PROGRAM COORDINATOR TRAINING GUIDE

Instructions for Basic Nursing Assistant Training Program (BNATP) and Advanced Nursing Assistant Training Program (ANATP) Operation

To go directly to a page without scrolling, hold the control key and left click on the item in the Table of Contents. Release the ctrl key.
# Table of Contents

Purpose .............................................................................................................................. 4
ACRONYMS ....................................................................................................................... 4
NATCEP CONTACT INFORMATION ............................................................................... 5
Program Coordinator .......................................................................................................... 6
Rules & Regulations: State & Federal ................................................................................ 6
Fingerprint Background Checks ........................................................................................ 7
Disclosure and Authorization Form ..................................................................................... 8
Rejected Fingerprints .........................................................................................................13
Withdraw an Unnecessary Background Check Application ................................................14
What do I keep when the applicant is already on the Registry with a FEE APP background check? ...............................................................................................................................18
Work History ......................................................................................................................18
Tuberculosis (TB) Skin Test Requirements ........................................................................23
Social Security Number Information ..................................................................................23
A/BNAT Program Type Definitions ....................................................................................23
New A/BNATP Approval ....................................................................................................25
Changes Made to Current BNATP ....................................................................................29
Inactive Status & Reactivation of a BNATP ........................................................................30
Instructor Approval .............................................................................................................30
**Procedure to Request Instructor Approval (IDPH)** ..........................................................30
Obtaining an Instructor Code .............................................................................................31
Instructor Refresher Course Information .........................................................................32
Official Forms for Program Operation .................................................................................32
Master Schedule ................................................................................................................32
Preparing the Master Schedule .........................................................................................33
Late Completion Form and Instructions ..............................................................................33
Waiver Application for Health Care Workers ......................................................................34
Clinical Site Selection ........................................................................................................34
BNATP Passing Grade/Score ............................................................................................35
Competency Testing ..........................................................................................................36
Performance Skills Evaluation .........................................................................................36
Performance Skills Videos ...............................................................................................36
State Written Competency Examination..............................................................37
Testing Accommodations......................................................................................37
Program Cluster Scores Report ...........................................................................38
Corrective Action Plans (CAP) .............................................................................38
Monitoring Visit ....................................................................................................39
CNA Recertification Procedure ............................................................................40
Health Care Worker Background Check ..............................................................40
Health Care Worker Registry (HCWR).................................................................41
Documents & Forms Location ...............................................................................41
**Purpose**

This training document has been developed as a guide for Program Coordinators to provide information relevant to the operation of a Basic Nursing Assistant Training Program (BNATP) and as an adjunct to the Program Coordinator Training Program. This guide includes information on developing a new BNATP and maintaining compliance once a program is established. You will be directed to various websites for information, forms and documents. Information located on these sites may not be repeated in this document due to space limitations.

It is advisable to review this guide on a regular basis as updates will be added when available.

**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANAT</td>
<td>Advanced Nursing Assistant Training</td>
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<tr>
<td>ANATP</td>
<td>Advanced Nursing Assistant Training Program</td>
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<tr>
<td>ANATP Code</td>
<td>Program code number assigned by Department to an approved ANATP</td>
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<tr>
<td>BNAT</td>
<td>Basic Nursing Assistant Training</td>
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<tr>
<td>BNATP</td>
<td>Basic Nursing Assistant Training Program</td>
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<tr>
<td>BNATP Code</td>
<td>Program code number assigned by Department to an approved BNATP</td>
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<tr>
<td>CAP</td>
<td>Corrective Action Plan</td>
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<td>CAAPP</td>
<td>Updated fingerprint background check</td>
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<td>CEP</td>
<td>Competency Evaluation Program</td>
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<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<td>CNA</td>
<td>Certified Nursing Assistant</td>
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<td>CNAEA</td>
<td>CNA Educators Association</td>
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<tr>
<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<tr>
<td>FEE_APP</td>
<td>Fee Application (for fingerprint background checks)</td>
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<tr>
<td>HCWR</td>
<td>Health Care Worker Registry</td>
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<tr>
<td>IBHE</td>
<td>Illinois Board of Higher Education</td>
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<tr>
<td>IDPH</td>
<td>Illinois Department of Public Health; Department</td>
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</table>
Program Coordinator Training Guide

ISBE  Illinois State Board of Education
LTC  Long Term Care
NATCEP  Nurse Aide Training Competency Evaluation Program also known as Illinois Nurse Assistant/Aide Training Competency Evaluation Program
SIUC NAT  Southern Illinois University Carbondale, Nurse Aide Testing
SSN  Social Security Number

NATCEP CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Contact</th>
<th>Email</th>
<th>Phone</th>
<th>Fax</th>
</tr>
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<tbody>
<tr>
<td>Illinois Department of Public Health</td>
<td><a href="mailto:dph.bnatp@illinois.gov">dph.bnatp@illinois.gov</a></td>
<td>217-785-5569</td>
<td>217-557-3363</td>
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<tr>
<td>Education and Training Section</td>
<td></td>
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<tr>
<td>525 W Jefferson St, 4th Floor</td>
<td><a href="mailto:ross.carey-walden@illinois.gov">ross.carey-walden@illinois.gov</a></td>
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</tr>
<tr>
<td>Springfield, IL 62761</td>
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<tr>
<td>Randy Carey-Walden, RN, MSN, CCM</td>
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<tr>
<td>Public Service Administrator</td>
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<tr>
<td>Illinois Department of Public Health</td>
<td><a href="mailto:dph.hcwr@illinois.gov">dph.hcwr@illinois.gov</a></td>
<td>217-785-5133</td>
<td>217-524-0137</td>
</tr>
<tr>
<td>Health Care Worker Registry (HCWR)</td>
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<tr>
<td>Nurse Aide Testing</td>
<td><a href="mailto:wednat@siu.edu">wednat@siu.edu</a></td>
<td>617-453-4368</td>
<td>618-453-4300</td>
</tr>
<tr>
<td>Southern Illinois University Carbondale</td>
<td></td>
<td>or 877-262-9259</td>
<td></td>
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<tr>
<td>Mail Code 4340</td>
<td></td>
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<tr>
<td>Carbondale, IL 62901</td>
<td><a href="http://www.nurseaidetesting.com">www.nurseaidetesting.com</a></td>
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<tr>
<td>Dr. Thomas Hovatter, Project Coordinator</td>
<td><a href="mailto:cobra7@siu.edu">cobra7@siu.edu</a></td>
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<tr>
<td>Darin Barham, Psychometrist</td>
<td><a href="mailto:dbarham@siu.edu">dbarham@siu.edu</a></td>
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<tr>
<td>Illinois State Board of Higher Education</td>
<td></td>
<td>217-782-2551</td>
<td>217-782-4620</td>
</tr>
<tr>
<td>431 E. Adams, 2nd Floor</td>
<td></td>
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<td>Springfield, IL 62701</td>
<td><a href="http://www.ibhe.org/PBVS/default.htm">http://www.ibhe.org/PBVS/default.htm</a></td>
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<tr>
<td>Illinois State Board of Education</td>
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<td>217-524-4832</td>
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<td>100 N. 1st Street</td>
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<td>Springfield, IL 62777</td>
<td><a href="http://www.isbe.state.il.us">www.isbe.state.il.us</a></td>
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<tr>
<td>Whitney Mehaffy</td>
<td><a href="mailto:wmehaffy@isbe.net">wmehaffy@isbe.net</a></td>
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<tr>
<td>Certified Nursing Assistant Educators Assoc.</td>
<td>Contact info on website</td>
<td></td>
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<tr>
<td><a href="http://www.cnaeducators.org">www.cnaeducators.org</a></td>
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Program Coordinator
Reference: 77 Illinois Administrative Code, Section 395.165

The Program Coordinator is a registered nurse responsible for the planning, implementation, evaluation and overall coordination and point of contact of an ANATP or a BNATP. This includes verifying proper completion and submission of forms and documents related to the A/BNATP operation, including instructor credentials. Maintaining current contact information including telephone number, fax number and email address is vital to a successful A/BNATP. A change in Program Coordinator requires written notification to the Department within 5 business days. Email notification is acceptable. A Program Coordinator who has submitted her/his resignation to a BNATP is responsible for notifying the Department of the resignation. It is not her/his responsibility to identify the replacement Program Coordinator.

