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| FORM 2: Program Coordinator Verification |
| Submit this form with the application cover sheet (Form 1). Attach a separate form for each program code number/site.  |
| School District or BOCES:        | Program Code Number: (Ex. 33x-xxxx)       |
| RN Program 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 #      , Expiration date       (attach)
2. Professional Work Experience: verification of two years RN experience, one of which must be in a nursing home caring for the elderly and/or chronically ill (attach)
3. Teaching Qualifications (at least one of the following - attach):
	* Certification to teach nurse aide, or
	* Licensure as a trade school teacher of nurse aides, or
	* Two years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the NYS Commissioner of Education, or
	* Two years of experience teaching nurse aides in a nursing home facility, or
	* Completion of a professionally recognized course in teaching adult learners.
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| 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 |
| 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 |