



**ILLINOIS NURSE ASSISTANT/AIDE
TRAINING COMPETENCY
EVALUATION PROGRAM**

***ILLINOIS NURSE ASSISTANT/AIDE TRAINING
PROGRAM
INSTRUCTOR AND EVALUATOR
INFORMATION SUBMISSION
FORM GUIDELINES***

FOR

***ILLINOIS NURSE ASSISTANT/AIDE PROGRAM
COORDINATORS/INSTRUCTORS***

**SIUC Nurse Aide Testing Program
and
Illinois Department of Public Health**

2009

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PURPOSE OF THE INSTRUCTOR AND EVALUATOR INFORMATION SUBMISSION PROCESS

The instructor codes issued by Illinois Nurse Assistant /Aide Training Competency Evaluation Program (NATCEP) were revised in 2008. Previously, each Theory Instructor associated with a program had been assigned an instructor code which was entered onto the student's Competency Exam Application Form at the time of submission to NATCEP at Southern Illinois University Carbondale (SIUC). The previous instructor code will continue to be linked to the Basic Nurse Assistant Training Program (BNATP); it has been replaced with a four digit number unique to each instructor.

An instructor code will be issued to each instructor associated with a program regardless of the area(s) of instruction. This includes Theory Instructor, Clinical Instructor, Alzheimer's Instructor, Approved Evaluator, CPR Instructor and Special Content (Supplemental) Instructors. This also includes Approved Outside Evaluators for facility based programs.

This course of action will be beneficial to instructors, BNATPs, the Illinois Department of Public Health (IDPH), and NATCEP. A benefit will be to simplify the instructor approval process when programs expand and instructors are affiliated with various programs. This process will assist in identifying the number of active approved instructors on the instructor database. Even though inactive instructors will remain on the database, they will be identified as inactive instructors. Another benefit will be to identify instructors who are not currently approved.

Competency Exam Applications Forms without a valid four-digit Instructor Code beginning with the July 2008 testing will be returned to the BNATP for correction. This will delay the Competency Exam date of those students.

Each instructor and evaluator must have an instructor code. It is the responsibility of the Program Coordinator to ensure that each instructor teaching in their respective program(s) is not only approved to teach by IDPH, but has also completed the process to obtain a revised instructor code. The Instructor Code will be used on the Master Schedule, Official Class Roster, and the Competency Exam Application.

PROCEDURE FOR OBTAINING THE INSTRUCTOR AND/OR EVALUATOR CODES

The following procedure shall be followed by the Program Coordinator to request and obtain Instructor Code numbers for the Theory, Clinical, Alzheimer's, CPR, Special Content (Supplemental) Instructors, and Approved Evaluators who are providing instruction in the BNATP. This also includes Approved Outside Evaluators for facility based programs.

1. For each Program Code NA#, type or print legibly an Instructor Information Submission Roster of the instructor(s) and an Evaluator Information Submission Roster of the evaluator(s) for whom you are submitting applications(s). Blank roster forms and sample rosters are included in this manual. This format must be used. Both are located on the website, www.nurseaidetesting.com, click on General Information in menu on the left, scroll to the second table of documents. The pdf forms can be filled, printed, and saved.

List only those instructors/evaluators for whom applications are being submitted. Multiple instructors/evaluators may be listed on the same roster for the same Program Code NA#.
2. Completed Instructor Information Submission Forms (charcoal gray) with required documentation shall be submitted to SIUC after IDPH instructor approval has been obtained as evidenced by receipt of an IDPH approval letter. It is important that the completion guidelines be followed since incomplete or improperly completed forms will be returned to the Program Coordinator.
3. If the Program Sponsor has more than one theory site, a separate application form must be completed by each instructor and evaluator for each Program Code NA#.
4. Provide your instructor(s) with the procedures for correctly completing the Instructor Information Submission Form (charcoal gray) and the Evaluator Information Submission Form (orange). The application forms must be signed in the designated area by the instructor. Incomplete forms will be returned to the Program Coordinator for correction. Detailed completion procedures are included in this manual.
5. Because an Approved Evaluator must also be an IDPH approved Clinical Instructor, this nurse must complete both forms, even if only serving as an Approved Evaluator in the BNATP.
6. Documented verification of instructor approval by the Department is required. Using a paperclip, attach the appropriate documentation to each instructor's application.
 - a. A copy of the instructor's letter of approval from IDPH. If a letter of approval can not be located, the Program Coordinator may do one of the following:
 - i. resubmit to the Department the required documentation according to IL Adm Code 77, section 395.160 requesting instructor approval; or,

