|  |
| --- |
| 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; andPresence 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 DepartmentSecondary and Adult HHATP programs in Office of Career and Technical Educationpublic secondary and BOCES agencies 89 Washington Avenue, Room 315 EB Albany, New York 12234 |