

# Step-by-Step Guide for Opening a New Basic Nursing Assistant Training Program (BNATP)

## 1. Determine Your Program Type

### BNATP PROGRAM CLASSIFICATIONS:

#### College

**Sponsor:** Community College

**Requirements:** Valid Certificate of Approval Issued by Illinois Board of Higher Education

**Students:** Adults, High School – taking a college course

#### Secondary

**Sponsor:** High School, Area Vocational/Career Center, or Community College

**Requirements:** Valid Certificate of Approval Issued by Illinois State Board of Education or Illinois Board of Higher Education.

**Students:** High school - learn at their high schools, area career centers, or college

*\*Secondary programs cannot sponsor an ANATP.*

#### Vocational

**Sponsor:** Vocational/Career Center, School, or Entity privately owned and operated

**Requirements:** Valid Certificate of Approval Issued by Illinois Board of Higher Education

**Students:** Adults, Nontraditional High School

**Reference:** [Private Business and Vocational Schools Act \[105 ILCS 425\]](#) and [Private Business and Vocational Schools \(23 Ill. Adm. Code 451\)](#)

#### Facility

**Sponsor:** Nursing Homes, Skilled Nursing, Intermediate Care, Assisted Living; etc.

**Requirements:** Licensed by the Department [Nursing Home Care Act \[210 ILCS 45\]](#)

Licensed by the Department [210 ILCS 9/ Assisted Living and Shared Housing Act](#).

**Students:** Employees of Facility, for persons not employed IBHE approval is required

#### Home Health

**Sponsor:** Home Health Agency

**Requirements:** Licensed by the Dept. [Home Health Agency Licensing Act \[210 ILCS 55\]](#)

**Students:** Employees of the Facility, for persons not employed IBHE approval is required

#### Hospital

**Sponsor:** Hospitals

**Requirements:** Licensed by the Department [Hospital Licensing Act \[210 ILCS 85\]](#)

**Students:** Employees of the Facility, for persons not employed IBHE approval is required

## 2. Contact Relevant Authorities for Initial Guidance

\*IBHE or ISBE Certificates of Approval are required prior to Application submission to IDPH for a BNATP.

1. IDPH – (217) 785 – 5569  
Email: [dph.bnatp@illinois.gov](mailto:dph.bnatp@illinois.gov)
2. ISBE Springfield Office – (217) 782-4321  
Chicago Office – (312) 814-2220  
Email: [support@isbe.net](mailto:support@isbe.net)
3. IBHE – (217) 782-2551  
Email: [info@ibhe.org](mailto:info@ibhe.org)  
Website Link: <http://www.ibhe.org>  
Click on Private Businesses and Vocational Schools for additional information

## 3. Additional Credentialing Documentation Needed

Based on Program Type:

**Applications that require IBHE or ISBE approval will be rejected if PRIOR approval has not been obtained from the appropriate educational board.** Resubmission of the packet will be required when approval is received.

- **Home Health Agency:** Submit a copy of the **current license**.
- **Vocational, Private Business Schools:** Submit a **Certificate of Approval from IBHE**, renew annually.
- **Facility/Home Health/Hospital:** Submit **IBHE Certificate** of Approval required **IF admitting students other than employees**.

### NOTE

\*Different theory site addresses and program types under the same sponsor will require its own program code number therefore a separate program application MUST be submitted.

## 4. Download and Save Required Documents

Go to [NurseAideTesting.com](http://NurseAideTesting.com) (linked here):

**Download and review** the following **documents to ensure you understand all regulations and requirements** for starting a BNATP.

- **Download Basic Nursing Assistant Training Program (BNATP) New Program Submission Checklist and Application for Approval form** from nurseaidetesting.com > Coordinators & Instructors > Forms & Info New Programs, BNATPS, Hybrids, & ANATPS.
- **Download New Program BNATP Facility Equip & Supplies Form** from nurseaidetesting.com > Coordinators & Instructors > Forms & Info New Programs, BNATPS, Hybrids, & ANATPS.

\*Access to medical equipment and supplies for student practice and demonstration of the required skills outlined in the model program must be provided to the students by the A/BNATP; reference 77 IL Administrative Code, Sections Lab Environment & 395.170 (f).

## 3. Gather Required Information and Documents:

**Program Summary:** Write a **brief summary** of the sponsoring agency, including program rationale and purpose. **Include** an agency **brochure** if available.

## 4. Develop the Curriculum:

**Submit a statement indicating** that the [Department's Model Program](#) (linked here) **will be used or provide** your **curriculum complying with** Title 77 Section **395.300**.

**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://www.nurseaidetesting.com/instructor-resources-theory/>.

**Include a comprehensive syllabus** (utilize the required one or template) with but not limited to the following:

- Basic Information Section, include course name/number, Instructor name, and Contact Information
- Admission Requirements and Prerequisites if applicable
- Learning Objectives
- Required Materials, Access, Purchases
- Methodology
- Course Content: Schedule, Outline; etc.
- Grading Methods and Scales for theory and clinical

- Student Behavior & Expectations (cell phone/computer usage)
- Attendance/Tardiness Policy for theory and clinical. The policy must not allow students to fall below minimum required educational hours without make up time.
- Make-up policy for theory and clinical time and assignments. Programs with the minimum required hours must have a policy stating that any absences with result in the failure of the program.
- Academic Integrity
- Background Check Policy (See Background Check Policy for Programs and Secondary Program Types in the Program Coordinator Guide at [NurseAideTesting.com](http://NurseAideTesting.com).)
  - **Include a statement in the syllabus** or a separate form outlining the requirement for a fingerprint-based criminal history check before the first day of class. **Secondary students are Not required to do fingerprinting** however they must complete an Authorization and Disclosure form to be placed on the Health Care Worker Registry.