- ii. contact SIUC Education Coordinator to request a replacement copy of the IDPH approval letter. You may be directed to resubmit documentation to IDPH requesting instructor approval or re-approval.
 - b. A copy of the certificate or letter issued by the Department verifying successful completion of an Approved Evaluator Workshop and a copy of the letter of approval as a clinical instructor are required to verify Approved Evaluator status.
 - c. A copy of a current, unexpired, CPR card is required for approval as CPR Instructor. Minimum requirement for CPR Instructor approval shall be the equivalent to the health care provider level or health care provider instructor level from a nationally recognized program such as American Heart Association or American Red Cross.
To maintain CPR Instructor approval in a BNATP, an updated CPR card shall be submitted prior to the expiration date.
7. Check the information submission forms for accuracy prior to mailing. Instructor and Evaluator Information Submission Forms which are incomplete and/or lack the required documentation will be returned to the Program Coordinator. Instructor Codes will only be issued when applications are complete.
8. ONLY use paper clips to attach documents to Instructor and Evaluator Information Submission Forms. Please do not staple, glue or tape the forms. DO NOT FOLD OR BEND THE FORMS.
9. If an instructor is no longer serving as an instructor in your program, please notify SIUC in writing. The instructor's status will be changed to inactive.
10. Additional Instructor and Evaluator Information Submission Forms may be requested from the Nurse Aide Testing office via fax. A request form to reorder forms is included.

Illinois Nurse Assistant /Aide Training Competency Evaluation
INSTRUCTOR INFORMATION SUBMISSION FORMS
COMPLETION PROCEDURES

Each instructor in a Basic Nursing Assistant Training Program (BNATP) shall be issued an instructor code. This includes Theory, Clinical, Alzheimer, CPR, and Special Content Instructors. An Instructor who is an Approved Evaluator must also complete the Evaluator Information Submission Form. It is the responsibility of the Program Coordinator of the BNATP to ensure that each instructor teaching in their respective program(s) has completed the Instructor Information Submission Form according to the following procedure.

Begin completing the Information Submission Form (charcoal gray) on side one. Be sure to use a No. 2 pencil to complete the form. This is a scan form that will be read by a computer; therefore, it is extremely important that it is coded correctly. Please make sure that the oval letter or number that you darken matches the letter or number you have block-printed above it. The letters that follow correspond with the different parts on the Information Submission Form.

Do not darken ovals that correspond to blank spaces.

A. Name and Address Area

Using block style letters and numbers, print legibly staying within the designated areas for name and address.

B. Signature Line

Sign your legal name. The instructor's signature on the information submission form grants permission to the State of Illinois and any affiliate acting on behalf of the State of Illinois to place information from this form in the Illinois Approved CNA Instructor Records.

C. Name

In the first section, print your complete last name.
In the second section, print your complete first name.
In the third section, print your middle initial.

Begin in the first space of each section. Do not skip any spaces between letters; only leave a blank space if you have more than one name, for example Mary Jo or Smith-Jones.

Now code the information by filling in (darkening) the corresponding oval under each letter; do not mark blank ovals.

D. Theory Instructor

If you are approved as a theory instructor, darken the yes oval. If you are not approved as a theory instructor, darken the no oval.

E. Theory Approval Date

The Theory Approval Date is the date on the IDPH approval letter.

Darken the oval beside the month of theory instructor approval; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero (“0”) before a single digit, for example, if your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

F. Clinical Instructor

If you are approved as a clinical instructor, darken the yes oval. If you are not approved as a clinical instructor, darken the no oval.

G. Clinical Approval Date

The Clinical Approval Date is the date on the IDPH approval letter.

