



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 3 months
- Other documentation related to the program may be requested by Education Coordinator at time of visit
- _____

Thank you in advance for your cooperation,

Randy Carey-Walden, RN, MSN, CCM
Public Service Administrator

PROTECTING HEALTH, IMPROVING LIVES