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| FORM 4: Curriculum Identification and Facilities Verification | | | |
| Program – please check one  Secondary  Adult | | | |
| School District or BOCES: | Program Code Number: (Ex. 33x-xxxx) | | |
| Curriculum Identification | | Yes | No |
| 1. This program uses the *NYSDOH required curriculum and NYSED required health science core*. 2. This program uses the *New York State Practical Nursing Syllabus.* 3. This program uses locally developed curriculum, inclusive of the required NYSDOH curriculum and NYSED health science core. If yes, a copy of the curriculum must be submitted. | |  |  |
| 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 Instructor Signature: | | Date: | |
| RN Program Coordinator Signature: | | Date: | |
| School Administrator Signature: | | Date: | |
| Mailing Instructions | | | |
| New York State Education Department  Secondary and Adult NATP programs in Office of Career and Technical Education  public secondary and BOCES agencies 89 Washington Avenue, Room 315 EB  Albany, New York 12234 | | | |