.

How to Find Duty Area Task Analysis Sheets

Duty Area Task Analysis sheets (correspond to the duty areas A, B, C, D, E, & F). The Task Analysis **lists the knowledge, skill and attitudes** related to each duty area. These sheets are used when creating test questions and can be a helpful tool to assess duty area specific tasks students are struggling with on the exam.

Go to NurseAideTesting.com > Coordinators & Instructors > Cluster Scores, Task Analysis & Test Item Development (Scroll down toward bottom of the page.) > Duty Area Task Analysis Sheets r/t Tasks Asked About on Exam

About Cluster Score Summaries & Goals for Program

If the first-time pass rate (FTPR) is 90% or greater, no Corrective Action Plan (CAP) regardless of the 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 been met or exceeded the goal.

Programs with cluster scores below goals and a first-time pass rate below 70% will be denied for   new locations or hybrid programs. Programs providing the minimum hours requirement of 62/18/40 may have to increase hours of instruction to support students in being more successful on the certification exam.

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.

Cumulative Cluster Score Breakdown of Exam by Duty Area

Number of Test Questions	Duty Areas	% Correct Goal
12	Communicating Information	50%
22	Performing Basic Nursing Skills	70%
16	Performing Personal Care Skills	70%
16	Performing Basic Restorative	70%
4	Providing Mental Health & Social	50%
5	Providing Resident's Rights	50%
	OVERALL GOAL 1ST TIME TESTERS	70%

Resources

See nurseaidetesting.com > Cluster Scores, Task Analysis & Test Item Development for the following resources r/t Cluster Scores and Corrective Action Plans
The following documents can be found on the NAT website:
Cluster Score Reports
How to Read Cluster Scores
Annual Exam Results
Does My Program Need a CAP Worksheet
CAP Template for Low Cluster Scores (This is submitted to IDPH)

WORKSHEET: SHOULD MY PROGRAM BE ON A CAP?

BASED ON THE ANNUAL CLUSTER SCORE SUMMARY FOR MY PROGRAM IS A CORRECTIVE ACTION PLAN REQUIRED TO BE COMPLETED?			
QUESTION	YES	NO	ANSWER
1. IS THE FIRST TIME PASS RATE (FTPR) ≥ 90%?	☐	☐	IF YES, NO CAP REQUIRED REGARDLESS OF % IN DUTY AREAS. IF NO PROCEED TO #2.
2. IS THE FIRST TIME PASS RATE (FTPR) < 90% & MEAN (AVERAGE) SCORE ON EXAM < 70%?	☐	☐	IF THE ANSWER IS YES TO BOTH (MUST BE BOTH); A CAP IS REQUIRED. IF NO PROCEED TO #3.

3. ARE CATEGORIES LISTED BELOW THE GOAL % set by the IDPH?

IF THE ANSWER IS YES FOR TWO CATEGORIES (MUST BE TWO), A CAP IS REQUIRED.

		YES	NO
Communicating Information	50%	☐	☐
Basic Nursing Skills	70%	☐	☐
Personal Care Skills	70%	☐	☐
Restorative Skills	70%	☐	☐
Mental Health & Social Serv	50%	☐	☐
Resident's Rights	50%	☐	☐
Total Mean (average) Score	70%	☐	☐

A CAP Form Can Be Found at:

NurseAideTesting.com >
Coordinators & Instructors >
Cluster Scores, Task Analysis
& Test Item Development

Submit Completed CAP to:

DPH.BNATP@Illinois.gov

XXII. INACTIVE STATUS & REACTIVATION OF A/BNATP
Requesting Inactive Status

An A/BNATP can request to be **placed on inactive status by submitting a written request via email** to the Department at dph.bnatp@illinois.gov.

The **Department will automatically place an A/BNATP on inactive status if there has been no program activity for 24 consecutive months or if the Department is unable to contact the program** and it appears to be non-operational (e.g., disconnected phones, no response to emails or voicemails, no master schedules received, deactivated website).

