

Illinois Department of Public Health  
**BASIC NURSE ASSISTANT TRAINING PROGRAM**  
**OFFICIAL CLASS ROSTER**

Clinical Group # \_\_\_\_\_

Program # \_\_\_\_\_ Program Sponsor \_\_\_\_\_ Program Dates \_\_\_\_\_ to \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

This was a/an: ☐ morning class ☐ afternoon class ☐ evening class ☐ a weekend class Date sent to IDPH \_\_\_\_\_

Please print or type all student data. Correct & valid U.S. social security numbers must be provided.

Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____
Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____
Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____
Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____	Social Security Number _____ Last Name _____ First Name _____ Address _____ City, State, Zip _____

- ☐ Page 1 of the FINAL Master Schedule which matches this Official Class Roster is attached.
- ☐ The student to instructor ratio for clinical instruction did not exceed the maximum of 8 to 1.

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

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

\_\_\_\_\_ (Type or Print) / \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Type or Print) / \_\_\_\_\_ (Signature)

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

\_\_\_\_\_ (Type or Print) / \_\_\_\_\_ (Signature)

**MAIL NO LATER THAN 30 DAYS AFTER PROGRAM END DATE TO:** Illinois Department of Public Health  
Education and Training Unit  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761