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ANATP/BNATP Monthly Update October 2023

1. Beginning January 1, 2024, Illinois will begin national background checks for any new entries to the Health Care Worker Registry. This was passed by the Illinois Legislature and signed into law by the governor in July 2023. IDPH opposed it due to the increased cost burden on schools and facilities. We do not know what the cost will be at this time, but your LiveScan vendors will notify you once they know what their expenses will be. What little feedback we have received is placing the cost of this between \$60 and \$100 per student.

The Illinois State Police systems are not programmed to automatically handle this additional information. Since different states use different terminology for the same crimes, all convictions outside of the State of Illinois will have to be “translated” into equivalent terminology for the HCWR by IDPH’s legal team to determine if these non-Illinois convictions are disqualifying. This will cause further delays as this is a large additional burden for our attorneys.

It may likely be much later in 2024 before this is fully implemented. Updates will be given as soon as we have additional information. Note that your vendors will be required to file background checks with the FBI on January 2, 2024. A delay in implementation by IDPH and the HCWR does not mean a delay in the increased cost.

It is likely that you will not see the full results of the background check until after a student completes a program. The background check must be *initiated* (fingerprints collected) before the first day of classes. The background check does not have to be completed for a student to complete the program (including clinicals) and to take the certification exam.

The background check process from the A/BNATP points of view will be no different. This is a new process for the Illinois State Police, IDPH attorneys, and HCWR personnel. Your process remains the same!

2. Many programs continue to express concern about having physical copies of SSNs and ITINs on file. There must be a system whereby the Program Coordinator physically views the actual cards before entering these ID numbers into the Health Care Worker Registry. If you have a system whereby this is being done, present it to me and we will work on alternatives.

I am open to suggestions on how to maintain compliance with the law while not requiring copies of SSNs or ITINs.



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As always, do not hesitate to call or email with questions.

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