Reactivation Process

To reactivate an inactive A/BNATP, the Program Sponsor must **follow the same process as for new A/BNATP approval**, as outlined in 77 IL Admin Code, Section 395.140 (b-d).

XXIII.   NEW INSTRUCTORS & THE APPROVAL PROCESS

Regulations: Detailed in 77 IL Admin Code, Section 395.160

Approval Timeline: The Department has 60 business days to approve, deny, or request additional information regarding an instructor approval request. Program Coordinators should plan accordingly and avoid enrolling students or scheduling classes with these instructors until approval is obtained.

Instructor Qualifications:

Registered Nurse: Must be approved by the Department.

Experience: Two years as a registered nurse.
One year in caring for the chronically ill, and elderly, or providing long-term care services.

Teaching Experience:
o   Experience in teaching adults,
o   Completion of a course in teaching adults, or
o   Experience in supervising nurse aides/assistants.

Decision Tree: Hiring a New Instructor: Approval Steps Based on Education, Experience, & Training

1. **Is the RN seeking instructor approval completed the Train the Trainer (TtT) course?**
   - **Yes**:
     - The person will apply for an instructor code independently.
     - Proceed to Document Submission Requirements for Approval
   - **No**:
     - Proceed to the next decision.

2. **Is the RN hired by an Approved/Basic Nursing Assistant Training Program (A/BNATP)?**
   - **Yes**:
     - Program Coordinator (PC) must apply for the instructor's approval.
     - Proceed to Requirements for New instructors <u>Without</u> TtT.
   - **No**:
     - **Approval will NOT be provided**. RN <u>must be hired by an A/BNATP</u> approval based on CEUs and will not be given to individuals requesting approval without a TtT certificate.

Requirements for New Instructors <u>Without</u> Train the Trainer Course

3. **Does the RN have a BSN (Bachelor of Science in Nursing) or higher?**
   - **Yes**:
     - An instructor without Train the Trainer is NOT absolved from knowing program standards, operation, or Code requirements. Hiring programs must train under these provisions and instructors are expected to be familiar with and follow all codes and regulations.
     - Proceed to the next decision
   - **No**:
     - **Approval will NOT be provided without the TtT course**. Instructors must have a BSN or higher degree.

4. **Is the RN an approved instructor in an accredited LPN or RN program?**
   - **Yes**:
     - Dementia CEUs are <u>not</u> required for approval to teach in BNATP.
     - Send only resume/CV and instructor code request form.
   - **No**:
     - Must have at least four accredited Continuing Education Units (CEUs) or contact hours in Alzheimer's and related dementias.
     - Proceed to Document Submission Requirements for Approval

Document Submission Requirements for Instructor Approval

*Send Only Requested Documents.   *No
handwritten documents will be accepted.

REQUIRED DOCUMENTATION FOR NEW INSTRUCTOR APPLICANTS				
APPLICANT TYPE	ANATP-BNATP Instructor Approval Form	Train the Trainer Certificate	4 Accredited CEUs AD & Dementia	Resume or CV
INDIVDUAL IS SUBMITTING	X	X	Required if Training Not Included with Train the Trainer	N/A
PC IS SUBMITTING for BSN or HIGHER HIRED BY PROGRAM	X	If completed (not required, but PC MUST ensure training)	Required if no TtT w/AD or not teaching in accredited LPN or RN Program	X
*NOTES	AD & Dementia CEUs must display the number of CEUs/contact hours awarded and the accreditation body (e.g., State Board of Nursing, ANCC, ANA). CEUs accepted for RN licensure are acceptable.			
	BSN or higher credentialed instructors without TtT course completion, must still understand program standards, operations, and Administrative Code requirements. The hiring program must train these instructors to ensure compliance with all codes and regulations.			

