

Illinois Department of Public
Health Guidelines for Completion
Basic Nursing Assistant Training Program – Master
Schedule

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

NOTE: A submitted BNATP Master Schedule which does 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.nurseaidetesting.com → Coordinators & Instructors → Illinois Administrative Code.

GENERAL DIRECTIONS:

1. The Master Schedule must be received 15 working days prior to the start date of the class. Earlier submission is encouraged to allow time for corrections by the Program Sponsor if required. The Program Sponsor should be aware of holidays when the school is closed. *If for some reason a schedule will be late, please inform IDPH at dph.bnatp@illinois.gov to avoid changing your class start date.*
2. The clinical instructor should have access to a copy of the Master Schedule. The facility administrator for the clinical site may request a copy of the schedule.
3. Multiple-week Master Schedule templates can be completed, saved and printed (if desired) from the website www.nurseaidetesting.com. Master Schedules no longer need to be printed as there is no requirement to obtain signatures on the schedules.
4. **Do not alter this form.** Altered forms will be returned to the Program Coordinator for resubmission. The Master Schedule is in a calendar format and will be updated each year for the next calendar year. There are two formats for this schedule: one for the January to December calendar year and one for the August to May school year. ***Previous formats will be removed from the nurseaidetesting.com website without notice in 2019, but you may continue to use them if preferred. They will not be updated or supported by either the Department or SIU-C. Regardless of which format you wish to use, they must be sent in their original formats using the envelope icon at the top of the form or clicking "File" then "Save and Send."***
5. Handwritten Master Schedules will not be accepted after January 1, 2019. Before that date, illegible handwritten forms will be returned to the Program Coordinator for correction. All schedules after this date must be typed and must be sent using the SUBMIT TO IDPH button. See #8 below.
6. All information including contact information must be complete or the Master Schedule will be returned to the Program Coordinator.
7. Returning a Master Schedule to the Program Coordinator due to improper or incorrect completion could result in the delay of the class start date. If this occurs, a revised schedule with the new start and end dates would have to be submitted to the Training and Technical Section of the Illinois Department of Public Health at dph.bnatp@illinois.gov.
8. The Master Schedule has required fields which are outlined in red. Data must be entered into this field or the form will not save. ***There is a green SUBMIT TO IDPH button on the bottom right corner of page one. Once you have completed your schedule, click this button to have it sent via email directly to the Department. It will open your default email program, address the email to the correct IDPH mailbox and attach the schedule.*** You may add information or signature blocks to the email as needed. This is necessary in order to get schedules in a searchable format for the future. For example, if a facility becomes restricted it

allows the Department to search the clinical site fields rapidly in order to send notices to the Program Coordinators about a clinical site restriction.

9. ***You may combine more than one clinical group on each schedule on the 2019 or later master schedules, but you should clearly indicate the clinical groups.*** For example, if you have two clinical groups in the same facility at different times, enter it on the appropriate date on the calendar in a format similar to: C1: 0800-1200 C2: 1300-1400. If the clinicals are in different locations, you can still use the same schedule in a format similar to: C1: 0800-1200 ABC Nrsg Home C2: 1300- 1400 XYZ Rehab. Make sure both clinical sites are listed on the first page.

PROGRAM NUMBER:

1. Enter the PROGRAM NUMBER on the line. Only the approved Program Sponsor is authorized to use this number.
2. Program Sponsors may have multiple theory sites or program types resulting in multiple Program Codes (numbers). Each program has a unique name and a unique four-digit numerical identifier. The New Program Application procedure is detailed in the Program Coordinator Guide in the Forms Section of the nurseaidetesting.com website.

PROGRAM SPONSOR:

1. Do not abbreviate when entering the name of the Program Sponsor; this is the name of the educational entity/name of the program. An individual cannot be a Program Sponsor.
2. Enter the Program Sponsor's complete contact information as requested on the form. Please ensure that a full address, phone number with extension number (if any) and an email address are included.
3. Enter the Program Coordinator's name. The Program Coordinator is the registered nurse identified as the contact person responsible for inquiries to and from the Department and to and from the Illinois Nurse Assistant/Aide Training Competency Evaluation Program at Southern Illinois University Carbondale (SIUC).
4. Note that many of the fields are required fields and are highlighted in red. You will not be able to save and send the file if the information is not completed. You will receive an error message if you attempt to submit the schedule without entering the mandatory information. If you click or hover over the "Submit to IDPH" button accidentally, just acknowledge the error (Click "Okay") and continue filling out the schedule.
5. Continue filling out required data in the red highlighted fields. Note that clinical site #2 is not a required field as not every BNATP will use two different clinical sites.
6. New to the 2019 form:
 - a. The Facility Restriction field has been eliminated. Check with your clinical partners to ensure there are no restrictions in place before completing your schedules, but you do not have to enter this on the form. By using the "Submit to IDPH" button, the schedule will be in a searchable format which allows IDPH to search the schedules when notification of a facility NATCEP restriction is received.
 - b. Space has been added to allow up to 3 clinical sites on each schedule.
 - c. There are four lines for miscellaneous notes on the first page.
 - d. Start and End Date fields can be entered manually in the format mm/dd/yyyy or use the drop down calendar.
 - e. Type of class and type of submission are check boxes. Click once in the box for a check mark to appear.
 - f. Theory Hours and Clinical Hours fields will now take up to two decimal places. It will not take fractions (use .25 versus ¼, etc.)