Darken the oval beside the month of clinical instructor approval; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero (“0”) before a single digit, for example, if your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

H. Special Content Instructor

If you are approved as a special content (supplemental) instructor, darken the yes oval. If you are not approved as a special content (supplemental) instructor, darken the no oval. This designation no longer includes the CPR Instructor. Examples of a special content instructor include a dietician, police officer, wound care nurse, restorative nurse.

I. Special Content Approval Date

The Special Content Instructor Approval Date is the date on the IDPH approval letter.

Darken the oval beside the month of special content Instructor approval; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero (“0”) before a single digit, for example, if your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

J. Alzheimer’s Instructor

If you are approved as an Alzheimer’s instructor, darken the yes oval. If you are not approved as an Alzheimer’s instructor, darken the no oval.

K. Alzheimer’s Approval Date

The Alzheimer’s Instructor Approval Date is the date on the IDPH approval letter.

Darken the oval beside the month of Alzheimer’s instructor approval; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero (“0”) before a single digit, for example, if your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.**

L. CPR Instructor

If you are approved as a CPR instructor, darken the yes oval. If you are not approved as a CPR instructor, darken the no oval.

M. CPR Approval Date

The CPR Instructor Approval Date is the date on the IDPH approval letter.

Darken the oval beside the month of CPR instructor approval; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to**

put a zero (“0”) before a single digit, for example, if your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.

N. CPR Expiration Date

Darken the oval beside the month of CPR expiration date; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero (“0”) before a single digit, for example, if your approval date was June 3, 1999, you would enter “03” for the day and “99” for the year.** To maintain CPR instructor approval, CPR card must be current.

PLEASE TURN TO SIDE 2 OF THE INFORMATION SUBMISSION FORM

O. Mailing Address

Print your complete street address and apartment/unit/trailer number in the spaces provided. Darken the letter or number in the corresponding ovals. Be sure to begin in the first space of each section and leave a blank space after numbers and between words. Stay within the designated area. Abbreviations are only acceptable if recognized by the postal service, for example “St” for Street.

P. City

In the spaces provided, print the name of the city in which you receive your mail. Begin in the first space and leave a blank space between words. Darken the corresponding ovals. Abbreviations for cities are **not** acceptable unless recognized by the postal service as the appropriate name for that city; examples as they would be coded, East St. Louis, Ste Marie, West Frankfort.

Q. State

In the spaces provided, print the abbreviation of the state in which you receive your mail. Darken the corresponding ovals.

R. Zip Code

Write your five-digit zip code in the spaces provided. Darken the ovals that correspond to each digit.

S. Social Security Number

In the spaces provided, write your social security number. Darken the corresponding oval under each digit.

T. Telephone Number

In the spaces provided, write the telephone number at which you can be reached during the day. Darken the ovals that correspond to each digit.

U. Program Code

In the spaces provided, write the four-digit program code for the BNATP for which this instructor information submission form is being completed. Darken the corresponding oval under each digit. Fill in a “0” on the LEFT for codes less than 4 digits, for example 14 would be coded as 0014.

Illinois Nurse Assistant /Aide Training Competency Evaluation

EVALUATOR INFORMATION SUBMISSION FORMS

COMPLETION PROCEDURES

Approved Evaluators in a Basic Nursing Assistant Training Program (BNATP) and Approved Outside Evaluators shall be issued an instructor code. If this nurse is also a Theory, Clinical, Alzheimer, CPR, and Supplemental Instructors, only one instructor number will be issued. An Approved Evaluator must also complete the Instructor Information Submission Form as a Clinical Instructor. It is the responsibility of the Program Coordinator of the BNATP to ensure that each instructor teaching in their respective program(s) has completed the Evaluator and the Instructor Information Submission Form according to the appropriate procedures.

Begin completing the Evaluator Submission Form (orange) on side one. Be sure to use a No. 2 pencil to complete the form. This is a scan form that will be read by a computer; therefore, it is extremely important that it is coded correctly. Please make sure that the oval letter or number that you darken matches the letter or number you have block-printed above it. The letters that follow correspond with the different parts on the Information Submission Form.

