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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. | | |  |  |
| 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 Department  Secondary and Adult NATP programs in Office of Career and Technical Education  public secondary and BOCES agencies 89 Washington Avenue, Room 315 EB  Albany, New York 12234 | | | | |