

**WHAT YOU NEED TO KNOW**

1. Schedules MUST BE SENT to [masterschedule@siu.edu](mailto:masterschedule@siu.edu) in proper format.
2. DO NOT SEND any OTHER ATTACHMENTS or REQUEST INFORMATION.
3. YOU WILL NOT RECEIVE A RESPONSE to your schedule submission.
4. DO NOT EMAIL DPH OR SIU asking if your schedule was received.
5. IF A SCHEUDLE IS NOT RECEIVED AT [masterschedule@siu.edu](mailto:masterschedule@siu.edu) 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 [dph.bnatp@illinois.gov](mailto:dph.bnatp@illinois.gov).

**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**

**WHERE TO EMAIL THE MASTER SCHEUDLE**

**SEND IN ADOBE pdf format to [masterschedule@siu.edu](mailto:masterschedule@siu.edu).**

**\*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**

# Illinois Department of Public Health (IDPH) Basic Nursing Assistant Training Program (BNATP) Guidelines for Completion of Master Schedule (MS)

## 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.

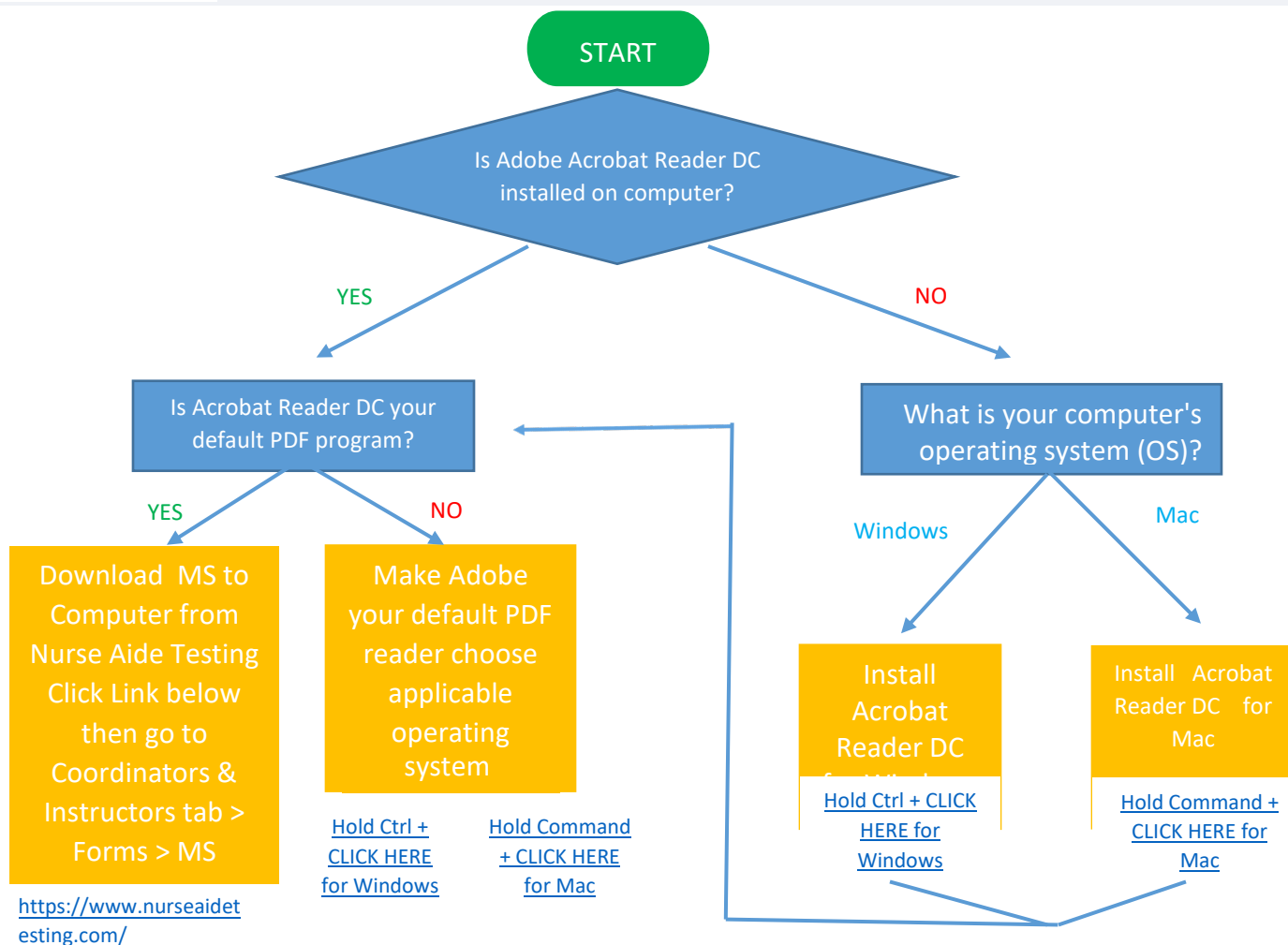
The MS must be received 15 working days prior to the start date of the class. Do not send the MS more than 30 days in advance of the start date this prevents need for revisions.

