

Illinois Department of Public Health  
Guidelines for Completing  
Basic Nursing Assistant Training Program – Official Class Roster

NOTE: Rosters which do not contain all the required information in accordance with 77 Illinois Administrative Code Section 395 will be returned to the Program Sponsor. State regulations may be accessed on-line at [www.idph.state.il.us](http://www.idph.state.il.us) → Laws and Rules → Current Laws and Rules → Health Care Facilities → Nursing Home Licensure.

These guidelines provide step-by-step directions for completing the Official Class Roster of a Basic Nursing Assistant Training Program (BNATP) class offering. Additional information pertaining to program operation relative to the Official Class Roster is also included.

1. GENERAL DIRECTIONS

- a. The Official Class Roster must be submitted to the Illinois Department of Public Health (Department) no later than 30 days after the program end date. It cannot be submitted prior to the end date of the class.
- b. This form can be downloaded from [www.nurseaidetesting.com](http://www.nurseaidetesting.com) → General Information → second table of documents. It can be completed and then printed in order to obtain the required instructor signatures.
- c. Do not alter this form. Altered forms will be returned to the Program Sponsor for resubmission on the required Official Roster form.
- d. All handwritten forms must be legible. Illegible forms will be returned. The use of White-Out or similar products is prohibited. To correct an error: draw a line through the error, write the word, 'error', above the line, and then write the correction.
- e. All information including contact information must be complete or the Official Roster will be returned to Program Sponsor. Resubmission of the revised Official Roster is the responsibility of the Program Coordinator.
- f. The returning of the Official Roster to the Program Coordinator related to improper completion may result in a delay of the student(s) being placed on the Healthcare Worker Registry.

2. PROGRAM SPONSOR and PROGRAM NUMBER

- a. Do not abbreviate when entering the name of the Program Sponsor.
- b. Enter the Program Number on the line. Only the approved Program Sponsor is authorized to use this number. Noncompliance may result in withdrawal of program approval.

3. START DATE AND END DATE – Dates must match the dates of the corresponding Master Schedule.

4. CLINICAL GROUP #

- a. There is a 10:1 student to clinical instructor ratio limit in clinical.
- b. Write the assigned clinical group/section number or a letter in the designated box.
- c. Each clinical group/section's Official Roster will be matched with its own Master Schedule. This allows for verification of hours and monitoring the student to instructor ratio in the clinical setting. For further information see Master Schedule Guidelines.

5. PROGRAM COORDINATOR

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- a. Enter the Program Coordinator's name, phone number, and email address where indicated.
  - b. A valid email address must be included for the Program Coordinator.
6. DATE SENT TO IDPH – write the date the Official Roster is sent to the Department.
7. TYPE OF CLASS
- a. Check the appropriate box to identify the class as a morning, an afternoon, an evening, or a weekend class. Type of class is determined by when the theory portion is offered.
  - b. If theory class meets only during the weekend, mark the weekend option.
8. STUDENT INFORMATION
- a. Print or type all student data. All handwritten forms must be legible. Illegible forms will be returned. The use of White-Out or similar products is prohibited. To correct an error: draw a line through the error, write the word, 'error', above the line, and then write the correction.
  - b. If typing the form, Times New Roman font size 10 fits the student information table.
  - c. A correct and valid U.S. social security number (SSN) must be entered for each student. It is the student's responsibility to provide a correct and valid U.S. SSN. The Program Sponsor should have a system in place to check for validity of SSN at the beginning of a class before a student has invested time, money, or both in the class.
  - d. A roster with an invalid SSN will not be accepted. Examples of invalid numbers:
    - i. An ITIN number is a Tax Processing number issued by the IRS. It resembles a SSN, but always begins with the number 9 and has a 7 or 8 as the fourth digit.
    - ii. There are also numerous types of VISAs: foreign nationals, visitors, aliens, crewman, academic status, foreign medical grads, temp workers, exchange visitors, fiancé of U.S. citizen, and vocational language students. Contact IDPH if you are unsure of the validity of a student's SSN.
9. INSTRUCTOR(S)
- a. Instructors must meet Instructor Requirements in accordance with 77 Illinois Administrative Code, Section 395.160 and **must be approved by Illinois Department of Public Health** for the portion(s) of the program which they will be teaching **prior** to the start date of the class. The Instructors on the Official Roster must match the Instructors listed on the corresponding Master Schedule of the class.
  - b. Print or Type the full name of the Instructor and the instructor's code on the designated line. The Instructor will then sign on the signature line.
  - c. Clinical Instructor(s)
    - i. There is a 10:1 student to clinical instructor ratio limit in clinical.
    - ii. The Clinical Instructor will sign the Official Roster in the designated area at class completion only for those students that were directly supervised by that Clinical Instructor.
    - iii. If more than one instructor was supervising a group of students, then each of those Clinical Instructors should be listed and should sign the Roster.

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- d. Approved Evaluator
    - i. The Approved Evaluator will sign the Official Roster in the designated area at class completion only for those students who successfully passed the performance skills when they were evaluated by that Approved Evaluator.
    - ii. If more than one Approved Evaluator evaluated a group of students, then each of those Approved Evaluators should sign the Roster.
    - iii. If this is a facility-based program, the facility must employ an “outside” evaluator who has no fiduciary connection with the facility by which the student is employed or will be employed within 30 days of the evaluation.
  - e. Lead Theory Instructor – The Lead Theory Instructor will sign the Roster in the designated area at class completion. Signature verifies that the theory portion of the program was completed by all of the students listed on the roster.
10. Submit a copy of the Master Schedule with each Official Class Roster. If no changes or revisions occurred, a copy must still be submitted.
11. Submit the Official Roster by mail to the Department at the address indicated at the bottom of the form. Retain a copy of your records. An example of a cover letter to be submitted with the Official Roster follows; it can be adapted to fit a program’s particular Official Roster submissions.

[Letterhead]

[date]

Illinois Department of Public Health  
Rhonda Imhoff, State Training Coordinator  
Training & Technical Direction Unit, LTC Field Operations  
525 West Jefferson, 4<sup>th</sup> Floor  
Springfield, IL 62761

Dear Ms. Imhoff,

Enclosed is/are the roster/rosters of students who have successfully completed the Basic Nursing Assistant Training Program conducted by **[Program Sponsor]**, **Program NA # [#####]**. The program dates of this class were **[program dates]**. [List all sections of this class offering.]

The lead theory instructor has verified that each of these students did successfully complete the course. The respective clinical instructor and approved evaluator have also verified that each student listed has met the completion requirements.

A Master Schedule is enclosed for each Official Class Roster submitted. If changes occurred, revisions have been made to the Master Schedule.

The Healthcare Worker Background Checks have been initiated per guidelines.

Sincerely,

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[Name of Program Coordinator]  
[Title optional]

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[Name of Lead Theory Instructor]  
[Title optional]

Enclosures