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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 [ ]  AdultProgram 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):      :1MUST 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 facilityClass 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:       |