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| FORM B: HHATP RN Director Coordinator Approval |
| Submit this form with the application cover sheet (Form A). Attach a separate form for each program site. |
| School District or BOCES:      | Program Number: (Ex. 24XXXX)      |
| RN Director Coordinator: Name:     Work Address:     Phone:     E-mail address:      | School/Site Name:      Address:      |
| Required Documentation | Yes | No |
| 1. Professional Credential: current New York State Professional Nurse Registration License #

      (attach) | [ ]  | [ ]  |
| 1. Professional Work Experience: verification of two years RN experience, one of which must be in a licensed home care agency (attach)
 | [ ]  | [ ]  |
| 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 |