Do not darken blank ovals that correspond to blank spaces.

A. Name and Address Area

Using block style letters and numbers, print legibly staying within the designated areas for name and address.

B. Signature Line

Sign your legal name. The evaluator's signature on the information submission form grants permission to the State of Illinois and any affiliate acting on behalf of the State of Illinois to place information from this form in the Illinois Approved CNA Evaluator Records.

C. Name

In the first section, print your complete last name.

In the second section, print your complete first name.

In the third section, print your middle initial.

Begin in the first space of each section. Do not skip any spaces between letters; only leave a blank space if you have more than one name, for example Mary Jo or Smith-Jones.

Now code the information by filling in (darkening) the corresponding oval under each letter; do not mark blank ovals.

D. Social Security Number

In the spaces provided, write your social security number. Darken the corresponding oval under each digit.

E. Train the Trainer Program Code

In the spaces provided, write the four-digit program code for the Train the Trainer Program which hosted the **Approved Evaluator Workshop** that you attended. Darken the corresponding oval under each digit. See the listing of the Train the Trainer Program Codes to obtain this number.

PLEASE TURN TO SIDE 2 OF THE INFORMATION SUBMISSION FORM

F. Mailing Address

Print your complete street address and apartment/unit/trailer number in the spaces provided. Darken the letter or number in the corresponding ovals. Be sure to begin in the first space of each section and leave a blank space after numbers and between words. Stay within the designated area. Abbreviations are only acceptable if recognized by the postal service, for example "St" for Street.

G. City

In the spaces provided, print the name of the city in which you receive your mail. Begin in the first space and leave a blank space between words. Darken the corresponding ovals. Abbreviations for cities are **not** acceptable unless recognized by the postal service as the appropriate name for that city; examples as they would be coded, East St. Louis, Ste Marie, West Frankfort.

H. State

In the spaces provided, print the abbreviation of the state in which you receive your mail. Darken the corresponding ovals.

I. Zip Code

Write your five-digit zip code in the spaces provided. Darken the ovals that correspond to each digit.

J. Telephone Number

In the spaces provided, write the telephone number at which you can be reached during the day. Darken the ovals that correspond to each digit.

K. Approved Evaluator

If you are approved as an Approved Evaluator, darken the yes oval. If you are not approved as an Approved Evaluator, darken the no oval.

L. Evaluator Approval Date

This date is the date of your successful completion of a Department sponsored Approved Evaluator Workshop and can be found on your certificate of completion or on the letter of completion issued by IDPH. Darken the oval beside the month of Evaluator approval; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero ("0") before a single digit, for example, if your approval date was June 3, 1999, you would enter "03" for the day and "99" for the year.**

List of Train the Trainer Program Code Numbers

Program Number	Program Name
8001	Black Hawk College
8002	College of DuPage
8003	College of Lake County
8004	Elgin Community College
8005	Heartland Community College
8006	John A. Logan College
8007	Joliet Jr. College - North Campus
8008	Kaskaskia College
8009	Lake Land College
8010	Lincoln Land Community College
8011	Millikin Institute
8012	Moraine Valley Community College
8013	Oakton Community College
8014	Olive Harvey College
8015	Olney Central College
8016	Parkland College
8017	Rend Lake College
8018	Shawnee Community College
8019	South Suburban College
8020	Southern Illinois University
8021	Southeastern Illinois College
8022	Triton College
8023	Wabash Valley College
8024	Wilbur Wright College
8025	William Rainey Harper College
8026	Sauk Valley Community College
8027	Waubensee Community College
8028	Illinois Central College
8029	John Wood Community College
8030	Elgin High School
8031	Rock Valley College
8000	Program not named on certificate

Appendix

Sample BNATP Instructor Roster to submit with Instructor Information Submission Forms

BNATP INSTRUCTOR INFORMATION SUBMISSION ROSTER

Program Sponsor: **(PROGRAM SPONSOR NAME)**
 Theory Site: **(NAME OF THEORY SITE)**
 Theory Site Address: **(ADDRESS OF THEORY SITE)**
(CITY, STATE, ZIP)
 Date: **(DATE OF ROSTER SUBMISSION)**

Program Code NA#: **(PROG #)**

Last Name	First Name	MI	Previous Instructor Code	Social Security #	Theory	Clinical	Alz	CPR	CPR Exp Date	Special Content Instr. Topic
Anybody	William	A.	9999-01	000-00-0000	X	X	X	X	11/2008	
Doe	Jane	B.	9999-02	000-00-0000	X	X		X	10/2008	
Public	Sally	C.		000-00-0000			X			
Someone	Joe	D.		000-00-0000						nutrition

NOTES: If instructor does not have a previous or current instructor code, leave it blank.
 The following abbreviations are used in above table: Alz –Alzheimer; CPR – Cardiopulmonary Resuscitation.
 Special Content Instructor also referred to as Supplemental Instructor. Topic area which is area of expertise should be identified on roster.

BNATP INSTRUCTOR INFORMATION SUBMISSION ROSTER

Program Sponsor: _____ Program Code NA#: _____

Theory Site: _____

Theory Site Address: _____

Date: _____

Last Name	First Name	MI	Previous Instructor Code	Social Security #	Theory	Clinical	Alz	CPR	CPR Exp Date	Special Content Instr. Topic

NOTES: If instructor does not have a previous or current instructor code, leave it blank.
 The following abbreviations are used in above table: Alz –Alzheimer; CPR – Cardiopulmonary Resuscitation.
 Special Content Instructor also referred to as Supplemental Instructor. Topic area which is area of expertise should be identified on roster.

Sample BNATP Approved Evaluator Roster to submit with Evaluator Information Submission Forms

BNATP EVALUATOR INFORMATION SUBMISSION ROSTER

Program Sponsor: **(PROGRAM SPONSOR NAME)**

Program Code NA#: **(PROG #)**

Theory Site: **(NAME OF THEORY SITE)**

Theory Site Address: **(ADDRESS OF THEORY SITE)**
(CITY, STATE, ZIP)

Date: **(DATE OF ROSTER SUBMISSION)**

Last Name	First Name	MI	Previous Instructor Code	Social Security #	Clinical Instructor Approval Date	Approved Evaluator Approval Date
Anybody	William	A.	9999-01	000-00-0000	10/05/1999	10/05/1999
Doe	Jane	B.		000-00-0000	09/05/2001	01/05/2002
Whoever	Mary	L.	9999-02	000-00-0000	11/11/2007	09/11/2007

NOTES: If instructor does not have a previous or current instructor code, leave it blank. The Evaluator Approval Date can be found on the Certificate of Completion of an Approved Evaluator Workshop or the letter of approval from the Department.

BNATP EVALUATOR INFORMATION SUBMISSION ROSTER

Program Sponsor: _____

Program Code NA#: _____

Theory Site: _____

Theory Site Address: _____

Date: _____

Last Name	First Name	MI	Previous Instructor Code	Social Security #	Clinical Instructor Approval Date	Approved Evaluator Approval Date

NOTES: If instructor does not have a previous or current instructor code, leave it blank. The Evaluator Approval Date can be found on the Certificate of Completion of an Approved Evaluator Workshop or the letter of approval from the Department.

Instructor and Evaluator Information Submission Forms Request

FAX TO: 618-453-4300

MAIL TO: Nurse Aide Testing
Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Please use this form for replenishing your supply of Instructor Information Submission Forms, Evaluator Information Submission Forms, and Guidelines for Completion of these forms. All information requested must be completed and legible (typed or printed). Incomplete or illegible orders will not be processed.

Make copies of this re-order form for future use.

FROM:

Training Program Name _____ **NA Prog. #** _____

Address _____

City _____ **State** _____ **Zip** _____

Date Requested: _____ **Date Needed:** _____

Contact Person: _____ **Phone:** _____

MATERIALS REQUESTED

NUMBER REQUESTED

Instructor Information Submission Form _____

Evaluator Information Submission Form _____

Guidelines for Completion of Instructor/Evaluator Forms _____