

Illinois Department of Public Health
Basic Nursing Assistant Training Program
Official Late Completion Roster Form

Program # _____ Program Sponsor _____ Initial Program Dates: _____ to _____
Start Date End Date

Program Coordinator _____ Phone Number _____ Fax Number _____ E-mail Address _____

Today's Date: _____

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

Program Completion Date: _____

Last Name, First Name, MI –Type or Print Name _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____

This student has completed the Basic Nurse Assistant Training Program NA # _____ late, but in compliance with 77 Illinois Administrative Code, Ch 1, Sec 395.150 (a)(2) which states:

“The basic program content shall be presented in a minimum time frame of three weeks, but cannot exceed 120 days, unless the training program is conducted by a community college or other educational institution on a term, semester or trimester basis.”

REQUIRED SIGNATURES:

Theory Instructor: _____
Code _____ Type or Print _____ Signature _____

Clinical Instructor: _____
Code _____ Type or Print _____ Signature _____

Approved Evaluator: _____
Code _____ Type or Print _____ Signature _____

SUBMIT VIA:

Mail or Fax to: Illinois Department of Public Health
Education & Training Unit
Jennifer Kempiners, RN, PSA
525 West Jefferson Street, 4th Floor
Springfield, IL 62761

Fax: 217-557-3363