

DUE DATE: NOVEMBER 15, 2007

**CERTIFICATION OF NURSING PROGRAM ENROLLMENT
FALL 2007**

| | |
|------------------|----------|
| Institution Name | SEDCODE: |
|------------------|----------|

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 960 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.**
- **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.

DUE DATE: NOVEMBER 15, 2007

Form Processing Information

| | | | |
|-------------------|---|--|--|
| Form: | NYSED-2N CERTIFICATION OF NURSING PROGRAM ENROLLMENT FALL, 2007 | | |
| SEDCODE: | | | |
| Institution Name: | | | |

Respondent Information

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

TOTAL -- (Check box if all *applicable* branches are included).

Otherwise, list branches below.

| Branches Included: <i>(please list)</i> | <i>Applicable</i> branches not included: <i>(please list)</i> |
|---|---|
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Indicate **Time Required** to retrieve information from files and complete this form.

| | |
|--|--|
| Hours spent by all staff (whole numbers) | |
|--|--|

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.

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PLEASE KEEP THIS PAGE AND THE COVER PAGE ATTACHED, AND RETURN WITH ENTIRE FORM.

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**CERTIFICATION OF NURSING PROGRAM ENROLLMENT
 FALL 2007**

Institution Name:

SEDCODE:

***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

1.

Subscribed and sworn to before me
 this _____ day of _____, 2007

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

 Notary Public, Commissioner of Deeds

 Chief Executive Officer

DUE DATE: NOVEMBER 15, 2007

**NYSED-2N: CERTIFICATION OF NURSING PROGRAM ENROLLMENT
FALL 2007**

This form collects certified full-time undergraduate enrollment in eligible nursing programs. It must be completed by each institution receiving or applying for State Aid for High Needs Nursing under Section 6401-a of the Education Law. This form is used to calculate the payments due to the institutions during the academic year for the program. The chief executive officers of all independent colleges and universities should have received an application for the program in August 2007.

Eligible earned degree programs in nursing are programs leading to an Associate's degree or Bachelor's degree in nursing and registered by the department pursuant to section 52.12 of the Regulations of the Commissioner of Education.

Do not report enrollments in programs:

- ❖ Offered as external degree programs
- ❖ Offered as on-line nursing programs.
- ❖ Leading to a graduate degree with the following exception. Students in 5 or 6 year programs leading to both a bachelor's and master's degree may be counted only for those students having earned less than 120 credits.
- ❖ Leading to certificate programs, such as Licensed Practical Nursing programs (LPN) as certificates are not classified as earned degrees.
- ❖ In institutions that do not award the degree. In the case of a jointly administered nursing degree program at more than one eligible institution, the eligible institution granting the degree may apply for and receive the High Needs Nursing Aid.

Form submission

Submit the certified NYSED-2N form, including notarized signature, to:

NYS Education Department
Office of Research and Information Systems
Room 960 Education Building Annex
Albany, New York 12234

Email the required spreadsheet of enrollees corresponding to the 2N form to: HEDS@mail.nysed.gov

If you have any questions about completing the form, or you anticipate a delay in returning the form, please call (518) 474-5091, or e-mail ORIS at HEDS@mail.nysed.gov. If you anticipate a delay in returning the form and require an extension beyond the November 15, 2007 due date, please contact us by phone or in writing via fax (518) 474-1907, e-mail, or U.S. mail, stating the reason for the delay and the anticipated date of submission.

If it is necessary to submit corrected or revised data after the initial form has been submitted, the adjusted version must follow the same certification requirements as the original submission. Revisions received after January 15 cannot be processed.

DUE DATE: NOVEMBER 15, 2007

GENERAL INSTRUCTIONS

All lines of the form: On each line enter the number of students enrolled in the specific program area. In each column, enter the number enrolled in programs leading to specific earned degrees (associate or bachelor). If you have one or more nursing programs leading to earned degrees that do not fit in the program areas listed, report and identify them in line 4.

Multi-Campus Institutions

Multi-campus institutions should submit a combined “Certification of Nursing Program Enrollment” form for the entire institution.

Certification

The Chief Executive Officer must sign form NYSED-2N; and (2) the form must be notarized. To be complete, the notarization requires one of the following: Notary Seal or Notary Stamp, or the Notary’s Official Registration Number. Forms submitted without these two certification requirements will be returned to the institution. Currently the only method of satisfying these requirements is on a paper submission of form NYSED-2N and an emailed electronic list of enrollees.

Additional Data Submission Requirements

In addition to submitting the “*Certification of Nursing Program Enrollment*” survey form, each institution must submit:

- A. As noted above, a corresponding data file/spreadsheet of all Fall 2007 full-time enrollees, as reported on the NYSED-2N form.
- B. The Annual Certified Audit and all other forms that are currently due as part of the annual Higher Education Data System

Failure to comply with any of the above requirements may result in the withholding of payments.

The spreadsheet of enrollees should include each enrollee’s name, program area, degree the program leads to, and Inventory of Registered Programs (IRP) code for the program.

To facilitate approval of your submissions, the data should:

- Be organized first by CIP program area and then by degree level ;
- Be consecutively numbered, with totals for each program area and degree level;

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Research and Information Systems
Higher Education Data System**

NYSED-2N [07]

DUE DATE: NOVEMBER 15, 2007

- Match the number of enrollees with the students reported on the NYSED-2N form. It is absolutely necessary that the list of enrollees exactly match the number of enrollees certified on the NYSED-2N form.

The following is the required format for a spreadsheet reporting enrolled nursing students. Please find downloadable Excel and CSV forms at <http://www.highered.nysed.gov/oris/forms/07-08/index.htm>.

| SEDCODE | Institution | Year | CIPCode | CIPName | IRP | Degree | Recipient# | LastName | FirstName |
|----------|-------------|------|---------|--------------|-------|------------|------------|----------|-----------|
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 10315 | Associate | 1 | Brown | John |
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 10315 | Associate | 2 | Smith | Mary |
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 89377 | Bachelor's | 3 | Jones | Jerry |
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 89377 | