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| FORM B: HHATP RN Director Coordinator Approval | | | | |
| Submit this form with the application cover sheet (Form A). Attach a separate form for each program site. | | | | |
| School District or BOCES: | | Program Number: (Ex. 24XXXX) | | |
| RN Director Coordinator:  Name:  Work Address:  Phone:  E-mail address: | School/Site Name:  Address: | | | |
| Required Documentation | | | Yes | No |
| 1. Professional Credential: current New York State Professional Nurse Registration License #         (attach) | | |  |  |
| 1. Professional Work Experience: verification of two years RN experience, one of which must be in a licensed home care agency (attach) | | |  |  |
| Attestation Signatures | | | | |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* | | | | |
| RN Director Coordinator Signature: | | | Date: | |
| School Administrator Signature: | | | Date: | |
| Mailing Instructions | | | | |
| New York State Education Department  Secondary and Adult HHATP programs in Office of Career and Technical Education  public secondary and BOCES agencies 89 Washington Avenue, Room 315 EB  Albany, New York 12234 | | | | |