Submission Process

Verify and Submit Documents:

- o **Ensure** all **CEUs are AD/Dementia topic, accredited,** and **meet** the **required hours.**
- o Only send documents listed on the instructor code application form. **DO NOT send nursing licenses, transcripts, driver's licenses, or CPR instructor or provider cards.**
- o Send information to **dph.bnatp@illinois.gov** for review and approval.

Approval Process

Instructor Approval Letters:

- o **IDPH will send an approval letter** stating the instructor is approved for theory, lab, skills evaluation, and clinicals.
- o The **instructor code will be included** in the upper right corner of the letter.

XXIV.   Obtaining New A/BNAT Program Approval

Reference 77 Illinois Administrative Code, Sec 395.110

Written approval of the program from the Department is required before the start date of a class offering of a new A/BNATP. The Department will assign a program code once approval has been granted. A program **must have an approved BNATP before consideration for an ANATP**. A program sponsor may have multiple program codes.

Decision Tree: When is a Separate Program Code Required?

This **decision tree** helps in systematically **determining whether a separate program code** is **needed** based on the provided criteria. **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.

Is the Program Sponsor establishing an additional program theory site at a new location?

- Yes ➜ Separate Program Code Required

- No ➜ Continue to next question

Is the Program Sponsor offering classes to high school/secondary students during regular high school hours and offering classes to adult students at a different time?

- Yes - Is the high school program considered secondary and is the adult program vocational?
    - Yes ➜ Separate Program Code Required (IBHE approval required for vocational program)
    - No ➜ Separate Program Code Not Required

- No ➜ Continue to next question

Is the program requesting approval for a hybrid (online) program in addition to a traditional A/BNATP?
- Yes ➜ Separate Program Code Required

- No ➜ Continue to next question

Is the Program Sponsor requesting the reactivation of an A/BNATP?

- Yes - Is the reactivation process the same as applying for a new A/BNATP?
    - Yes ➜ Separate Program Code Not Required (previous program code will be assigned)
    - No ➜ Separate Program Code Required

- No ➜ Separate Program Code Not Required

XXV.   A/BNA PROGRAM TYPE CLASSIFICATIONS

College
Sponsor: Community College
Requirements: Valid Certificate of Approval Issued by The Illinois Board of Higher Education.
Students: Adults, High School – taking a college course

Secondary
Sponsor: High School, Area Vocational/Career Center, or Community College
Requirements: Valid Certificate of Approval Issued by The Illinois Board of Higher Education.
Students: High school - learn at their high schools, area career centers, or college campus
*Secondary programs cannot sponsor an ANATP.

Vocational
Sponsor: Vocational/Career Center, School, or Entity privately owned and operated
Requirements: Valid Certificate of Approval Issued by The Illinois Board of Higher Education.
Students: Adults, Nontraditional High School

Reference: [Private Business and Vocational Schools Act [105 ILCS 425]](#) and
[Private Business and Vocational Schools (23 Ill. Adm. Code 451)](#)

Facility
Sponsor: Nursing Homes, Skilled Nursing, Intermediate Care, Assisted Living; etc.
Requirements: Licensed by the Department under the [Nursing Home Care Act [210 ILCS 45]](#).
Students: Employees of Facility, to admit persons not employed IBHE approval is required.

Home Health
Sponsor: Home Health Agency
Requirements: Licensed by the Dept. under the [Home Health Agency Licensing Act [210 ILCS 55]](#).
Students: Employees of the Facility, to admit persons not employed IBHE approval is required.

Hospital
Sponsor: Hospitals
Requirements: Licensed by the Department under the [Hospital Licensing Act [210 ILCS 85]](#).
Students: Employees of the Facility, to admit persons not employed IBHE approval is required.

XXVI.   XXXII. HYBRID PROGRAM TYPES

Before conducting a Hybrid BNATP, a program sponsor **MUST obtain approval from the IDPH.**
Traditional and **Hybrid BNATPs are considered separate programs**, each requiring distinct approval and a unique BNAT program number.

