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| FORM E: HHATP Continuation and Summary Evaluation**(Page 1 of 2)** |
| If a change in RN Director Coordinator, RN Instructor, curriculum, clinical or classroom site are anticipated or planned, submit the application cover sheet (Form A), approval form for RN Director Coordinator (Form B), approval form for RN instructor (Form C), approval form for Curriculum Identification and Facilities Verification (Form D), and valid clinical contracts, with the proposed changes at least four weeks prior to allow for review and approval.All programs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Submission of a continuing application to the S in the year in which a site visit is not conducted (every other year), to include this form and its attestation signature certifying, under penalty of perjury, that an annual evaluation of the program has been conducted and all policies and procedures are in compliance with federal and state regulations. |
| School District or BOCES:      | Program Number: (Ex. 24XXXX)       |
| Level: [ ]  Secondary [ ]  Adult | School/Site Name:      Address:      |
| RN Director Coordinator:Name:     Work Address:     Phone:     E-mail address:      | RN Instructor:Name:      Work Address:     Phone:     E-mail address:      |
| Program Continuation |
| The following change(s) are proposed (corresponding forms attached):  [ ]  Clinical or classroom site[ ]  RN Director Coordinator[ ]  RN Nurse Instructor[ ]  Curriculum[ ]  Deactivate program (no longer delivered/not meeting regulatory requirements[ ]  No changes have been made to this program since the last NYSED on-site evaluation |

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| **FORM E: HHATP Continuation and Summary Evaluation****(Page 2 of 2)** |
| School District or BOCES:      | Program Number: (Ex. 24XXXX)      |
| Program Summary Evaluation |
| Quality management processes are to focus on the overall operation of the training program and must address at a minimum the following:* Monitoring for compliance with the requirements in this guide
* Monitoring of contracts
* Analysis and evaluation of program’s educational outcomes that address the effectiveness of the:
	+ Instructor(s)
	+ Lesson plans
	+ Equipment and other materials utilized to achieve learning objectives, e.g., videos, textbooks, etc.
	+ Evaluation of the supervised practical training site(s)
	+ Student evaluation of the program, including effectiveness of communication between instructor and students
	+ Analysis and evaluation of testing results, admission standards and program completion rates
* Development and implementation of strategies for improvement of the HHATP
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| 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 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 |