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