All correspondence from the Department and the SIUC Nurse Aide Testing Project will be directed to the Program Coordinator. Please make sure the contact information on page one of the master schedule is current. Program Coordinators are expected to disseminate received reports and updates in a timely manner to the instructors in their respective A/BNATPs. This promotes program improvement and compliance with the rules and regulations. Updates from the Department should be disseminated to all instructors of an A/BNATP.

Please include the A/BNAT Program name and Program Code number on all correspondence to the Department, including electronic mail (email). There are over 300 programs in the State of Illinois. Many have similar program names or multiple sites. The program number is important in identifying to which program(s) you are referring.

Rules & Regulations: State & Federal

Advanced and Basic Nurse Aide Training Programs in Illinois are responsible for complying with both State and Federal regulations.

Federal Regulations are located at: www.cms.hhs.gov. Regulations and Guidance → Guidance, Manuals → Internet-Only Manuals → 100-07 State Operations Manual → Chapter 4 Program Administration and Fiscal Management → 4132 NATCEPs and CEPs.


Federal Regulations for Long Term Care Facilities: http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf. This is the State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities. It is important for Instructors and Evaluators to be aware of the services LTC facilities are required to provide in order to supply the most up-to-date information to their students.

IDPH State Regulations: www.idph.state.il.us. Click on the following to access the State Regulations that govern the NATCEPs in Illinois: Laws and Rules → Current Laws and Rules → Health Care Facilities → Nursing Home Licensure (including nurse aide training). Depending on what rule you are seeking you can click → Long-Term Care Assistants and
Aides Training Programs Code (77 Illinois Administrative Code 395). A/BNAT program operation, including A/BNATP curriculum requirements, can be found in this section.

Other sections that may be helpful are → Skilled Nursing and Intermediate Care Facilities Code (77 Illinois Administrative Code 300) and → Health Care Worker Background Check Code (77 Illinois Administrative Code 955). Links to these sections of 77 Illinois Administrative Code can also be found on www.nurseaidetesting.com.

**Health Care Worker Background Check, Web Portal, Portal Registration Authority (PRA):** 77 IL Administrative Code, Part 955 Health Care Worker Background Check Code: [http://www.ilga.gov/commission/jcar/admincode/077/07700955sections.html](http://www.ilga.gov/commission/jcar/admincode/077/07700955sections.html)

Contact the HCWR staff for specific instructions. Basic instructions will be provided here, however application to become a Portal Registration Authority (person who enters data into the HCWR) must be made through the HCWR. Contact information for the HCWR is at the bottom of the page at: [https://hcwrpub.dph.illinois.gov/](https://hcwrpub.dph.illinois.gov/)

**Fingerprint Background Checks**

Fingerprint background checks are required by Title 77, Section 955.165. Before a student begins a NATP, a fingerprint background check must be done for all educational entities other than secondary schools. The background check must be initiated before the student enters the program. Once the Disclosure and Authorization Form (see below) is signed and dated, the student has 10 days to present her/himself to a LiveScan vendor for fingerprint processing.

Program Coordinators should first check the HCWR to see if the student is already on the registry. If FEE_APP or CAAPP appears under the IDPH Determination of Illinois State Police Background Check field, there is no need to complete another background check! If either of the above appears under the field with a date, subsequent convictions will be loaded automatically into the HCWR. Students who do not have this entry must have their fingerprints collected by an Illinois State Police approved LiveScan vendor. The list of approved vendors is at: [https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp](https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp)

Students who have disqualifying convictions cannot enter into an A/BNATP without an approved waiver. Waiver applications take 8-10 weeks to process and an application for a waiver does not mean a waiver will be approved. The student should be asked to submit the waiver application and reapply to the A/BNATP if a waiver is granted. It is not the Program Coordinator’s responsibility to assist with the processing of a waiver. The application and approval/denial process will not be covered in this manual. The student who requires a waiver should be directed to the HCWR homepage with contact information at the bottom of the page at: [https://hcwrpub.dph.illinois.gov/](https://hcwrpub.dph.illinois.gov/)
**Disclosure and Authorization Form**

The form dated June 30, 2011 has to be used for all students. The A/BNATPs must use this form rather than a form that they have created because this form allows the IDPH to be the requestor of the fingerprint background check. The A/BNATP initiates the fingerprint background check but the Department is the requestor. For the fingerprint background checks to be ongoing, a government entity has to be the requestor, in this case the Illinois Department of Public Health (IDPH). The Illinois State Police (ISP) cannot retain the fingerprints from background checks requested by private entities. Since IDPH is the requestor, ISP can retain the fingerprint and can send a notification to the original requestor (IDPH) if these fingerprints are associated with a later conviction.

By programs entering the student information, the IDPH computer system knows in which A/BNATP the individual is studying and will send an email notification to that program. If the convictions are disqualifying, the program will be required to dismiss the individual from the program. This is why you do not need to initiate a fingerprint background check through the registry if the individual already has a FEE_APP or CAAPS background check, as the process is ongoing. Additionally, this is why a UCIA name or UCIA fingerprint background check is no longer allowed. If UCIA appears in place of FEE_APP or CAAPS, a new fingerprint background check will have to be initiated. It is possible that a CNA applying for an ANATP may have a disqualifying conviction even though s/he has a CNA certification. This CNA can no longer work as a CNA with either ANATP or BNATP qualifications until a waiver has been granted.

This form also authorizes the program to have access to a specific individual’s personal information and the rap sheet from ISP: “I authorize the Department to provide any health care facility, training program or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI.”

This form has an acknowledgement that the information received because of this authorization is used “solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer.” It also has an acknowledgement that “I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law.”
HOW TO PRINT the Disclosure and Authorization Form.

From the Welcome page:
From the New Application page:

Click on the “Applications” tab then click on “New Application.”

Note that this is the same page where you will conduct the six additional background checks.
From the Background Check Initiation page:
(bottom of the page)
Program Coordinator Training Guide

State of Illinois
Illinois Department of Public Health

Health Care Worker Background Check
Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department’s designee, educational entities that train or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer or initiate a request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any inquirer/employer solely to determine my suitability for training or testing as a health care training program, employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local government in any State, to release these records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program, or support agency, to which I have provided these information and disclosures form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (215 ILCS 46/5).

I understand that any false statement or deliberate omission on this document may be grounds for disqualification from employment, training, or volunteering. If disclosed after employment, training, or volunteering begins, may result in discipline up to and including termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information; and that it will not be used to discriminate against me in violation of the law. I understand that the provision of any Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name: 
Middle Name: 
Last Name: 

Mailing Address: 
City: 
State: 
Zip Code: 

Other Names Used: 
Telephone: 

Status Where You Have Lived: 
Place of Birth (State or Country if not US): 
Hair Color: 
Weight: 

☐ Male ☐ Female 
Date of Birth: 
Height: 
Eye Color: 
Social Security Number: 

Race: 
A Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indigenous, Asian Indian, Samoan, or any other Pacific Islander.
B Black or African American (Not Hispanic or Latino)
H Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
I American Indian, Eskimo or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
U Of underterminable race. O Underterminable
W Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft? 
☐ Yes ☐ No  
If “Yes,” give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? 
☐ Yes ☐ No  
If “Yes,” give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department’s Health Care Worker Registry with the results of my criminal history records check.

(Signature)  

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable)

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: 217-785-5133

08/2019
Rejected Fingerprints

Fingerprints are rejected either because they were not collected correctly or – and more likely – because the fingerprint ridges are not defined well enough to get a clear print. We do require them to be done a second time in an attempt to get the applicant with an ongoing background check that doesn’t have to be repeated frequently.

A rejected fingerprint is in no way a negative reflection on the applicant. An applicant that may have worked in a beauty shop, in janitorial services, or other positions where cleaners or other like substances are used on a prolonged basis may damage the ridges of an individual’s fingerprints.

