



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

ANATP-BNATP Instructor Code Request Form

First Name:

Last Name:

Middle Name or Initial:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

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

For instructors hired without a Train the Trainer certificate, please include an update resume showing education, full mailing address, four accredited CEUs in Alzheimer's/related dementias, and this form.

For instructors hired with a Train the Trainer certificate, please include only the Train the Trainer certificate and this form.

Handwritten Forms are not Accepted!

Please include only the documents requested on this form!

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