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| FORM D: HHATP Curriculum Identification and Facilities Verification | | | |
| School District or BOCES: | Program Number: (Ex. 24XXXX) | | |
| Level: Secondary  Adult | | | |
| Curriculum Identification | | Yes | No |
| 1. This program uses the *NYSDOH required curriculum and NYSED health science core.* 2. This program uses locally developed curriculum, inclusive of the required *NYSDOH required curriculum and NYSED health science core*. If yes, a copy of the curriculum must be submitted. 3. For new programs seeking approval and programs using locally developed curriculum, a copy of the curriculum is included. | |  |  |
| Facilities Verification | | Yes | No |
| The facility space and equipment provide a training area which has:  Adequate room size (as outlined in guide), lighting and ventilation; sufficient number and placement of electrical outlets; tables and chairs;  Supplies and equipment as would be found in a residential facility and necessary to deliver the required skills; storage for supplies and records; and  Presence of a sink with running water | |  |  |
| Attestation Signatures | | | |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* | | | |
| RN Nurse Instructor Signature: | | Date: | |
| 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 | | | |