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| FORM 6: Program Continuity | | | | |
| To maintain continuous program approval, this form must be submitted by July 1 of each year a NYSED site evaluation is not conducted. | | | | |
| School District or BOCES: | | | | Program Number: (Ex. 33XXXX) |
| Level:  Secondary  Adult  Program Type:  Nurse Aide  Practical Nursing | School/Site Name:  Address: | | | |
| RN Program Coordinator: | RN Instructor: | | | |
| Name: | Name: | | | |
| Work Address: | Work Address: | | | |
| Phone : | Phone: | | | |
| E-mail address: | E-mail address: | | | |
| Program Continuity | | | | |
| There have been no changes in this program since the last site visit/approval.  Deactivate program number (no longer delivered/not meeting regulatory requirements).  Since the last site visit/approval, the following change(s) are proposed:  Classroom site location change (*see attached Form 1*)  RN Program Coordinator (*see attached Form 1, Form 2, and corresponding documents*)  RN Instructor (*see attached Form 1, Form 3, and corresponding documents*)  Clinical facility changes (*see attached Form 1 and corresponding documents*)  Curriculum (*see attached Form 4 and corresponding documents*) | | | | |
| Attestation Signatures | | | | |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* | | | | |
| RN Program Coordinator Signature: | | | Date: | |
| School Administrator Signature: | | | Date: | |
| Mailing Instructions | | | | |
| Secondary and Adult NATP programs in public secondary and BOCES agencies | | New York State Education Department  Office of Career and Technical Education  89 Washington Avenue, Room 315 EB  Albany, New York 12234 | | |