FINGERPRINTS REJECTED ONCE:

Fingerprints that are rejected once must be collected again. The applicant must take a copy of the email sent to the program back to the same LiveScan vendor (along with the original copy of the LiveScan request form) so that the applicant will not be charged the vendor’s full fee again. A $10 fee must be collected by the vendor to pay the Illinois State Police. They will not waive this fee but it is reduced from the original State Police charge. If the applicant goes to a different LiveScan vendor that vendor is allowed to charge the full price.

FINGERPRINTS REJECTED TWICE:

If the fingerprints are rejected by the State Police a second time, the educational entity shall conduct a complete name-based UCIA, criminal history records check through the Department of State Police and mail a copy of the results of the background check to the Registry within 10 working days after receipt. The UCIA criminal history records check shall be requested as prescribed by the Department of State Police. The results of the UCIA criminal history records check shall have been issued by the Department of State Police no earlier than 31 days prior to entry into the program. A UCIA name-based criminal history records check may be used only when there is proof that the individual’s fingerprints have been rejected twice by the Department of State Police within the previous 12 months. The name-based check has to be conducted through the Illinois State Police based upon the person’s name, race, date of birth and sex. It has to be for an unlimited amount of time. The report that you send to the HCWR must have the four of these (name, race, date of birth, and sex) on the report as well as the full Social Security Number. Please verify the Social Security number by physically viewing the student’s Social Security card.

A third party can request it for you (such as your LiveScan vendor). The results have to come back to the program not to IDPH because ISP can no longer include the SSN on UCIA background check responses.

If you have the encrypted connection with ISP you can email them a request or you can order name-based background check cards from the following web link:

http://www.isp.state.il.us/crimhistory/uciaformreq.cfm

Upon receiving the results please fax them to (217) 524-0137 or mail it to the Illinois Dept. of Public Health, Health Care Worker Registry, 525 W. Jefferson St., 4th Floor, Springfield, IL 62761
Withdraw an Unnecessary Background Check Application

If the student, applicant, or employee does not go to a contracted LiveScan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a contracted LiveScan vendor.

If the student, applicant, or employee has not had his or her fingerprints collected electronically by a contracted LiveScan vendor within 30 days after beginning a training program, the student shall be dropped from the training program. The educational entity shall withdraw the background check application from the Health Care Worker Registry.

Sign into the Department’s web portal at www.idphnet.illinois.gov. If you need assistance please see the “HCWR – Sign in” help document.

Click on the “Applications” tab

Any background check application that has been initiated by this program will be listed on the screen.

Click on the profile icon to open up the individual’s profile screen.
Click on the word “Applications”
Click on the clipboard icon with a red “X”. If two background checks were initiated by mistake, please be certain to withdraw the one for which you DID NOT print a LiveScan Request Form. Verify that you are withdrawing the correct one by the Application Number in the top left corner of the LiveScan Request Form.

You will need to confirm that the background check application is to be withdrawn, by again clicking on the clipboard with the red “X”.

Are you sure you want to voluntarily withdraw the following application?

- **Application Date**: 7/01/2011
- **Facility**: 1107
- **Application Number**: 686639
- **Position Sought**: Technical, Unlicensed Health Care - Certified Nurse Aide
- **Withdrawal Date**: 7/1/2011
After you confirm it, the background check application will no longer be listed on the profile screen or in the Applications tab.

Click on the individual's name, in the black bar, to go back to that person’s profile screen. You may also click on another tab.

Under the “Background Checks” section of a student’s Registry profile, Program Coordinators will no longer see whether a background check was a “Hit” or a “No Hit,” and they will no longer see the red or green flags. These changes are the result of legislation which requires the Registry to clearly show an employee’s eligibility to work in the health care field. Before these changes, employers and educational entities often became confused trying to determine eligibility for work or entry into a training program. Instead of the “Hit/No Hit” and the flags, there is now a “Work Eligibility,” which appears just below the employee’s name near the top of the profile. The Work Eligibility will be one of the following: “Eligible” (highlighted in green), “Ineligible” (highlighted in red), or “Not Yet Determined” (highlighted in orange/yellow). Descriptions of each type appear below.

“Eligible” (with green highlighting) means an employee is eligible to work in the health care field. That employee has had a FEE_APP (or a CAAPP). “Eligible” means either he/she had no disqualifying convictions, or he/she has been granted a waiver for any disqualifying convictions. (Employers and Program Coordinators are still able to see disqualifying criminal convictions and they are still able to see any waivers and the status of those waivers.)

“Ineligible” (with red highlighting) means an employee is not eligible to work in the health care field or enter into a training program. There are two potential situations that would result in an “Ineligible” determination. The first situation resulting in “Ineligible” is an employee with an Administrative Finding of Abuse, Neglect, and/or Theft (ANT Finding). An employee with an ANT Finding is ineligible for work, and ANT Findings cannot be waived. An employee with an ANT Finding is prohibited from working in a direct patient care role and is ineligible to complete a BNATP. The second situation resulting in “Ineligible” is an employee with one or more disqualifying criminal convictions who has no waiver granted. Employers are still able to see disqualifying criminal convictions and waivers along with the status of those waivers. If there is no waiver, or if a waiver is listed with a status of “Denied,” “Revoked,” or “Returned,” that employee is not eligible to work. An employee listed as “Ineligible” can submit a waiver application if he/she meets certain waiver eligibility requirements. It is the student’s responsibility to address the issue and request a waiver. It is not the responsibility of the school or the employer.

“Not Yet Determined” (with orange/yellow highlighting) means an employee has not had a FEE_APP or CAAPP. It might mean the employee has never had a background check or it might mean he/she had only a UCIA background check. A school wishing to admit this applicant must initiate a LiveScan request and send the student to have his/her fingerprints scanned for a FEE_APP background check. Once the Registry receives the background check results, that employee’s “Work Eligibility” will change to either “Eligible” or “Ineligible,” based on those results. Regardless of the “Work Eligibility” status, Program Coordinators must be performing the Registry Checks (the six Registries that are
checked when initiating a LiveScan request) on all new students. In addition, when hiring an employee for a CNA position (or other position that requires certification), employers must check the “Certifications” section and the “Training and Work History” section. For CNAs, if the employee has not worked in a direct patient care role for more than 24 months, this employee would need to recertify to reactivate her/his CNA certification—even if the “Training and Work History” shows “Active.”

Link to background check sites:
https://hcwr.dph.illinois.gov/hcwr/pages/application/applicantnew.aspx

What do I keep when the applicant is already on the Registry with a FEE APP background check?

• A copy of your original search of the Health Care Worker Registry

• A print out of the profile screen

• A copy of the Screen that shows you have checked all the Web sites and the date they were checked. You DO NOT need to print out a copy of all the web link sites. You only need to keep the web page where it is indicated that there were no disqualifications found. This is specifically stated in the administrative rules.

• A copy of all email notifications received from the Registry after you enter the employment or training history information.

Work History

A Program Coordinator is required to enter training information and update the demographics for all of its current students who are currently on the registry. A person is added to the registry only if s/he is not already on the registry and the program is going to initiate a fingerprint background check. Secondary programs need to enter the student into the registry only so that the training history can be completed. A background check is not required for secondary school students. After a program gets its current students’ information entered, the program must maintain the information until graduation when an end date for training will be entered.
From the profile screen click on the green plus sign in the “Training and Work History”, section to add a new employment or training record.
Enter the employment Category and Type.

The “Start Date” should be the first actual day of classes.

The “Last Day Date” is the completion date of the program. You cannot enter the completion date until the actual date of completion or after.

After you save the record, you cannot longer change the “Start Date.” Please be sure that it is correct before clicking the Save icon.

Click on the applicant’s name in the black line to go back to the profile page.

Now the user can see an underline under the date of a record his or her program has entered. A user cannot edit a record that was created by another program or facility.
To go back into the record, click on the underlined date. This allows the user to do the updates required by law.
From the Employees tab the user can view a listing of all the students that have a Start Date with no Last Day Date entered.

The user may click on the green check mark to add a Verified date.

The user may also easily access the profile screen by clicking on the Profile icon.
**Tuberculosis (TB) Skin Test Requirements**

Since the students’ clinical experiences will place them into direct contact with high risk individuals, Program Coordinators must have knowledge pertaining to TB screening and prevention. Reference the following rules in the Illinois Administrative Code regarding TB testing:

1. **77 Illinois Administrative Code, Section 300.1025 Tuberculin Skin Test Procedures**
   
   Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).
   
