

Illinois Department of Public Health  
Basic Nursing Assistant Training Program

**Official Late Completion Roster Form**

From: \_\_\_\_\_ NA# \_\_\_\_\_  
Program Sponsor

\_\_\_\_\_  
Program Coordinator

Fax or Mail To:  
Illinois Department of Public Health  
Jennifer Kempiners, PSA  
Education and Training Unit  
525 West Jefferson, 4<sup>th</sup> Floor  
Springfield, IL 62761  
Fax: 217-557-3363

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Date: \_\_\_\_\_

**This form serves as the Official Class Roster for this individual.**

This student has completed the Basic Nurse Assistant Training Program NA # \_\_\_\_\_ late, but in compliance with 77 Illinois Administrative Code, Ch 1, sec 395.105 which states:

“The basic program content shall be presented in a minimum time frame of three weeks, but CAN NOT EXCEED 120 DAYS, unless the training program is conducted by a community college or other educational institution on a term, semester, or a trimester basis.” In which case, training must be completed within the term, semester, or trimester that the training began.

Original Program Dates: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_  
Last, First, MI of Student – Print or Type Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The student's completion date is \_\_\_\_\_, due to make-up time. If related to ATTENDANCE, a copy of Program's Attendance Policy must be attached. The detailed reason this student completed this class late is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Instructor & Code: \_\_\_\_\_ (Type or Print) / \_\_\_\_\_ (Signature)

Approved Evaluator & Code: \_\_\_\_\_ (Type or Print) / \_\_\_\_\_ (Signature)

Theory Instructor & Code: \_\_\_\_\_ (Type or Print) / \_\_\_\_\_ (Signature)

The above request for approval of late completion has been: \_\_\_\_ approved \_\_\_\_ denied.

Date \_\_\_\_\_ By \_\_\_\_\_

Date form sent to Program \_\_\_\_\_