Hybrid Format: Combines online education with face-to-face training primarily for skills practice in a lab setting. The goal is to ensure consistent education for nursing assistants throughout Illinois.

- **Online Education**: Up to 60 hours, proctored with an approved instructor available during learning. Self-learning or asynchronous learning is not permitted.

- **Face-to-Face** (FtF) **Training**: Minimum of 18 hours, focusing on lab or skills training.

- **Vocational programs must receive approval from the Illinois Board of Higher Education (IBHE)** before IDPH can review the application. The IBHE Certificate of Approval must be included in the program application.

Approval Process for Hybrid Programs

[Click Here for Application](). 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 wishing to support an online teaching presence must apply for a hybrid program. Providing hybrid **courses without IDPH approval** of a hybrid **course or providing simulated clinical will result in probationary status for your program and revocation of program approval.** ("ANATP/BNATP Monthly Update July 2022 – NAT).

Program Approval & Submission Deadlines:

- **Initial Program Offering:** Information must be **submitted to the IDPH at least 90 days before** the **first class** to ensure compliance with Section 395 of the Illinois Administrative Code 77 and IDPH policies.

- **Program Changes:** Any **changes to program** content must be **submitted at least 30 days before the class** offering.

Hybrid Program Policy

BNATP Program Requirements

- **Minimum Hours Requirement**: No less than 120 program hours (**80 hours theory, 40 hours clinical)**.

- Program content must **comply with IL Admin Code 77, Section 365.300**.

- A **model program** approved by the IDPH is **available.**

- An approved **BNATP Instructor and Evaluator must meet requirements according to IL Admin Cod**e 77, Sections 395.160 and 395.162.

Hybrid BNATP Requirements

In addition to the above, a Hybrid BNATP must include:

Student Selection: Include a policy covering the below points in the application.

1. Student admission requirements.
2. Describe the method for determining student suitability for a hybrid program.
3. State equipment and internet requirements for students if not provided by the program.
4. Evaluate students' equipment and internet connection before classes start.

Course Schedule

- Face-to-face (FtF) and online (O) hours must be delineated on the Master Schedule, with remote content noted.

- **You MUST** place a note on page one of the schedules informing us of where the hybrid program will be taught. If there is no notation, we will assume that the instructor(s) will be present on site.

- Hybrid programs **MUST** state on every MS on page one what type of platform is being used to deliver content.

- Orientation to theory, lab, and clinical, 12 hours of Alzheimer's and dementia training, and 4 hours of CPR (unless completed outside of course, add a note to MS) must be noted on the MS as well.

- See MS Instructions for more details

Face-To-Face Component

1. Include a face-to-face orientation session (3-5 hours suggested).
2. Ensure participants have hands-on experience with the learning management system.
3. Recommend IT staff availability for troubleshooting.
4. Review the course syllabus, emphasizing the necessary components for success.
5. Conduct skills testing in a face-to-face format.

Online Component

1. Organize the online course for easy navigation.
2. Instructors must communicate with students within 24-48 hours and be available online simultaneously with students.
3. Provide timely feedback on assignments.
4. Offer technological support during online hours.
5. Define clear policies for online participation in the syllabus.
6. Ensure students have access to course information documents.

Testing

- A **final examination plan must be approved by the Department**, ensuring testing integrity for online exams. Computer-based testing is recommended over paper and pencil.

Course Completion Requirements

- Submit an Official Class Roster online to the Department within 30 working days after course completion.

XXXIII. CNA RECERTIFICATION PROCEDURE

If an individual that has previously been deemed competent as a CNA (Illinois approved nurse assistant training program; grandfathered in; foreign LPN/RN; military-trained; or nursing student), has a period of 24 consecutive months that the individual has not provided nursing or nursing-related services for pay, the approved certification become inactive.

Recertification may be accomplished by doing the following:

Step 1: Information Submission to the Nurse Aide Testing Office

Online Recertification Form: Inactive CNAs must fill out the Online Recertification Form on the Nurse Aide Testing website (www.nurseaidetesting.com) under the Popular Links section.