   (Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)

2. **77 Illinois Administrative Code, Section 696.140 Screening for Tuberculosis Infection and Disease**

   TB surveillance is conducted by county/local Health Departments. The administrative code may be found at: [ftp://www.ilga.gov/jcar/admincode/077/077006960B01400R.html](ftp://www.ilga.gov/jcar/admincode/077/077006960B01400R.html)

   TB testing is not a requirement for the theory or lab portion of a program, but clinical sites will require a two-step negative TB test or follow-up annual TB testing or a chest x-ray. For foreign-born students, **make sure the student identifies whether s/he has ever had the Calmette-Guerin (BCG) vaccine which is a vaccine to prevent tuberculosis given in some countries. S/he cannot have a PPD skin test for TB if s/he has been vaccinated.** IDPH also accepts IGRA (interferon-gamma release assay) testing. These tests are approved under QuantiFERON® or T-SPOT®. These tests are the preferred method of testing for persons who have had the BCG vaccine.

**Social Security Number Information**

It is the policy of the Department that an individual must have a valid Social Security number in order to take the state written competency examination. **There are no exceptions!**

For Social Security Number questions, Program Coordinators should review the Social Security Administration web site at [http://www.ssa.gov/employer/ssnvhighgroup.htm](http://www.ssa.gov/employer/ssnvhighgroup.htm). Note that Social Security Numbers cannot start with a 9 or with three zeroes. All zeroes in the first three digits, middle two, or last 4 denote invalid Social Security numbers. Social Security numbers will not contain the number “666.” Students with invalid Social Security numbers will not be able to take the Illinois Certification Exam. The SIUC web portal will reject any registration attempt with these numbers. It is suggested that Program Coordinators make a copy of a student’s Social Security card and keep it in the student file either on paper or as an electronic copy.

**A/BNAT Program Type Definitions**

Use the following as a guide to determine the program type of you’re a/BNATP. These BNAT Program Type Definitions were developed by IDPH and SIUC in order to define programs consistently, to increase validity of comparisons based on program type and to clarify which rules and regulations pertain to specific A/BNATPs. An A/BNATP is classified as one of the following:
• College
  o Sponsored by a community college
  o Adult students, secondary students (high school)

• Secondary
  o Sponsored by a high school, area vocational/career center or community college
  o High school students learn at their high schools or area career centers

• Vocational
  o Sponsored by a vocational career center/school or private entity
    ▪ This is an education institution privately owned and operated which holds a
      valid certificate of approval or certificate of exemption issued by the Illinois
      Board of Higher Education. Reference: Private Business and
      Vocational Schools Act [105 ILCS 425] and Private Business and
      Vocational Schools (23 Ill. Adm. Code 451).
    ▪ Enrolled students are not considered traditional secondary (high
      school) students.
    ▪ Adult students, post-secondary students

• Facility
  o Sponsored by a facility licensed by the Department under the Nursing Home
    Care Act [210 ILCS 45].
  o IBHE approval of the BNATP is also required if admission to the program is
    open to anyone other than employees of the facility at no cost to the
    employee.

• Home Health
  o Sponsored by a Home Health Agency licensed by the Department under the
    Home Health Agency Licensing Act [210 ILCS 55].
  o IBHE approval of the BNATP is also required if admission to the program is
    open to anyone other than employees of the facility who meet the admission
    requirements of the BNATP and is charged a fee to attend the class.
  o IBHE approval is not required if the program is only offered to home health
    agency employees at no cost to the employee.

• Hospital
  o Sponsored by a hospital licensed by the Department under the Hospital
    Licensing Act [210 ILCS 85].
  o IBHE approval of the BNATP is also required if admission to the program is
    open to anyone other than employees of the facility who meets the admission
    requirements of the BNATP and is charged a fee to take the course.
  o IBHE approval is not required if the program is only offered to hospital
    employees at no cost to the employee.

• Other (only to be used by the Department)
Program Coordinator Training Guide

- 9992—Grandfathered
- 9993—Nursing Students
- 9994—Foreign LPN/RN
- 9995—Military
- 9996—Recertification

Please note that vocational programs with secondary students will be classified as Secondary. Private programs will now be classified as Vocational because of the required IBHE approval as a private business and vocational school.

**New A/BNATP Approval**

Reference 77 Illinois Administrative Code, Sec 395.110

Written approval of the program from the Department is required prior to the start date of a class offering of a new A/BNATP. A program code will be assigned by the Department once approval has been granted. A program must have an approved BNATP before consideration for an ANATP. A Program Sponsor may have several program codes.

Examples of when a separate program code is required when:

- The Program Sponsor is establishing an additional program Theory site at a new location.
- The Program Sponsor is offering classes to high school/secondary students during regular high school hours and is also offering classes to adult students at a different time.
- There is a difference in total number of Theory and Clinical hours between class offerings of the same program sponsor such as day and evening classes. Classes with different class meeting hours offering the same total program hours do not require additional program approval or codes.
- The Program Sponsor requesting reactivation of an A/BNATP is required to complete the same process as if applying as a new A/BNATP. The only difference will be that the previous program code will be assigned to the reactivated A/BNATP (77 IL Admin Code, Section 395.140 (b-d)).

The NATCEP New Program Submission Checklist and BNATP Facility & Equipment/Supplies Form, both located at www.nurseaidtesting.com → Coordinators & Instructors → Forms are the forms to complete and submit to the Department. The checklist has a detailed listing of additional forms and documents.

Questions and requests for additional information can be directed to dph.bnatp@illinois.gov or by calling the Training and Technical Unit of IDPH at (217) 785-5569. Tips and hints:

1. Incomplete submissions will be rejected. Mailed packets are not accepted without prior permission from the Department and will not be returned to the Program Sponsor. Make sure the original is kept on file at the A/BNATP.

2. Allow up to 60 days from the date that the complete submission is received and acknowledged by the Department for new program approval, denial or request for additional information. You may inquire as to the status of the application at any time beginning 10 days after submission.
3. Organizing the documents of your submission in the same order as on the checklist, separating the sections with a sheet of paper labeled with the section name and submitting in .pdf format will help expedite the review by the Department. **If you must submit by U.S. Mail, do not submit documents in a binder or in sleeve protectors. Do not use paper clips or staples in the document. Do not send documents printed on both sides of the page.** Do not fax new program approval requests.

4. Obtain required certificates of approval from other agencies (such as ISBE or IBHE) to be included in the program application document. Facility-based programs (Nursing Home and Hospital) are required to have approval from IBHE if they will be admitting students other than their employees whether or not a fee is charged. IBHE approves Private Business/Vocational Schools and ISBE approves Secondary school programs. This document is renewed annually according to IBHE policy, a copy of which should be forwarded to the Department when received. Additional information is found at [http://www.ibhe.org](http://www.ibhe.org). Click on Private Businesses and Vocational Schools.

5. Objectives and Content
   - Ensure that your syllabus is complete. There are websites with guidelines for preparing a syllabus if your educational entity does not have a standard form. All sections and classes with the same A/BNATP code number should use the same syllabus.
   - Textbook choices are abundant. The Department and SIUC NAT do not recommend or endorse any specific textbook; some of the textbooks currently being used are listed at [https://nurseaidetesting.com/wp-content/uploads/2013/04/Resources_for_BNATP_instructors_04_01_2013.pdf](https://nurseaidetesting.com/wp-content/uploads/2013/04/Resources_for_BNATP_instructors_04_01_2013.pdf). A detailed review and comparison of several different textbooks by the Program Coordinator and Instructors using pre-determined criteria will help narrow the choices.

6. The attendance policy, including guidelines for the make-up of missed classes, will be reviewed closely. When developing your policies and procedures, consider all aspects of program operation and instruction in both theory and clinical environments. Some of these may include admission requirements, classroom and homework assignments, attendance and tardiness, student behaviors and expectations, dress code (including tattoos and piercings), cell phone and computer usage, grading system, cheating, etc.

