

**CERTIFICATION OF NURSING PROGRAM ENROLLMENT
FALL 2009**

Institution Name	SEDCODE:
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THE INFORMATION PROVIDED ON THIS FORM SHOULD CONTAIN DATA FOR ONLY THE INSTITUTION LISTED ABOVE. If multi-campus institutions have questions concerning which branches to include, please contact State Education Department staff at heds@mail.nysed.gov or 518-474-5091

- Return completed form by:

Email: HEDS@mail.nysed.gov

Mail:

NYS Education Department
Office of Research and Information Systems
Room 966 Education Building Annex
Albany, NY 12234

Or Fax:

518-474-1907

- Independent institutions participating in the Bundy and Nursing programs (forms NYSED-2 and NYSED-2N) must provide a paper copy with notarized signature and seal affixed, plus a spreadsheet of enrollees (see page 5).
- Retain a copy of the completed form in your files in case there's a need for clarification.
- If you anticipate a delay in returning this form, please request an extension in writing by e-mail, fax or mail stating the reason for the delay and the anticipated submission date.
- Participating institutions must submit a Statement of Use of Aid indicating how the previous year's funding was spent. The statement should be a brief narrative indicating how funding was used to benefit nursing students and increase participation in nursing programs. The statement is due Dec. 1, 2009. Submission of the statement is a requirement of the program.
- If you have questions regarding completion of the form, please contact the Office of Research and Information Systems at:
E-Mail: heds@mail.nysed.gov
Fax: (518) 474-1907
Phone: (518) 474-5091

IMPORTANT: PLEASE RETURN THIS COVER PAGE AND ALL PAGES EXCEPT INSTRUCTIONS EVEN IF THEY CONTAIN NO DATA.

Form Processing Information

Form:	NYSED-2N CERTIFICATION OF NURSING PROGRAM ENROLLMENT FALL, 2009		
SEDCODE:			
Institution Name:			

Respondent Information (To better direct our questions about your data, please enter the name of the person who aggregated the majority of the data for this form for this campus.)

Name:			
Title:			
Telephone:	Ext,	Facsimile No.:	Ext.
E-Mail Address:			

Program Contact Enter the name of the person who should receive notices of payments sent and other program related information.

Name:			
Title:			
Telephone:	Ext,	Facsimile No.:	Ext.
E-Mail Address:			

TOTAL -- (Check box if all campuses are included). Otherwise, list campuses below.

Branches Included: <i>(please list)</i>	Applicable branches not included: <i>(please list)</i>

Indicate **Time Required** to retrieve information from files and complete this form.

Hours spent by all staff (whole numbers)	
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Notes and Explanations regarding data provided and/or comments about this form and its completion. Check here and continue comments on reverse side, if necessary.

PLEASE KEEP THIS PAGE AND THE COVER PAGE ATTACHED, AND RETURN WITH ENTIRE FORM.
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CERTIFICATION OF NURSING PROGRAM ENROLLMENT , FALL 2009

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NOTE: Interpretation and current practice of Education Law §6401a, which governs the High Needs Nursing Program, allows payments only for full-time undergraduate enrollments in nursing programs located in New York State and leading to an earned degree (excludes external degree programs and certificate programs) in an associate or baccalaureate program.

Line No.	CIP Code	Nursing Program Area	Full-Time Enrollment In		
			Associate Pgm	Bachelor Pgm	Total
1	51.1601	R.N. Training			
2	51.1608	Nursing Science (Post R.N.)			
3	51.1611	Public Health (Post R.N.)			
4	51.1699	Other:			
		All Nursing Programs			

CLICK IN THE FORM ABOVE, THEN DOUBLE CLICK TO ALLOW DATA ENTRY

Subscribed and sworn to before me
 this _____ day of _____, 2009

The count of enrollees herein is correct to the
 best of my knowledge.

 Notary Public, Commissioner of Deeds

 Chief Executive Officer

Format for Spreadsheet of Enrolled Students, also due Nov. 15

The following is the required format for a spreadsheet documenting enrolled nursing students. Please find downloadable Excel and CSV forms at <http://www.highered.nysed.gov/oris/forms/09-09/index.htm>.

SEDCODE	Institution	Year	CIPCode	CIPName	IRP	Degree	ID#	LastName	FirstName
44990009	Sweet Hill	2009	51.1601	R.N. Nursing	10315	Assoc	1	Brown	John
44990009	Sweet Hill	2009	51.1601	R.N. Nursing	10315	Assoc	2	Smith	Mary
44990009	Sweet Hill	2009	51.1601	R.N. Nursing	89377	Bacc	3	Jones	Jerry
44990009	Sweet Hill	2009	51.1601	R.N. Nursing	89377	Bacc	4	Jones	Cindy
44990009	Sweet Hill	2009	51.1601	R.N. Nursing	4125	Bacc	7	Martin	Sandra

Please submit this file by email to the Office of Research and Information Systems. Enrollee lists submitted in formats other than those described above cannot be processed, and will be returned to the institution.