**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](mailto: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](mailto:masterschedule@siu.edu)



# HOW TO LOCATE & SAVE A MASTER SCHEDULE

**\*\*USE ONLY ADOBE TO COMPLETE THE SCHEDULE\*\***

SEE **START** ON P.1 FOR INSTRUCTIONS

FIRST GO TO [HTTPS://WWW.NURSEAIDTESTING.COM/](https://www.nurseaidtesting.com/) > COORDINATORS & INSTRUCTORS > FORMS > MASTER SCHEDULE CONTENT > **[PDF]** MASTER SCHEDULE CALENDAR FORM

## 1. Download File

- Single Right click on **[PDF]** to the left of the desired file
- Click on Save link as
- 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, exact allocation of hours on file with IDPH, 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).

SEE TEXT in boxes below as a guide for completing the Master Schedule.



# 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 #	<p>The theory class should be easily located. Provide specific directions if applicable that directs someone to the exact location.</p> <p>Hybrids: If instructor is not teaching theory from theory site please denote. Ex. Instructor teaching from home.</p> <p>List pertinent information that applies to this schedule. Ex. CPR is completed outside of theory class. 4 hours deducted from theory time.</p> <p>Additional Theory or Clinical times should be listed here. Ex. T5 Times/Hours Counted C5 Times/Hours Counted</p>			
Program Coordinator (PC)	Must be an RN				
PC Contact Phone	Enter Best Contact #				
PC Email	Will be used by SIU/DPH to Contact				
Clinical Site #1 (S1)	List All Sites				
Address	List Address of All Sites				
City		ZIP			
Phone					

Click on the envelope icon  or attach to an email [masterschedule@siu.edu](mailto: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.

Instructors should plan to be available and online while students are expected to be online. If 24-hour access is allowed by the A/BNATP, an instructor **MUST** be available for 24 hours.

CALCULATION OF BREAKS/MEALTIME & HOURS COUNTING TOWARD MINIMUM REQUIRED HOURS	CLASS TIME IN HOURS	MINIMUM TIME DEDUCTION FROM HOURS COUNTED	TIME DEDUCTION REQUIREMENTS
A program <b>must show</b> that the <b>students are being provided breaks/meals</b> during theory/lab/clinical hours. <b>Early class dismissal in lieu of breaks is prohibited.</b> This is done by subtracting the total break time from the hours the program is counting.	0.25 - 1.75	0.0	<b>ANY break/mealtime provided</b> to student <b>must be deducted</b> from hours counted. This means if you are providing time to use the <b>restroom, get a drink/snack</b> it should not be counted toward class time.
<ul style="list-style-type: none"><li>The amount of time deducted is based on the following <b>rule</b>: <b>15-minutes of time MUST be deducted for every two hours</b> of class time.</li></ul>	2.0 - 4.0	- 0.25	
<ul style="list-style-type: none"><li>The structure of the breaks is up to the program during the class time <b>but MUST be at least every two-hours.</b></li></ul>	4.25 - 6.5	- 0.50	
<ul style="list-style-type: none"><li>A 20–30-minute uninterrupted meal break is expected to be provided if class time is during normal meal hours in addition to breaks.</li></ul>	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		

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.

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

- The program **MUST** follow the Allocation of Hours approved by IDPH.
- If the hours have changed submit a new allocation of hours form to IDPH.
- Lab hours are **MANDATORY**; minimum of 16 hours (subtract from theory content hours.)

Theory Content  64.00 + Theory Lab  16.00 = Theory Hours  80.00  
 Clinical Hours +  40.00  
 Total Program Hours =  120.00

*Above is a breakdown of Theory hours into two parts the hours spent teaching content and the time students spend in skills lab.*

☒ 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.

- Clinical site changes to a secondary site already listed on a schedule
- Addition or deletion of an instructor
- Change in CPR instructor or company that provides CPR
- 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.

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

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

**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 hours **MUST** match **Allocated Hours** on file with IDPH. If you are unsure of the correct hours check with IDPH. If the hours have changed submit new allocation form.



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	

List instructors and their codes here. Only check **CPR** if the instructor is teaching CPR. For other persons or companies providing CPR training enter name and mark CPR, credentials **MUST** be on file for anyone marked.

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	<b>ANY break/mealt ime provided</b> to student <b>must be deducted</b> from hours counted. This means if you are providing time to use the <b>restroom, get a drink/snack</b> 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	
11.25 - 12.0	- 1.25	<b>If you provide</b> more than the time <b>minimum deduction</b> listed this time must also be deducted from counted hours.
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 are the program's approved allocated hours and these hours 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](https://www.ilga.gov/commission/jcar/admincode/077/07700_395sections.html)

## CALENDAR EXAMPLE FOR **TRADITIONAL** PROGRAM

Sun	Mon	Tues	Wed	Thu	Fri	Sat
			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	11
	13 T2	14 T1	15 T2	16 T1	17 T2	18
19	20 L2	21 T1	22 T2	23 T1	24 T1 & T2 Make-Up Day	
26	27 T2 Mandatory Day	28 T1 Mandatory Day	29 Clinical Orientation for ALL students from 1600-1800	30 C1 S1	31 C2 S2	

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.

### 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 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.

## 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	

**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.

T1F & T2F  
Indicates theory time is in person.

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.