7. Allocation of BNAT Program Hours worksheet, found at [https://nurseaidetesting.com/wp-content/uploads/2013/01/Allocation-of-Hours_BNATP_-_2013.pdf](https://nurseaidetesting.com/wp-content/uploads/2013/01/Allocation-of-Hours_BNATP_-_2013.pdf) lists the minimum number of Theory hours which must be dedicated to each module. Indicate the number of hours your A/BNATP will dedicate to each module in the blank column; do not use a range of hours. Lab time/practice is to be included in the Theory hours. Clinical time is the total clinical time the program will be providing and is not divided into modules. The Time on the Allocation of Hours form must equal the Theory hours indicated on Page 2 of the Master Schedule.

8. The Methodology section may seem repetitive. This is an expansion of what is found in your syllabus since you are being asked to provide a detailed listing of any/all audiovisual and multi-media materials being used. The A/BNATP Facility &

Each individual Instructor must obtain credentials from the Department by first submitting a resume for review. Upon approval based on the resume and meeting requirements in Title 77 and 42 CFR, the Instructor would then qualify to take the Train the Trainer and Approved Evaluator courses. Instructor codes may be requested through the A/BNATP’s Program Coordinator or directly by the instructor. See the Instructor Approval section for additional information.

Facility-based programs must identify the Approved Outside Evaluator. This individual shall not be an instructor approved for the facility A/BNATP or have any fiduciary relationship with the Clinical site. The list of evaluators by county can be found at: https://nurseaidetesting.com/illinois-approved-manual-skills-evaluators/

9. A copy of each Evaluation Tool to be used in the A/BNATP is to be submitted. These should include, but are not limited to:

- Instructor and Program Evaluation forms for the student to evaluate the instructor(s) and the A/BNATP. This may be a combined form, or two different forms.

- A Clinical Skills Checklist which can include more skills than just the required 21 Performance Skills that must be evaluated by an Approved Evaluator. Provide a list/check-off sheet for additional skills of which students will be evaluated. The nursing assistant will learn approximately 200 skills in a BNATP and as many in an ANATP so there are many choices. The checklist does not have to include 200 skills!

- A written final examination must be comprehensive and a balance of questions covering all modules/units; it must include questions pertaining to Resident Rights. Using the Allocation of A/BNAT Program Hours as a worksheet can help you assess this balance. Remember to submit the answer key! More than one version of a Final Examination can be used by an A/BNATP. All final exam questions must be Multiple Choice.

- A Clinical Performance Evaluation Form is the document the clinical instructor will use to evaluate the student in the clinical setting. Will clinical be a pass/fail or will your student earn a clinical grade? How objective is your form? The form should include a signature line for your student to acknowledge receipt of the evaluation and a space for comment by the student. The A/BNATP is not limited to the number of opportunities given to a student to
pass a skills evaluation and there is no minimum requirement.

10. Submit a Clinical Site Agreement for each facility which will be used as a clinical site. This agreement is a contract that is signed and dated by the program sponsor representative and the facility representative which grants written permission for the use of the facility and/or equipment not owned or operated by the program sponsor. The agreement should include a statement that the Program Coordinator will provide a copy of the master schedule for each clinical group. Site agreements are provided with the initial request for approval, but as new clinical sites are identified new agreements should be forwarded to the Department. Always ask the facility administrator if the facility has received a NATCEP restriction due to negative survey findings. The Department does not provide a template or blank site agreement form. Most corporate offices for nursing homes, hospitals and assisted/supported living facilities already have a standardized document.

11. The proposed Master Schedule:

- It is advisable to review the guidelines at https://nurseaidetesting.com → Coordinators & Instructors → Forms when preparing the Master Schedule. Reference: IDPH Guidelines for Completing A/BNATP – Master Schedule.

- The current Schedule template is dated 01/2018. All other schedules are obsolete. Only the schedule currently posted online is valid. On the schedule, you may delete unneeded months or leave them blank. Your ability to delete pages depends on your version of Acrobat. You may not be able to delete them.

- Write “pending” for the Program Code Number.

- Write “pending” for the Instructor Code for each of the listed instructors unless the Instructor was previously issued a code. Programs will not be given approval until at least one instructor has been shown to meet the minimum qualifications.

- This is a proposed Master Schedule; a revision will need to be submitted once the BNATP is approved even if no changes have been made. If this first class offering is cancelled, notify the Department of the cancellation via email.

- Both theory and clinical hours must be calculated to allow for break time. Be realistic in setting up your class schedule. The hours listed in the theory and clinical hour columns exclude orientation, break and meal times, pre- & post-conferences, travel time and in-services. For example, if you put 0800-1630 as your clinical times, do not also put 8.5 hours of instruction as this is unrealistic.

- There must be an instructor who is approved to teach CPR content designated on the Master Schedule. This can be an outside agency. Forward the name of the instructor, the facility/institution where s/he teaches CPR and a copy of their credentials (CPR instructor card, for example) which allows them to certify a student in CPR/Heimlich. These instructors will be approved as CPR/Special Content instructors. CNAs in an A/BNATP must be certified in CPR before they can be registered for the certification exam. Instructors teaching CPR must have a BLS Instructor card or an outside agency authorized to provide CPR certification must be used.
12. Email submissions for new program approvals are preferred in portable document file (.pdf) format. If you have printing on both sides of the paper, make sure your scanner is set to two-sided printing. If you must mail the application packet (with prior approval from the Department), please note:

- **Do not print on both sides of the page**
- **Do not use staples, paper clips or tape anywhere in the packet**
- **Do not bind the packet (except with a single standard metal office binder clip)**
- **Do not place pages in protective sleeves**
- **Do not use colored flags, sticky notes, etc. to mark pages**
- **Send a copy and keep your original. Copies will not be returned for any reason, including initial program denials.**
- **Packets sent with any of the above will be rejected, shredded and a letter will be sent to the requestor to resubmit the packet.**

A letter of program approval or denial will be emailed to the Program Sponsor by the Department. Please ensure that a valid email address and phone number is included with all written and email correspondence. Note you’re A/BNATP Code Number. Include the A/BNATP name and program code number in all correspondence to the Department and SIUC NAT thereafter. Follow the checklists and guidelines herein before submitting your packet. Email or call the Department with any questions or clarifications. An initial denial is sent with a request for additional information or documentation. Packets may be submitted as many times as necessary to obtain approval, but please try to complete the application packet correctly after the first review and denial. There is no fee for reviewing and approving an A/BNATP.

13. Please use the name that you initially requested for your program and include your four-digit program code in all correspondence. If your program was approved as ABC High School #1234, do not refer to the program as District 12. If you need to change the name of your program, a letter or email to the Department is sufficient as long as nothing else in your program has changed. Name changes with changes to curricula will require new program approval. Classes cannot proceed in this case.

**Changes Made to Current BNATP**

This information and documents submitted for new program approval is also a list for Program Coordinators to use when changes are made to existing A/BNATPs. The basic rule of thumb is: **if a form, document or information was required for initial program approval, then Department approval is required prior to implementation of the change(s).** If an A/BNATP is adding a new theory site, it must have a separate A/BNATP program identification number. If an A/BNATP is moving a theory site to a new location, but not adding an additional site, the program number will remain the same after receipt of a letter from the BNATP outlining the new location and the anticipated start date of the first class in the new location. Application for a new A/BNATP theory site is the same as for a new A/BNATP and must be submitted a minimum of 90 days before a course is scheduled. Any changes made to A/BNATPs, including Master Schedule changes, must be sent to the Department. This notification may be submitted only via electronic mail (email) to dph.bnatp@illinois.gov.
**Inactive Status & Reactivation of a BNATP**
Reference 77 Illinois Administrative Code, Section 395.140

An A/BNATP can submit a written request by email to the Department at dph.bnatp@illinois.gov in order to be placed on inactive status. The Department will place an A/BNATP on inactive status automatically if there has been no program activity for 24 consecutive months or if the Department is unable to contact the school and it appears to not be operating (phones disconnected, no response to emails or voice mails within a reasonable period of time, no master schedules received, deactivated website, etc.)

The Program Sponsor requesting REACTIVATION of an A/BNATP which has been inactive is required to complete the same process as for new BNATP approval (77 IL Admin Code, Section 395.140 (b-d)).