*\*The above items may be included in a student handbook rather than in the syllabus If it is included in both ensure the information in the handbook and syllabus jibe.*

## 5. Program Coordinator & Instructor Requirements:

- **Ensure instructors meet specific** educational and CEU **requirements**. See the Instructor Approval section for details. No instructor may teach without an instructor code. Refer to the Program Coordinator Guide at [NurseAideTesting.com](http://NurseAideTesting.com).
- **Obtain required instructor approval** if applicable through the Program Coordinator or directly by the instructor. See the Application for Instructor Approval section.
- Secondary Program Instructors need to consult with high school administration to obtain a provisional teaching certificate (IDPH does not need a copy.)

## 6. Include the following Evaluation Tools but not limited to:

- Instructor and Program Evaluation Form(s) to evaluate instructor(s).
- Comprehensive final examination covering all content and answer key. Only Multiple-Choice Questions May be Used. Use comprehension and application-level questions and avoid use of knowledge-level questions that require only basic memorization (refer to Bloom's Taxonomy.) See Cumulative Cluster Score Breakdown of Exam by Duty Area section for areas to cover on [NurseAideTesting.com](http://NurseAideTesting.com).
- Clinical Skills Checklist with 21 Required Performance Skills. Additional skills may be added at the discretion of the program. Submit a

checklist for each skill required by the program, the checklist on [NurseAideTesting.com](http://NurseAideTesting.com) may be utilized.

- Evaluation of Student's Clinical Performance form, include a student signature line and space for student comments.
- Tools for students to evaluate instructors and the program.

## 7. Clinical Site Agreements:

**Submit a signed and dated Clinical Site Agreement for each facility** used as a clinical site. An agreement with an evergreen clause will save you time in the future because it automatically renews each year. IDPH does not provide agreements.

## 8. New Program Master Schedule:

**Prepare a detailed Proposed Master Schedule** following the guidelines provided, A Revised schedule must be submitted after approval even if no changes have been made, if the class is canceled this must also be submitted. [SEE MASTER SCHEDULE INSTRUCTIONS.](#)

- Ensure the schedule is realistic and adheres to the guidelines.
- Use Current Schedule from [nurseaidetesting.com](http://nurseaidetesting.com) > Coordinators & Instructors > Master Schedules "Master Schedule Calendar Form (must be current one to be valid.)"
  - See Master Schedule Instructions in same section as above for details. Unused calendar pages may be deleted if you wish, this requires Adobe Pro access.
  - Approval will not be given until at least one instructor has been approved.
  - There Must be a credentialed CPR Instructor to teach CPR content designated on the MS. This can be an outside agency, enter the name of the instructor or agency and check the CPR box on schedule. Instructor certification(s) must be on file for monitoring visits. CPR only instructors will not receive an instructor code.
  - If program only has 80 theory and 40 clinical hours make up days are required to be on the MS.
  - Delineate orientation to theory/lab, and clinical sites, CPR, and dementia hours.

## 10. Submission Process:

- **Complete** the NATCEP **New Program Submission Checklist** downloaded from NAT website.
- **Organize all documents according to the checklist.**

- **Submit** all documents in **PDF (.pdf) file format via email** to [dph.bnntp@illinois.gov](mailto:dph.bnntp@illinois.gov).
- **Ensure the program name and code** are consistent in **subject line** of all correspondence.
- Include a valid email address and phone number for contact.
- To aid communication when corresponding with IDPH or SIUC **utilize the same email chain, do not start a new email** regarding a discussion of the same topic.
- There is no fee for the application review process for new programs.

## 11. Allow Time for Review:

The **Department has 90 days to review, approve, deny, or request additional information** for the new program submission. You may inquire 10 days after submission, typically before 90 days.

An initial denial email will be sent with the request for additional documentation if needed.

Required documentation may be submitted as many times as necessary to obtain approval, but to avoid delays and expedite program approval review submission information thoroughly before submitting.

A letter of approval or denial will be emailed to the Program Sponsor by the Department.

## Other Information:

- **Incomplete submissions will be rejected.**
- Forms must be submitted in **Adobe PDF format**.
- Mailed or faxed packets are not accepted.
- **Use the current master schedule template** found on [nurseaidetesting.com](http://nurseaidetesting.com).
- For **questions, contact** the Department at [dph.bnntp@illinois.gov](mailto:dph.bnntp@illinois.gov) or call **(217) 785-5569**.
- The **Program Sponsor Name approved by DPH must remain the same** on all correspondence. Should a name change be needed submit a request via email to DPH, notification of changes should be submitted to IBHE or ISBE as applicable.
- For Program Sponsor Name Changes with ownership or curricula changes a new program application must be submitted.
- The **Theory site location approved by DPH must remain the same** and may not be changed without approval from IDPH and may require a new program application.