Call for Confirmation: After completing the form, the CNA must call the number at the bottom of the form, select option two, and leave their name and social security number.

Processing: The Nurse Aide Testing office will download and review the CNA's profile on the Health Care Worker Registry to verify prior training and correct any outdated information.

Notification: An email will be sent to the CNA with a recertification letter, account creation instructions, testing information, and a FAQ document.

INACE Program Submission: The CNA's information will be electronically submitted to the INACE program at Southern Illinois University Carbondale. The CNA will receive an email from support@dxrgroup.com with instructions to verify eligibility, create an account, and purchase a testing seat.

Step 2: Purchase a Seat for Testing

Verification and Testing: After verification, the CNA must pass a written competency test administered by Southern Illinois University Carbondale (SIUC) at various sites across Illinois.

Results Transmission: SIUC will electronically transmit test results to the Health Care Worker Registry.

Testing Timeline: The CNA has one year from submission to the INACE program to take the test, with three opportunities to pass.

Training Program Requirement: If the CNA fails the test three times, they must complete an Illinois-approved CNA training program before retaking the written test.

Results Posting: If the CNA passes, the results will be posted to the Registry on the Monday following the test date. Results can be found at hcwrpub.dph.illinois.gov.

If the CNA has been out of the medical field for years, completing an Illinois-approved CNA training program before retaking the written test may be beneficial. A list of approved programs is available under the STUDENT RESOURCES tab on the Nurse Aide Testing website.

XXXIV. GLOSSARY

Ability-Centered Care – a comprehensive approach to attaining or maintaining the highest practicable physical, mental and psychosocial well-being, in which the resident's abilities and competencies are recognized and incorporated in a plan of care to adapt and modify tasks to provide for the resident's involvement at his or her maximum level.

Act – the Nursing Home Care Act [210 ILCS 45].

Activities of Daily Living or ADL – tasks performed on a day-to-day basis, including, but not limited to, eating, dressing, bathing, toileting, transferring or personal hygiene.

Advanced Nursing Assistant Training Program or ANATP – a Department-approved course curriculum that prepares individuals for certification as Certified Nursing Assistant II (CNA II).

Alzheimer's Instructor – a registered professional nurse who is approved by the Department based upon meeting the Alzheimer's Instructor requirements of Section 395.160(b) and who is also an approved clinical instructor.

ANATP Course Schedule – a course schedule for ANATP prescribed by the Department.

ANATP Instructor – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.235 and who is an approved evaluator in a BNATP.

Approved Evaluator – a registered professional nurse who is an approved clinical instructor and has completed a Department-sponsored evaluator course pursuant to Section 395.162.

Approved Outside Evaluator – an Approved Evaluator who performs an evaluation of students in a training program sponsored by a long-term care facility, and who has no fiduciary connection, within 30 days before or after the evaluation, with the facility by which the student is employed.

Approved Performance Skills – tasks generally performed by certified nursing assistants (CNAs) for which competency must be demonstrated, including, but not limited to: wash hands; perform oral hygiene; shave a resident; perform nail care; perform perineal care; give a partial bath; give a shower or tub bath; make an occupied bed; dress a resident; transfer a resident to a wheelchair using a transfer belt; transfer a resident using a mechanical lift; help a resident to ambulate with a transfer belt; feed a resident; calculate intake and output; place a resident in a side-lying position; perform passive range of motion; apply and remove personal protective equipment; measure temperature, pulse and respiration; measure and record blood pressure; measure and record height; and measure and record weight.

Asepsis – a condition in which living pathogenic organisms are absent.

Basic Nursing Assistant Training Program or BNATP – a Department-approved course curriculum that prepares individuals for employment as Certified Nursing Assistants (CNAs).

Cardiopulmonary Resuscitation Instructor or CPR Instructor – a person approved by the Department, or by the Department of Human Services-Division of Developmental Disabilities and who is certified in cardiopulmonary resuscitation at the health care provider level or health care provider instructor level by a nationally recognized program, by the Department or by DHS-DD.

Care – as used in this Part, the personal, restorative or rehabilitative treatment of a resident in a health care setting by a CNA.

Certified Nursing Assistant or CNA – an individual who does not hold a professional license from the Department of Financial and Professional Regulation, or someone who volunteers to provide licensed services without pay; an individual who was grandfathered in, or has successfully completed the BNATP and competency examination or has met the equivalency requirements of 77 Ill. Adm. Code 300.663 (Skilled Nursing and Intermediate Care Facilities Code); an individual who provides nursing or nursing-related services for monetary compensation under the clinical supervision of a nurse; an individual who has not had a period of 24 consecutive months, since his or her most recent competency examination or the date of being grandfathered in, during which he or she did not provide nursing or nursing-related services for monetary compensation under the clinical supervision of a nurse.

Certified Nursing Assistant II or CNA II – a CNA who has met the training requirements of Section 395.305.

Clinical Conference – a conference of short duration held during a clinical instruction to communicate information regarding direct resident care. Theory content shall not be presented.

Clinical Instruction – a teaching method used by an approved clinical instructor in a clinical setting in which the student explains and demonstrates competency of skills learned during theory instruction to a level accepted by the instructor.

Clinical Instructor (ANATP and BNATP) – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.235(b) (ANATP) or Section 395.160(a) (BNATP) and who is an approved evaluator. These are the minimum requirements to teach the clinical component of the ANATP and BNATP curriculum.

Competency Examination-CNA − a comprehensive multiple-choice test meeting the requirements of 42 CFR 483 and administered by the Department or its designee under a contract with the Department. This examination shall be successfully completed within one year after the student's having completed the BNATP or having been deemed equivalent to a CNA through training or training and experience pursuant to 77 Ill. Adm. Code 300.663.

Competency Examination-CNA II – a comprehensive multiple-choice test administered by the Department or its designee under a contract with the Department. This examination shall be successfully completed within one year after the student has completed the ANATP or has been deemed equivalent to a CNA II through training or training and experience pursuant to 77 Ill. Adm. Code 300.663.

Course Coordinator (CNA Training Program) – an individual in each Certified Nursing Assistant Training Program who is responsible for planning, organization, management, coordination, compliance, documentation and linkage with the Department. The Course Coordinator is not required to be an instructor.

Course Coordinator (DSP Training Program) – a designated Department of Human Services individual who is responsible for the organization, management and coordination of Direct Support Person (DSP) training. The Course Coordinator assures that training is in compliance with Department requirements, assures that required documentation is retained, and maintains linkage with the Department of Human Services. The Course Coordinator is not required to be an

instructor.

Cultural Competence – the ability to interact effectively with people of different cultures.

Department – the Illinois Department of Public Health.

DHS − the Illinois Department of Human Services.

DHS-DD − the Illinois Department of Human Services-Division of Developmental Disabilities.

Direct Access Worker – any individual who routinely has access to or has the ability or potential to have access to a resident, a resident's living quarters, or a resident's financial, medical or personal records through employment or through a contract with a facility or provider. A volunteer is included if the volunteer has duties that are equivalent to the duties of an employee or contracted worker who would be a direct access worker.

Direct Care – the provision of nursing care or assistance with feeding, dressing, movement, bathing, toileting or other personal needs, including home services as defined in the Home Health, Home Services and Home Nursing Agency Licensing Act.

Direct Contact – the provision of any services to a client by an individual carrying out tasks usually performed by nursing assistants or Direct Support Persons.

