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| FORM 6: Program Continuity |
| To maintain continuous program approval, this form must be submitted by July 1 of each year a NYSED site evaluation is not conducted. |
| School District or BOCES:       | Program Number: (Ex. 33XXXX)       |
| 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:       |
| Program Continuity |
| [ ]  There have been no changes in this program since the last site visit/approval. [ ]  Deactivate program number (no longer delivered/not meeting regulatory requirements). [ ]  Since the last site visit/approval, the following change(s) are proposed:[ ]  Classroom site location change (*see attached Form 1*)[ ]  RN Program Coordinator (*see attached Form 1, Form 2, and corresponding documents*)[ ]  RN Instructor (*see attached Form 1, Form 3, and corresponding documents*)[ ]  Clinical facility changes (*see attached Form 1 and corresponding documents*)[ ]  Curriculum (*see attached Form 4 and corresponding documents*) |
| 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 |
| Secondary and Adult NATP programs in public secondary and BOCES agencies | New York State Education DepartmentOffice of Career and Technical Education89 Washington Avenue, Room 315 EBAlbany, New York 12234 |