- g. Click once in the TOTAL HOURS box and it will add your theory and clinical hours automatically.
- h. You can tab from one day to the next on each calendar. The last blocks in the bottom right hand corner of each calendar page is a free form text field. When you tab from the last date of that month, the cursor will move to this blank field. When you tab from the blank field, it will take you to the first day of the next month. You may use the blank field for notes, etc. For example, you could put "clinicals on T/R 0800-1200, M/W 0800-1100 this month only" rather than having to retype new times each day for the entire month. Note: You do not have to use 24-hour time format, but be consistent throughout the schedule.
- i. The Theory Hours/Times and Clinical Hours/Times below the instructor boxes are new fields. Enter the total hours of instruction in the "hours" boxes. For example, if your theory or clinical class meets from 8:00 a.m.-4:30 p.m. and includes a one hour lunch and two fifteen minute breaks, subtract this time from the total hours and enter "7" for the total hours of instruction. The "times" boxes are for the actual time of the class or clinical and using this example enter "8:00 a.m.-4:30 p.m."
- j. If a specific day for theory or clinicals is going to have different times, note that on the particular day on the calendar as "T/0800-1200" to denote that a theory/lab class on that day will only meet from 8:00 a.m. to 12:00 noon. You may use am and pm or 24-hour format.
- k. The date sent to IDPH boxes are drop down calendars. You may enter the date manually as mm/dd/yyyy or use the drop down calendarfunction.

COMPLETING THE SCHEDULE PORTION

The Master Schedule is in a calendar format. If the class times are consistent throughout the program, the Program Coordinator needs to enter the times only once on the first page. For example, if the theory/lab times are always 0800-1630, enter that time at the bottom of page two. If there are exceptions, simply enter that time on the calendar itself. Enter a letter "T" or the word "Theory" on the appropriate days when theory or lab is held. If one of the days has a different time, enter that time exception as "T 0800-1200" or whatever the new time for that day will be. This will alert the Department that only that day has a different class time. Likewise, enter a letter "C" or the word "Clinical" on the appropriate days. ***There is a maximum of 16 characters allowed on each calendar date.***

Theory lab sites, room numbers and the names of the Clinical Sites do not have to be entered on the calendars. Since those have been identified on page 1 of the Master Schedule, there is no need to repeat them.

Individual instructor names do not have to be entered on the calendar pages. Since the instructors and their approved teaching roles have been entered on page 2 of the Master Schedule, there is no need to repeat them. When a member of the Department or SIUC makes an unannounced monitoring visit, s/he will only expect to see an approved instructor either in the classroom or the clinical site. *If you have identified an instructor as a potential substitute at any time during a course, you can enter her/his name on the schedule even if s/he never teaches a class. If there is a substitute required, you would not need to send a revised schedule as you have already identified this on your original submission.*

There are limited characters to enter the description for Special Content Instructors. Enter an abbreviated version, if necessary, and add detail on the calendar itself on the day that the Special Content Instructor is scheduled. It is not necessary to show review days, etc. on the calendar unless you prefer. This is only an example. *This is your schedule. Enter whatever information you need on the schedule.*

It is not necessary to delete pages if the file is saved and sent via email. If you do not have a class that extends over several months, use only those months that you need and leave the remainder blank.

If you would like to delete blank pages, click on the pages icon in the upper left corner of the screen under Home. This will open thumbnails of all of the pages and you can select the pages you wish to delete from these thumbnails. Not all versions of Acrobat will allow you to delete pages.

The screenshot shows the Adobe Acrobat interface with a PDF form titled "ILLINOIS DEPARTMENT OF PUBLIC HEALTH BASIC NURSE ASSISTANT TRAINING PROGRAM MASTER SCHEDULE - Page 1 (Rev 01/2018)". The form contains various input fields, many of which are redacted with blue boxes. A red circle highlights the "Home" button in the top-left corner of the Acrobat toolbar. The form fields include:

- PROGRAM NUMBER NA# [Redacted]
- PROGRAM NAME [Redacted]
- Address [Redacted]
- City/State/Zip [Redacted]
- Phone Number (Sponsor) [Redacted] Ext: [Redacted]
- Fax Number (Sponsor) [Redacted]
- Program Coordinator [Redacted]
- Email Address [Redacted]
- THEORY SITE [Redacted]
- Address [Redacted]
- City/State/Zip [Redacted]
- Phone [Redacted]
- Theory Site/Room #: [Redacted]
- START DATE [Redacted] END DATE [Redacted]
- This is a/an morning class evening class
- This is a/an original submission revision
- Reason for revision [Redacted]
- Theory Hours [Redacted] (Minimum 80, classroom or la
- Clinical Hours [Redacted] (Minimum 40, contact with re:
- TOTAL HOURS [0.00] (Do not include breaks or of
- INSTRUCTORS: List all instructors & instructor codes te: Department approval for each instructor.

An example schedule is in the Forms section of the www.nurseaidetesting.com website