



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Application and Approval Request for BNATP or ANATP Instructor

Last Name:

First Name:

Middle Name or Initial:

Mailing Address:

City/State/ZIP:

Preferred Phone Number:

Email address:

Enter program numbers below for which you will be requesting approval:

Check here if this is for CPR instructor approval only:

Attach this completed form to an email to dph.bnatp@illinois.gov.

For Instructors hired without a Train the Trainer certificate, please include:

- 1. An updated resume showing full address and education.**
- 2. Certificate(s) for 4 CEUs or equivalent in Alzheimer's or related dementias.**

For instructors hired with a Train the Trainer certificate, please include:

- 1. An updated resume showing full address and education.**
- 2. Certificate(s) from the Train the Trainer program**

****Do not submit copies of nursing licensure****

IDPH USE ONLY

Approved

Denied

Reason for denial

Instructor Code: