

Illinois Department of Public Health
Nursing Assistant Training & Competency Evaluation Program (NATCEP)
NEW PROGRAM SUBMISSION CHECKLIST

Programs may NOT begin classes until Department Approval is granted.

Programs submitting student test applications without a program approval number or with an invalid approval number will have those applications returned and the students will not be permitted to test. **Only individuals who successfully complete the competency evaluation through an approved program will be included in the State's Health Care Worker Registry (Section 483.154 (a)).**

Submit all information requested in the order shown to expedite the review process. Provide the requested signatures, complete this form, and return it with all of your program submission materials.

Program Sponsor/Organization _____

Address – Street/City/State/Zip _____

Theory Site Name/Address/Phone if different than Program Sponsor _____

Program Coordinator _____

Phone Number _____

Fax Number _____

E-mail Address (required) _____

Program Status (Check one): New Program Reactivation NOTE: If you are reactivating your program, list your program number: _____

Date Received (IDPH Office Use): _____ Date Returned, if incomplete (IDPH Office Use): _____

<p>Check the boxes below to indicate that you have enclosed the requested information in your submission packet. INCOMPLETE SUBMISSIONS WILL BE RETURNED.</p>	<p>Your signature on this form indicates that you have read and understood all information listed. Prior to submission, call 217-785-5569 or e-mail jennifer.kempiners@illinois.gov or jsteber@siu.edu with questions.</p>
<p><input type="checkbox"/> Program Summary <input type="checkbox"/> Submit a brief summary of the sponsoring agency, the program rationale and purpose. An agency brochure may be included. <input type="checkbox"/> Indicate the type of program you plan to sponsor. Examples are <u>facility-based, college, secondary, hospital, home health, or private business and vocational school programs.</u> <input type="checkbox"/> Include credentialing documentation, if required, as stated below:</p> <ul style="list-style-type: none"> • Home Health program must submit a copy of current license. • Private Business and Vocational Schools must submit a Certificate of Approval from IL Board of Higher Education. • Secondary School must submit a Certificate of Approval from IL State Board of Education. Secondary program instructor needs to consult with high school administration about provisional teaching certificate. 	<p>Corporations and individuals do not qualify for sponsorship. For example, if application is for a facility-based program then each individual facility needs to apply rather than a corporate affiliate applying for a number to be used at more than one location or site. Each different theory site and different program type must have its own program number even if the Program Sponsor is the same. Not charging (This applies to only facility-based programs). Facility-based programs must comply with Federal Regulations which govern the reimbursement for Nurse Aide Training in accordance with 42 CFR Section 483.152 (c). This reimbursement process is tracked. For questions contact 217-524-7237. Private Business and Vocational School sponsors must contact the IL Board of Higher Education at 217-557-7384. Secondary programs must contact the IL State Board of Education at 217-782-2948.</p>
<p><input type="checkbox"/> Objectives and Content <input type="checkbox"/> Submit a statement indicating that the Department's <u>model program</u> will be used (See next column to access State regulations in this regard), OR, submit your own curriculum that complies with curriculum requirements. <input type="checkbox"/> Submit a syllabus which includes methodology, content, objectives and Attendance Policy. Your attendance policy must include a statement on how many absences are allowed and how students will make up time missed. NOTE: The curriculum of the Basic Nurse Aide Training Program must include at least a total of 16 hours of training in accordance with Federal Regulations prior to any direct contact with a resident (Section 483.152 (b)).</p>	<p>You must review the regulations that govern the Basic Nursing Assistant Training Program. Please see NATCEP Contact Information for directions to access the websites listed below: State Regulations: www.idph.state.il.us. IL Admin Code 77, Part 395. Curriculum requirements can be found here. Federal Requirements: www.cms.hhs.gov. 42 CFR 483.75, 483.151, 483.152, and 483.154 Forms and documents are located on www.nurseaidetesting.com. NOTE: Be sure to submit your application well in advance of the start date of your class in accordance with Federal and State Regulations. The Department has 90 days to advise new program sponsors whether or not the program has been approved or to request additional information.</p>
<p><input type="checkbox"/> Methodology <input type="checkbox"/> List what methods of teaching will be utilized. <input type="checkbox"/> Provide textbook information. <input type="checkbox"/> List names and length of time for each Multi-media resource. <input type="checkbox"/> Submit a completed BNATP Facility & Equipment/Supplies Form.</p>	<p>Examples include Lecture, Demonstration, Return Demonstration, and Audio-Visual/Multi-media. Some information may be a repeat from syllabus. BNATP Facility & Equipment/Supplies Form is located on www.nurseaidetesting.com.</p>
<p><input type="checkbox"/> Instructor(s) Go to State Regulations Section 395.160 to view instructor requirements. Submit documentation for each instructor according to Procedure to Request New Instructor Approval.</p>	<p>The Procedure to Request New Instructor Approval which is found in <i>Instructor/Evaluator Info Submission Guidelines</i> is the same for initial instructor approval with a new program application and for a new instructor approval request for an existing program.</p>

