



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
- Current Allocation of Hours on file with and approved by IDPH
- Current Master Schedule (MS)
- All current Affiliation Agreements with the exception of facility-based programs
- Instructor CPR Cards for ALL instructors marked as teaching CPR on MS
- Current Class Roster
- Student Social Security Cards (may redact first 5 numbers) or ITIN Cards
- 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 in document binder from May 2023 forward
- Training Date Entry into HCWR - will be verified by Education Coordinator with IDPH at time of visit
- 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, BSN, MSN,
CCM Training and Technical Director

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