Direct Support Person or DSP – any person who provides habilitative care, services or support to individuals with developmental disabilities and is listed on the Department's Health Care Worker Registry as a trained DSP or DD Aide under its "Program" section. DSPs shall function under the supervision of a Qualified Intellectual Disabilities Professional (QIDP) or a nurse. Other titles often used to refer to Direct Support Persons include, but are not limited to, Developmental Disabilities (DD) Aide, Habilitation/Child Care Aides, Mental Health Technician, Program Aide or Program Technician.

Direct Support Person Training Instructor or DSP Training Instructor – an individual who meets the requirements of Section 395.160(c) and is approved by DHS.

Evidence-Based Practice – recommended nursing interventions that have been shown to be effective when tested in clinical research.

Grandfathered CNA – an individual who has previously demonstrated to the satisfaction of the State that he or she had served as a nursing assistant at one or more facilities of the same employer in the State for at least 24 consecutive months before December 19, 1989. A grandfathered CNA may also be an individual who completed a training program before July 1, 1989 that would have met the requirements to be an approved training program if the approval had been offered at that time. Since the date the individual was grandfathered in as a CNA, that individual shall not have had a period of 24 consecutive months during which the individual did not provide nursing or nursing-related services for monetary compensation under the supervision of a nurse. No additional individuals will be considered for grandfathered status.

Holistic Care – care that incorporates the whole person, i.e., physical, psychological, emotional and spiritual dimensions.

Home Health Aide – any person who meets the requirements of a CNA and provides part time and intermittent nursing services to a person in his or her residence according to a plan of treatment for illness or infirmity prescribed by a physician.

Interdisciplinary Team – a group of persons who represent those professions, disciplines or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician and a social worker and may include other professionals. In programs serving individuals with developmental disabilities, at least one member of the team shall be a Qualified Intellectual Disabilities Professional. The interdisciplinary team includes the resident; the resident's guardian; the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. Other terms often used in place of "Interdisciplinary Team" include, but are not limited to, Community Support Team (CST) or Individual Education Plan (IEP).

Laboratory Environment – a designated location for laboratory instruction that includes a minimum of one bed per five students, access to hand-washing facilities, and clinical (laboratory) instruction equipment and supplies.

Laboratory Instruction − a teaching method used during the theory section of the training program, requiring the student to demonstrate skill competencies in a supervised laboratory environment.

Lead Instructor – the theory instructor who is responsible for providing day-to-day management of the class.

Licensed Practical Nurse or LPN – a person with a valid license to practice as a licensed practical nurse under the Nurse Practice Act.

Methodologies – instructional methods by which content or curriculum information is to be presented in a BNATP, i.e., lecture, discussion, audiovisual, demonstration and group activities.

Nurse − for purposes of this Part, a registered professional nurse (RN), a licensed practical nurse (LPN), or an advanced practice registered nurse (APRN), as these titles are defined in the Nurse Practice Act.

Nursing Assistant Training and Competency Evaluation Program or NATCEP – a training and competency program consisting of an approved ANATP or BNATP, demonstration of required performance skills, and the written competency evaluation.

Nursing Care – activities, performed by a person licensed under the Nurse Practice Act, that carry out the diagnostic, therapeutic and rehabilitative plan prescribed by the physician; care for the resident's environment; observing symptoms and reactions; and taking necessary measures, including the delegation and supervision of tasks, to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Personal Care − *assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual, who is incapable of maintaining a private, independent residence or who is incapable of managing his* or her *person whether or not a guardian has been appointed for such individual.* (Section 1-120 of the Act)

Person-Centered Planning – a process through which persons with disabilities and with the support of families direct the planning and allocation of resources to meet their own life vision and goals.

Person-Centered Services – an approach to care focusing on individual rights and personal preferences.

Physician – any person licensed to practice medicine in all of its branches as provided by the Medical Practice Act of 1987.

Plan of Care – a strategy of action by the interdisciplinary team to address the needs of the individual, in keeping with the core values of Person-Centered Services. Other references used in place of "Plan of Care" include, but are not limited to, Individual Service Plan, Program Plan or Individual Habilitation Plan.