Program Sponsor Name _____

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<p>There must be a Theory, Clinical, Alzheimer's and CPR instructor(s) and Approved Evaluator identified in a BNATP.</p> <p>NOTE: In-service instruction/education does not meet the requirement of formal teaching experience for Theory Instructor. A Department-approved Train the Trainer Program may be taken in lieu of formal teaching experience.</p> <p><input type="checkbox"/> Approved Evaluator(s). Facility-based programs must identify and use an Approved Outside Evaluator(s). An Approved Outside Evaluator does not have a fiduciary connection with the facility in which the candidate is employed or will be employed within 30 days of the evaluation.</p>	<p>An Approved Evaluator is an R.N. who has completed a Department-sponsored evaluator workshop and meets Instructor Requirements in Section 395.160. Your Approved Evaluator must be listed on the Master Schedule submitted before class starts and on the Class Roster after the end of the class. Each student must be deemed competent to perform the 21 mandated skills by the Approved Evaluator(s).</p> <p>Instructor(s) and evaluator(s) may only sign the Official Class Roster at the end of class if all students listed have successfully completed the program. In accordance with <u>Section 395.173</u> successful completion of the BNATP includes the following:</p> <ol style="list-style-type: none"> 1) Completing at least 80 hours of theory and 40 hours of clinical instruction. 2) Demonstrating competence in the (21) Performance skills. Students are then eligible to apply for the State's written competency examination.
<p><input type="checkbox"/> Evaluation Tools Submit the following documents:</p> <p><input type="checkbox"/> 1) Instruction/Program Evaluation Form(s)</p> <p><input type="checkbox"/> 2) Written Final Exam and the answer key</p> <p><input type="checkbox"/> 3) Clinical Skills Checklist</p> <p><input type="checkbox"/> 4) Evaluation of Student's Clinical Performance form</p> <p><input type="checkbox"/> 5) Other evaluation tools to be used</p>	<ol style="list-style-type: none"> 1) Submit a copy of the tool(s) students will use to evaluate the instructor(s) and the program. 2) The Final Exam must be comprehensive with a good balance of questions covering all portions of the training program. Include the answer key. 3) Clinical Skills Checklist must list skills, in addition to the 21 Performance Skills, that will be evaluated at clinical. 4) The evaluation of a student's clinical performance should be an objective tool.
<p><input type="checkbox"/> Clinical Site Agreement This should be signed and dated by the clinical site administrator and program sponsor representative.</p>	<p>You need to obtain the written permission of the facility's administration prior to using the facility as a clinical site for your program as evidenced by administrator's signature on the Master Schedule.</p>
<p><input type="checkbox"/> Dates and Locations as detailed in a completed Master Schedule. Revision of this initially proposed Master Schedule may be necessary based on date of program approval.</p> <p>NOTE: The Department has set a 10:1 student to teacher ratio for clinical instruction. A Master Schedule should be submitted for each group of 10 students.</p> <p><input type="checkbox"/> Allocation of BNAT Program Hours worksheet</p>	<p>Follow the Master Schedule Guidelines when preparing your Master Schedule. Put PENDING in the space provided for Program Number, NA#____. Instructors and evaluators must be identified. The hours must be calculated to allow for breaks and other exclusions.</p> <p>The Allocation of Hours is a guide to the minimum number of hours to be provided per module. <u>The total number of theory hours on your master schedule must match the total number of theory hours on your Allocation of BNAT Program Hours worksheet.</u></p>

Programs must counsel their students on the Health Care Worker Background Check Act. Program operation regulations, 77 Illinois Administrative Code, Chapter I, part 395, Section 395.170 (d) state "The program shall provide counseling to all individuals seeking admission to the program concerning the Health Care Worker Background Check Act." All programs are required to initiate a fingerprint-based criminal history records check (FEE_APP) prior to entry of an individual into the training program.

REQUIRED SIGNATURES

I have read and understood this program submission checklist in its entirety and hereby agree to be in full compliance with all rules, requirements and regulations governing the Nurse Aide Training and Competency Evaluation Program.

Program Coordinator – Print legibly

Signature

Date

Lead Instructor – Print legibly

Signature

Date

Approved Evaluator– Print legibly

Signature

Date

Administrator (facility-based programs only)
Print legibly

Signature

Date