**Instructor Approval**
Reference 77 Illinois Administrative Code, Sec 395.160

Any instructor presenting A/BNATP curriculum content must have approval from the Department prior to instructing any portion of an A/BNATP class. Instructors should only teach a content area in which they are approved. If a non-approved individual presents A/BNATP curriculum content, the content must be repeated to the students by a Department-approved instructor.

Instructor requirements are outlined in the 77 IL Admin Code, Section 395.160; these are also found in the Nursing Assistant Training Performance Skill Evaluation manual (aka IDPH Performance Skill Manual) at https://nurseaidetesting.com/wp-content/uploads/2018/04/Performance-Skills-Manual-25APR2018.pdf
The Department has 60 business days from date of receipt of a request to approve, deny or request additional information regarding the instructor approval request. Program Coordinators are advised to plan accordingly.

Each instructor in an A/BNATP must be approved to teach theory, clinical, Alzheimer’s content and shall be an Approved Evaluator. An instructor must be a registered nurse who has been approved by the Department. Instructors must have two years of experience as a registered nurse and one year of experience in caring for the chronically ill, the elderly or in the provision of long term care services. Instructors must also have experience teaching adults, take a course in teaching adults, or have experience in supervising nurse aides.

**Procedure to Request Instructor Approval (IDPH)**

This procedure shall be followed by the Program Coordinator or the Instructor to request approval for each Theory, Clinical, Alzheimer’s, Special Content and CPR Instructor prior to the new instructor teaching for a BNATP. This procedure is the same for new instructor approval as well as with a new program application. Once an instructor has received an instructor code, the Program Coordinator must then only verify the instructor’s credentials via email to dph.bnatp@illinois.gov. The instructor will be added to the BNATP so that Program Coordinators can continue to receive individual Cluster Score Summary Reports for individual instructors.
For new instructors without an instructor code:

1. Send a request via email requesting the instructor be approved for Clinical, Theory, Alzheimer’s and Approved Evaluator. These content areas are required for all Theory instructors. Instructors may also be approved to teach CPR or a Special Content subject(s).

2. Send a copy of the Instructor’s resume which includes the instructor’s home address and preferred contact phone number.

3. Send a copy of Special Content Instructor license or credentials, if applicable. Special Content instructors must have at least one year of experience in their subject area.

4. Send a copy of Train the Trainer Program Certificate of Completion (which may include the Alzheimer’s component).

5. Send a copy of the Approved Evaluator Certificate, if it is a separate certificate. Note that some schools include the Train the Trainer, Alzheimer’s training and the Approved Evaluator all on one certificate.

6. Send a copy of an Alzheimer’s component training certificate if not part of the Train the Trainer program.

7. Copy of the Instructor’s CPR Card, if that instructor will be teaching the CPR portion. Minimum requirements for CPR Instructor approval shall be the equivalent of the health care provider level or health care provider instructor level from a nationally recognized program. Online CPR certification is considered valid only with verification that both the cognitive skills and manual skills demonstration portions have been successfully completed. **It is the CPR Instructor’s responsibility to ensure that updated CPR cards are presented to the Program Coordinator to forward to the Department.**

Obtaining an Instructor Code

Once a new instructor has been approved by the Department, IDPH staff will send an instructor approval letter to the Program Coordinator and/or the Instructor. Instructor approvals and instructor codes will be issued by the Department at the same time on the same approval letter. There is no separate approval process or additional paperwork to obtain an instructor code and no additional forms are required.

Approved Evaluators may obtain their Instructor Code independent of a BNATP. Approved Outside Evaluators for facility-based programs who are evaluators recertifying nursing assistants who are no longer active on the HCWR must also meet Clinical, Theory and Alzheimer’s instructor requirements, be approved by the Department and have a four-digit Instructor Code. The BNAT Program Code #7999 will be used to identify these outside/independent evaluators only if the instructor is not currently working for a particular program. Refer to *Illinois Nurse Assistant/Aide Training Program Instructor and Evaluator Information Submission Form Guidelines* manual for additional information and the forms.
The Program Coordinator and/or Instructor will receive an updated Instructor Code List via email only upon request. What to do if the list shows:

- Instructor Code column is blank: Required forms/documents need to be submitted by the Program Coordinator or the Instructor to the Department in order for the Instructor Code to be issued or added.

- Instructor Code column is blank after initial submission by the Program Coordinator: Incomplete submission of forms/documents has occurred; the Department is waiting to receive missing information, forms or documents; the Program Coordinator and/or Instructor will receive a message via email.

Instructor Refresher Course Information

Reminder: Train the Trainer Refresher courses are ONLINE courses offered by some Community Colleges. Registration information for courses is located at www.cnaeducators.org. Prepare to spend 8 – 15 hours completing the course. Refresher courses are required to be completed every 5 years.

Official Forms for Program Operation

Using the current version of these official documents and following the instructions are the steps toward maintaining compliance with the rules and regulations (both Federal and State). The required information is requested on the forms and this is the reason that these documents should not be altered. Submission of these forms and documents according to the timeframes established in the Illinois Administrative Code (Title 77) is also important in maintaining program compliance. Beginning in January, 2019 handwritten forms, including Master Schedules, will no longer be accepted.

Master Schedule

Reference 77 IL Admin Code, Section 395.110(b)(6).

Reference: IDPH Guidelines for Completing BNATP – Master Schedule found at https://nurseaidetesting.com/program-coordinators-instructors/forms/

When preparing the Master Schedule, review the guidelines which contain much more than just “how-to complete the form.”

1. The Master Schedule must be submitted at least 15 business days prior to the Start Date of the class; reference 77 IL Administrative Code, Section 395.170 (a) unless prior communication was made with the Department.

2. Notify the Department promptly of any changes, scheduled or unscheduled, in the Master Schedule. This can be done via email to dph.bnatp@illinois.gov.

3. Time used for orientation, meals, breaks, travel, in-services and conference is to be excluded when calculating theory and clinical hours, reference 77 IL Administrative Code, Section 395.150(a)(1).

4. Programs must submit the Official Class Roster online and register all students who are eligible to take the certification exam within 30 days of course completion. (See instructions in this document on how to enter a roster online). Please note that this is a change in procedure as of 10/2017.
Preparing the Master Schedule

The Master Schedule must be completed and sent to the Department at least 15 business days before the first day of class unless prior contact has been made with the Department. Beginning January 2019, schedules must be submitted via email in their original format directly from your computer. Scanned, faxed and handwritten schedules will be rejected and will have to be resubmitted.

1. Ensure instructor availability.

2. Ensure clinical site availability. Determine if the facility will be in its survey window during your clinical rotation and if they will allow students to be in the facility during survey. This may mean choosing an alternate clinical site.

3. Anticipate holidays, special events, etc. that would require an adjustment to the schedule.

4. Anticipate leave, vacation, etc. for instructors.

5. Build make-up days into the schedule at the beginning for instructor absence, student make-up due to absenteeism if allowed by the BNATP, for clinical sites requesting no classes during a survey, etc.

6. Complete all the information prior to the calendar page entries. Include any instructors who have agreed to substitute on your schedule. If a substitute is required, you will not have to update the master schedule.

7. You may include multiple clinical groups on one schedule, if desired.

8. On the calendar pages, enter a “T” for theory or lab days. You may use an “L” if you prefer to differentiate theory from lab. Enter a “C” for a clinical day. You may spell out the words, if desired. If there is an alteration to a time that is different from the first 2 pages of the schedule, enter it onto the calendar in a format similar to “C: 8 a.m.-12:00 p.m.” If you have more than one clinical group on the same schedule, you can differentiate these by using “C1,” “C2,” etc.

9. You may delete unwanted calendar pages if desired. Instructions for deletion are in the master schedule instructions.

10. Submit the schedule directly to the Department via email without printing or scanning.

Late Completion Form and Instructions

The Late Completion Roster Form dated 03/2014 is obsolete. Instructions for notification of late completion of a class by a student is at: https://nurseaidetesting.com/wp-content/uploads/2017/11/LateCompletion_NOV2017.pdf. This procedure must be used if a student is completing the course after the End Date of the original class as stated on the Master Schedule. Read the instructions carefully. Contact the Department if you have questions about this procedure. This student’s information is NOT to be listed on the Official Class Roster online. The student will be entered online and registered to take the
certification examination after successfully completing the course. Ensure that the student is registered to take the certification examination after program requirements have been met.