Plan of Correction – a written document, subject to the Department's or to DHS-DD's approval, that addresses a situation, condition or practice constituting noncompliance by a training program. It shall include corrective actions specific to the cited deficiency, a procedure for implementation of the corrective actions, a monitoring procedure that ensures compliance with the requirements of this Part, the title of the person responsible for implementation, and the dated signature of the Program Coordinator.

Prerequisite – A requirement of education or training prior to completing additional training. A CNA shall complete and pass a BNATP program and achieve CNA certification as a prerequisite to enrollment in an ANATP.

Probation (BNATP and ANATP) − an enforcement measure pursuant to Section 395.190 or Section 395.260, applied by the Department for noncompliance of a BNATP or ANATP, respectively.

Program – ANATP and BNATP.

Program Cluster Scores − scores associated with a student's understanding of required skills, broken down into six duty areas (clusters), as evidenced from the student's performance on the certification examination: communicating information, performing basic nursing skills, performing personal care skills, providing mental health and social services, and providing residents rights.

Program Cluster Scores Summary Reports – monthly, annual, and biennial reports that provide a breakdown of training programs' examination results by specific content area for the purpose of program improvement and monitoring.

Program Coordinator (BNATP and ANATP) − a registered professional nurse who is approved by the Department, based upon meeting the requirements of Section 395.165(a) or Section 395.240(a). This individual is responsible for the planning, implementation, evaluation, and overall coordination of a BNATP or ANATP.

Program Sponsor (BNATP and ANATP) – an entity that has been approved by the Department to conduct an approved BNATP or ANATP. The entity types that may be approved as a program sponsor are listed in Section 395.100 or Section 395.205.

Psychiatric Rehabilitation Services Aide or PRSA – an individual who meets the training requirements of a Psychiatric Rehabilitation Services Aide as described in Section 395.330.

Qualified Intellectual Disabilities Professional or QIDP – a person who meets the qualifications defined in 42 CFR 483.430(a).

Quality of Care – the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Quality of Life – care provided in a manner and in an environment that promote maintenance or enhancement of each resident's quality of life.

Registered Professional Nurse or RN – a person with a valid license to practice as a registered professional nurse under the Nurse Practice Act.

Resident or Client – A person who is receiving medical care, personal care, maintenance, or related services and supports. The term resident is used interchangeably in this Part to mean patient, client or person as appropriate to the regulatory setting. The term resident in this Part shall not be construed in any way to restrict the meaning to those living in long-term care facilities.

Special Content Instructor – a person who is approved by the Department or DHS to teach content related to his/her area of expertise, based upon meeting the requirements of Section 395.160(e).

Syllabus (BNATP and ANATP) – a document provided to the students by the BNATP or ANATP outlining information necessary for completion of the training program; this information shall include, but is not limited to, program policies and requirements, content outline and evaluation methods.

Theory Instruction (BNATP and ANATP) – a teaching method using principles of education and learning in the classroom and laboratory environments to provide instruction to the student in accordance with the BNATP content outlined in Section 395.300 or ANATP content outlined in Section 395.305. Theory instruction includes laboratory instruction and is provided by a Theory Instructor.

Theory Instructor – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.160 and is an approved evaluator or a QIDP who is approved by DHS-DD based upon meeting the requirements of Section 395.160(c).

Train the Trainer Instructor – a registered professional nurse who is approved by the Department based upon meeting the requirements of Section 395.155(f) and is an approved evaluator.

Train the Trainer Program (ANATP and BNATP) − a college-based or Department-approved program, of no fewer than 31 clock hours excluding meals and breaks, designed to prepare a registered professional nurse to teach in an ANATP or BNATP. The Program includes the Alzheimer's component and may include an approved evaluator course. The Department will approve a Train the Trainer Program based upon the Program's meeting the requirements of Section 395.155.

Training Program (ANATP and BNATP) – an approved course curriculum, conducted by a program sponsor for training of Certified Nursing Assistants.