Date of approval:

IDPH use only

Program Code

Online Hours

Face to Face Hours

Clinical Hours

Total Hours

Illinois Department of Public Health

Nursing Assistant Training & Competency Evaluation Program (NATCEP)

BASIC NURSING ASSISTANT TRAINING PROGRAM (BNATP)
NEW PROGRAM SUBMISSION CHECKLIST AND APPLICATION FOR APPROVAL

Programs may not begin classes until Department approval is granted.

Do not complete any boxes above this line—IDPH use only

Submit all information requested in the order shown to expedite the review process.
EMAIL TO: dph.bnatp@illinois.gov

Program Sponsor/Organization (Name of School) Address – Street/City/State/Zip

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

Program Coordinator (must be an RN) Phone Number Fax Number (optional) E-mail Address (required)

Program Status (Check one): ☐ New Program ☐ Reactivation NOTE: If requesting reactivation, list your program code number:

DO NOT COMPLETE THE REMAINDER OF THIS FORM IF YOU HAVE AN APPROVED BNATP AND THIS REQUEST IS FOR A HYBRID PROGRAM

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

For application procedure, refer to www.nurseaidetesting.com → Program Coordinators & Instructors → Forms, *Program Coordinator Guide*

Check the boxes below to indicate that the requested information is enclosed in the submission packet. **INCOMPLETE SUBMISSIONS WILL BE REJECTED**	In accordance with regulations, the Department has 90 days to review and approve or deny new program submissions. Prior to submission, direct questions to either dph.bnatp@illinois.gov or call 217-785-5569.
Program Summary Submit a ***brief*** summary of the sponsoring agency, program rationale and purpose. An agency brochure may be included. Indicate the **type of program.** Program types are facility, college, secondary, hospital, home health or vocational (private business)	**Corporations and individuals do not qualify for sponsorship.** For example, if application is for a facility-based program then each individual facility needs to apply rather than a corporate affiliate applying for a number to be used at more than one location or site. Each different theory site and different program type must have its own program number even if the Program Sponsor is the same. Program Types are defined in the *Program Coordinator Guide found at nurseaidetesting.com → Coordinators & Instructors → Forms.*
Submit credentialing documentation, if required: Home health agency, submit a copy of the current license Vocational schools submit a copy of the Certificate of Approval from IBHE Facility, Home Health or Hospital: Submit copy of Certificate of Approval from IBHE if admitting students other than employees. Secondary school: Submit a copy of the Certificate of Approval from ISBE. *Secondary program instructor needs to consult with high school administration to obtain provisional teaching certificate.*	Facility- based programs must comply with Federal Regulations which govern the reimbursement for Nurse Aide Training in accordance with 42 CFR Section 483.152 (c). This reimbursement process is tracked. For questions contact 217-524-7237. **Medicaid facilities may not charge a student for any portion of the training.** Contact the Illinois Board of Higher Education (IBHE) at 217-557-7384. Contact the Illinois State Board of Education (ISBE) at 217-782-2948.
Objectives and Content Submit a statement indicating that the Department's **Model Program** will be used (you do not need to submit the Model Program) **OR** Submit your own curriculum that complies with all curriculum requirements outlined in Title 77 Section 395.300. Submit a syllabus which includes methodology, content, objectives and an attendance and make-up policy. Submit a completed Allocation of BNAT Program Hours form	**Review the regulations that govern BNATP operation.** Forms, documents, links and guidelines are located at www.nurseaidetesting.com. **State Regulations:** www.idph.state.il.us. IL Admin Code 77, Part 395, Part 955 and Part 300. Curriculum requirements are in Section 395.300. **Federal Requirements:** www.cms.hhs.gov. 42 CFR 483.75, 483.151, 483.152, and 483.154. The Allocation of BNAT Program Hours identifies the minimum number of theory hours to be allotted per module. The total number of theory hours on your Master Schedule must match the total number of theory hours on your Allocation of BNAT Program Hours worksheet and for which the BNATP will be/is approved.

Program Sponsor Name

Methodology List what methods of teaching will be utilized: Textbook information: List names & length of time for each multimedia resource (attach separate sheet if necessary):	Examples include, but are not limited to, Lecture, Demonstration, Return Demonstration, and Audio-Visual/Multimedia. Some information may repeat from the syllabus. Include the title of the textbook, publisher and edition BNATP Facility & Equipment/Supplies Form is located on www.nurseaidetesting.com. *This form is optional.*
Instructor(s) See instructor requirements found in the IL Administrative Code Title 77, Section 395.160. List instructors and instructor codes on the example master schedule. If instructors have not been issued an instructor code, submit an updated resume with address and phone, certificate(s) from Train the Trainer/Approved Evaluator course, Special Content (if requesting to teach a special content area) and a current BLS provider or instructor CPR card with the packet and a request for an instructor code. **Approved Evaluator(s)** See evaluator requirements found in the IL Administrative Code Title 77, Section 395.162. *All instructors must also be approved evaluators. Facility-based programs must have an outside Evaluator who has no fiduciary connection to the facility is not an employee of the facility or the corporation which owns or manages the facility.*	The Procedure to Request Instructor Approval found in the *Program Coordinator Guide* is the same for initial instructor approval with a new program application and for a new instructor approval request for an existing program. Each student must be deemed competent to perform the 21 mandated skills by the Approved Evaluator(s) in accordance with the established standards and guidelines. Instructors and Evaluators must be included on the Master Schedule.
Evaluation Tools Submit the following Instruction/Program Evaluation Forms: Written final examination and answer key Clinical Skills Checklist Evaluation of Student's Clinical Performance form Other evaluation tools to be used by the program	1) Submit a copy of the tool(s) students will use to evaluate the instructor(s) and/or the program. 2) The Final Exam must be comprehensive with a balance of questions covering all portions of the training program curriculum. Include the answer key. 3) The student's clinical performance evaluation form should be an objective tool. 4) Clinical Skills Checklist must list, at a minimum, the required 21 Performance Skills
Clinical Site Agreement(s) Submit a signed and dated Clinical Site Agreement for each facility to be used as a clinical site.	The Clinical Site Agreement is a contract that is signed and dated by the owner or operator of the clinical site and the program sponsor or representative which grants written permission for the use of the facility and/or equipment not owned or operated by the program sponsor and outlines the responsibilities of each party. There is no standard agreement or contract provided by the Department.
Master Schedule Submit a completed master schedule. Multiple clinical groups may be included on the schedule as long as they are clearly identified. *Schedule must be in the original portable document file (.pdf) format.*	Follow the *Master Schedule Instructions to* prepare a proposed Master Schedule. Put PENDING in the space provided for Program Number, NA#____. Instructors and evaluators must be identified. The hours must be calculated to allow for breaks and other exclusions. **NOTE:** In accordance with Federal (42 CFR 483.152 (b)) and State (Section 395.150 (a)(6)) Regulations, the curriculum of the BNATP must include a minimum of 16 hours of training in specific areas prior to any direct contact with a resident.
Health Care Worker Background Check Include statement in syllabus or on separate form which outlines to students who are not already on the Health Care Worker Registry with a FEE_APP or CAAPS on the requirement for a fingerprint background check ***which must be initiated before the first day of class.***	Programs, other than secondary schools, must counsel 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, other than secondary schools, are required to initiate a fingerprint-based criminal history records check (FEE_APP) prior to entry of an individual into the training program if it was not previously completed.

REQUIRED SIGNATURES

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

______________________________	______________________________	__________
Program Coordinator – Print legibly	**Signature**	**Date**