**Waiver Application for Health Care Workers**

Program Coordinators and Instructors should inform students at the beginning of class that certain convictions, referred to as “disqualifying convictions” will require a waiver being granted by the Department via the HCWR. Disqualifying convictions are listed in the Illinois Administrative Code, Part 955 at: http://www.ilga.gov/commission/jcar/admincode/077/07700955sections.html

The waiver process usually takes 8 to 10 weeks, the beginning date being the date the complete and correct request was received by the Department. The 8 to 10 week waiting period will reset if waiver submissions are inaccurate and are rejected by the HCWR. Certain convictions such as abuse, neglect, or theft cannot be waived. **As not all waiver requests are granted, students should be encouraged to wait to enter a BNATP until a decision has been made on whether the waiver will be approved.** Waivers are reviewed by a committee with the Health Care Worker Registry. Do not request waivers through the Education and Training section of the Department.

The waiver application form and informational documents pertaining to the waiver application procedure can be found on http://www.idph.state.il.us/nar/home.htm. This information should be presented to potential students prior to enrollment in a BNATP; reference 77 IL Administrative Code, Section 395.171. Questions about the waiver application should be directed to HCWR staff at 217-785-5133.

Informing prospective students of disqualifying convictions is not meant to discourage individuals from entering the health care field as a nursing assistant. However, students with disqualifying convictions are prohibited from completing clinicals without a waiver and therefore will not be allowed to take the certification exam. **This is the reason that fingerprint background checks must be done prior to a student entering clinicals.** Once the student has signed the consent form, the fingerprints must be obtained within 10 days. It takes 30-45 days for the results of a background check to be displayed on the registry. Students are eligible to attend the clinical portion of the program even though the background check has not appeared on the registry as long as the BNATP has documentation that the LiveScan was completed.

**Clinical Site Selection**

There are approximately 1200 nursing facilities in Illinois. Program Coordinators should consider these facilities first when choosing a clinical site. There must be ample opportunities for the students to actively provide direct personal care during the scheduled clinical hours. Many of the competency evaluations of the mandated 21 Performance Skills should ideally be demonstrated in the clinical setting on a resident.

Long Term Care Skilled and Intermediate Care Facilities which are not restricted are appropriate. Designated skilled care, “extended care” or “transitional care” units of hospitals are also appropriate as clinical sites. Assisted Living facilities may be used as a clinical site also. Please keep in mind that students should be exposed to as many skills as possible and evaluation of most of the 21 mandated skills should ideally be done involving a resident.
Consider this when evaluating a clinical site. Group homes and Home Health Agencies cannot be used for the clinical experience. A medical unit of a hospital may be a clinical site, but should only be considered after area nursing homes have been contacted and visited by program staff. If there are no long-term care facilities nearby or if none of the facilities are willing to host student clinicals, contact the Department with specific questions.

The facility administrator can provide the Provider number (starts with #14…) for page 1 of the Master Schedule and verification that the facility is not restricted from having nurse assistant students. Restriction status can also be checked by contacting the Department. Communication with the facility administrator by the Program Coordinator is important to ensure notification if a restriction notice is received during a scheduled clinical experience. Restrictions are in effect for a two year period. If a facility becomes restricted after the start date noted on the Master Schedule, the clinical group scheduled at that facility will be allowed to complete the clinical experience at the restricted facility. This is at the discretion of the Program Coordinator who may consider the reason for the restriction. Program Coordinators who suspect that a facility has been or is facing NATCEP restrictions should contact the Department as soon as possible. Beginning in January 2019, all Master Schedules must be submitted directly to the Department via email in its original format. The purpose of this requirement is to ensure that all schedules are searchable. This will eliminate the delays caused by some facilities that do not return calls or provide information on NATCEP restrictions readily.

For a facility-based program, the Program Coordinator is required to contact the Department regarding continuation of any classes already in progress and the status of the BNATP when a facility is facing a NATCEP restriction.

Facility administrators can submit a waiver request to the Department.

Facility restrictions also apply to re-certifications of CNAs.

**BNATP Passing Grade/Score**

The Illinois Administrative Code does not state what the passing score and/or grading scale for a BNATP should be. This is to be determined by the BNATP as a program policy. Program Cluster Score Summary Reports require that each content area scored is at least 75% in most cases and 50% in other areas. Overall scores must be maintained at 70%. If your requirement is that an overall score of 70% is required to pass the course, this may affect your Cluster Scores if a large number of students are performing at minimum levels. Students will not pass the certification exam if they do not achieve a minimum score of 80%.

Questions to consider when addressing passing grades:

1. How are the requirements for passing your program stated in your syllabus?
2. Are the passing score and grading scale objective?
3. Are these clear to both students and instructors?
4. Are the students required to sign a document that they have read and understand the grading policy?
5. Is this policy verbally explained to them if necessary? When?
6. Does the grading policy clearly state the average score that must be maintained throughout the
course on each assignment? Is an overall average required to be maintained? Are there minimum average scores that will disallow a student from transitioning into clinicals and thus failing out of the program early?

7. How and when are grades and progress reviewed and discussed with individual students?

8. If you are considering a revision to your passing score or grading scale, what are the reasons cited for the proposed revision?

9. What effect do extra credit assignments have on your passing score and grading scale?

10. How consistent are each of the instructors with the grading/scoring practices?

**Competency Testing**

Reference 77 Illinois Administrative Code, Section 395.400; 42 CFR § 483.154

An individual who has successfully completed an approved BNATP in Illinois is eligible to be competency tested (i.e., take the State of Illinois certification examination). All program instructors are responsible for assuring that their BNATP students are competent to demonstrate the performance skills listed on the clinical skills checklist of each respective BNATP. This clinical skills list shall include the required 21 Performance Skills. Successful return demonstration of skills must be performed in the BNATP or the clinical setting as a prerequisite for passing the course and eligibility to take the certification exam. While there is no hands-on testing on the certification exam, there are questions relating to these skills.

**Performance Skills Evaluation**


**Performance Skills Videos**

The purpose of the Performance Skills videos at www.nurseaidetesting.com is to prepare registered nurses who meet the minimum BNATP instructor requirements to be approved as an Approved Evaluator. The standards and the steps of each manual skill are detailed in the videos available online at [www.nurseaidetesting.com → Coordinators & Instructors → Performance Skills Videos](https://www.nurseaidetesting.com). There are always updates to research and differences in practice around the state. The skills videos are as up to date as possible and represent current best practices. Students will see deviations from this in the clinical setting. Instruction in a BNATP must be best practice. If a facility is requesting that you perform skills differently, inform the facility that it is not the best practice as identified by the State of Illinois. If a facility is persistent, it may require that you identify a different clinical partner for future students. Please call the Department for guidance.
All students must be registered online through the SIUC INACE (Southern Illinois University-Carbondale Illinois Nurse Aide Competency Evaluation) portal at www.nurseaidetesting.com. For paper based tests, the test administration for any given month closes one month prior to the actual test. If there are no seats left available to purchase, the test administration will not appear in the test administration box. For computer based tests, the test administration closes 48 hours before the actual test, provided there are seats left to purchase. Reference IL NA/HHA Competency Exam Application Guidelines for IL NA Program Coordinators/Instructors located at www.nurseaidetesting.com. Other related documents may be found at this site.

Students must be registered to take the CNA Competency exam using the INACE Program. The registration must be submitted within 30 days of the completion of the program to comply with the Administrative Code.

Test applicants are required to have a Social Security Number to take the written portion of the competency exam. **Social Security numbers do not begin with a 9, do not have 666 in the first three digits, do not contain all zeroes in the first three digits, digits four and five or digits six through eight.** Students with invalid Social Security numbers will not be able to take the certification exam. The SIUC website will reject any effort to schedule an exam with an invalid Social Security number. It is suggested that BNATPs request a copy of the student’s Social Security card for verification during the enrollment process and keep a copy on file.

