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| FORM 1: Application Cover Sheet | | | | | | | | |
| Submit an individual application for each program (multiple sites, secondary and adult). | | | | | | | | |
| A. Program Information | | | | | | | | |
| School District or BOCES: | | | | | Program Number: (Ex. 33XXXX) | | | |
| New Program Request  Change(s) Request:  Program site  RN Program Coordinator  RN Primary Instructor  Clinical facility  Deactivate program number (no longer delivered/not meeting regulatory requirements)  Site Visit/Continuing Program Approval | | | | | | | | |
| 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: | | | | |
| B. Course Detail | | | | | | | | |
| Student to RN clinical ratio  (8:1 max):        :1  MUST COMPLETE | | *Minimum required hours*:  *Secondary* - 432 total hours: 216 health science core, 108 theory/lab (324 class), 108 supervised clinical in a long-term care facility  *Adult*- 120 total hours: 90 theory/lab, 30 supervised clinical in a long-term care facility  Class hours:       Clinical hours:       = Total hours: | | | | | Number of course offerings per year: | Number of students per class  (24:1 max):        :1 |
| C. Supervised Clinical Experience Site | | | | | | | | |
| List all long-term care facilities used and attach a copy of clinical affiliation agreement for each. (Use additional sheets if needed.) | | | | | | | | |
| Name | | | Address | | | Phone | | Expiration Date |
|  | | |  | | |  | |  |
|  | | |  | | |  | |  |
| 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: | | |
| **For State Use Only** | | | | | | | | |
| Approval: | Yes | No | NYSED Staff Person: | | | | Date: | |