Students should create their own accounts and **will be allowed to choose the site where they will test.** Students should be encouraged to complete the course and any review sessions offered by the BNATP before taking the test. Students may register to take the certification exam independent of the BNATP. Having the choice of test sites is beneficial to the students to ensure they pick a test date and time that works with their schedule. Also, students may pick from a paper based test site or a computer based test site, depending on the area of the state in which they reside. **Note that students are more successful when taking a computer-based test soon after completing the BNATP.** Up to 15% more students successfully complete the certification the first time when taking the test soon after program completion and taking the computer-based version. Take this into consideration when reviewing your Cluster Scores. It is the student’s choice where the test is taken and in what format, but instructors should inform students of the above.

**Testing Accommodations**

Special accommodations are based on the Individualized Education Plan (IEP) that an individual must provide in order to identify the specific learning disability and the accommodations that are requested and/or provided at the training level.

Accommodations most often provided are extended time (either time and a half or double time), a reader, and/or a separate testing area. The request is to be made by a qualified professional, usually from the disability support services area of your institution. Specific questions can be directed to SIUC NAT at (877) 262-9259 or wednat@siu.edu. Documentation of special accommodations must be forwarded to SIUC NAT as far in advance of testing as possible to ensure that SIUC NAT has sufficient time to set up the
accommodations at the various test sites. Students must be aware that they need to contact SIUC NAT to set up accommodations for any subsequent tests should they fail the first time.

Informing your students of the examination center’s admission requirements, which are stated in the guidelines, will make testing less stressful. These include the requirements that all students MUST have a valid photo ID (containing their photo, name and signature), provide a valid Social Security card and bring No. 2 pencils to any paper based test. They should also arrive at least 30 minutes early as the test starts on time and anyone arriving after the test has started will NOT be allowed entry into the test. For computer based tests, the Students MUST have a valid photo ID (containing their photo, name and signature) and MUST have their login ID and password to access the computer for their test. Students who do not have this information or their ID will not be allowed to test. **Students who are not allowed to test for any reason must pay for the certification exam again.**

**Program Cluster Scores Report**

The Program Coordinator will receive Program Cluster Scores Reports containing different types of testing information throughout the year. A Program Cluster Scores Report will be received by the Program Coordinator after every month that a test applicant(s) has identified the BNATP as the training program on a test application. An overall summary of scores is provided for the Program Code number and reports are provided for each theory instructor code identified.

In January each year the Annual Program Cluster Scores Report comprised of the results of initial testers from January to December of the previous year are sent to each BNATP. The annual report with the overall program scores and the first-time pass rate on the certification exam is used to determine if a Corrective Action Plan (CAP) is required to be submitted to the Department. This report reflects the overall program scores, not individual instructor scores. **Your first-time pass rate for the certification exam will also be taken into consideration before a CAP is requested. Follow the instructions on the cover letter to determine if you need to submit a CAP.**

*A Program Cluster Score Report Information Sheet* which is a guide to understanding the Program Cluster Scores Report is available on [www.nurseaidetesting.com](http://www.nurseaidetesting.com) → Coordinators & Instructors → Forms → Program Cluster Score Report Information Sheet

**Corrective Action Plans (CAP)**

A Corrective Action Plan template is located in the forms section at [www.nurseaidetesting.com](http://www.nurseaidetesting.com). The Department may also request that a BNATP develop a plan of correction to address a finding of non-compliance (Illinois Administrative Code 77, Section 395.190 (b)).

**Secondary programs will not be re-evaluated on CAPs and Cluster Score Performance until after the program has finished—typically in May of each year.**

The following parameters will be reviewed to determine if your BNATP will be required to submit a CAP if:
1. The Program Cluster Mean Score (Total Score) is less than 70% and
2. Any two or more Test Content Cluster Scores are less than the stated goal percentage or any one or more areas are below the goal for Test Content Cluster Scores and the Mean (Total) Score is below the goal and;
3. The first-time pass rate of the certification exam is less than 90% and at least two areas (total score and/or Test Content Cluster Score) are below the goal.
4. A single Test Content Cluster Score below the goal or a single Mean (Total) Score below 70% will not trigger a CAP.
5. If your first-time pass rate on the certification exam is 90% or greater, a CAP will not be required regardless of program cluster scores.

Goals updated for 2018:

i. Communicating Information Goal 50%
ii. Performing Basic Nursing Skills Goal 75%
iii. Performing Personal Care Skills Goal 75%
iv. Performing Basic Restorative Skills Goal 75%
v. Providing Mental Health & Social Services Goal 50%
vi. Providing Resident’s Rights Goal 50%

Total (Mean %) Score Goal 70%.

Thus, any two or more scored areas below the goal will trigger a CAP if the first-time pass rate on the certification exam is less than 90%. No CAP will be triggered, regardless of scores, if the first-time pass rate on the exam is 90% or greater. A single cluster score that does not meet the goal will not trigger a CAP regardless of the first-time pass rate.

Low cluster scores and non-implementation of the CAP may result in a monitoring visit by the Department or SIUC NAT staff and may have an adverse effect on the continued approval of your BNATP. Questions can be directed to the Department.

Monitoring Visit

An unannounced Monitoring Visit of your BNATP will be conducted routinely by the Department its designee. Refusal to allow an unannounced site visit will result in withdrawal of approval for the BNATP. No classes will be allowed for 90 days (any classes in progress may continue) and the BNATP will have to resubmit an application to begin offering classes again as stated in 42 CFR 483.151.

The on-site visit may include, but may not be limited to:

1. Observation of the theory/lab and/or clinical instructional areas;
2. Evaluation of instructional methods in the theory, lab and/or clinical areas;
3. Interviews with students, instructors and Program Coordinators;
4. Evaluation of Performance Skills as demonstrated by students and/or instructors;
5. Review and discussion of the Program’s Cluster Scores Reports;
6. Discussion of Program Operation and Corrective Action Plan(s); and
7. Assessment of the Program’s documentation and documentation procedures.
8. Assessment of the Program’s compliance with the Health Care Worker Registry rules.
10. Review of instructor and/or Program Coordinator qualifications.

CNA Recertification Procedure

Information regarding the recertification of the CNA is located in the Nursing Assistant Training Performance Skill Evaluation manual found on www.nurseaidetesting.com. Nursing assistants requesting recertification must first contact the Health Care Worker Registry at 217-785-5133. CNAs contacting Evaluators directly should be directed to the Registry first.

Health Care Worker Background Check
Reference 77 IL Admin Code, Section 395.171 and Section 955

Programs must provide information to their students on the Health Care Worker Background Check Act and the Health Care Worker Background Check Code in accordance with 77 Illinois Administrative Code, Section 395.171 and Part 955. 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. Section 955.110 provides the following definition:

“INITIATE” – obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health or its designee; conducting Internet searches on certain web sites from links provided through the Health Care Worker Registry, and having the student's, applicant's, or employee's fingerprints collected directly by a LiveScan vendor and transmitted electronically to the Department of State Police. (Section 15 of the Act)

Contact the Health Care Worker Registry staff with questions concerning the Health Care Worker Background Check process and procedures. New Program Coordinators should make this contact at your earliest convenience, but before any new classes begin.
**Health Care Worker Registry (HCWR)**

The Illinois HCWR at [http://www.idph.state.il.us/nar/home.htm](http://www.idph.state.il.us/nar/home.htm) contains information on CNA facts, a search engine to locate CNAs on the registry, application forms (for foreign nurses, military personnel, nursing students and out of state CNAs wishing to reciprocate a certification to Illinois), waiver application facts and the waiver application form.

If a student is already on the registry and has a FEE_APP or CAAPP identifier under IDPH Determination of Illinois State Police Background Check, you do NOT have to initiate an additional background check. Negative findings will be posted to the registry for subsequent convictions without additional fingerprinting. There is no requirement for secondary programs to submit high school students for a background check.

**Documents & Forms Location**

The location of documents and forms pertinent to BNATP operation and referenced in this guide are found at [www.nurseaidetesting.com](http://www.nurseaidetesting.com) ➔ Coordinators & Instructors ➔ Forms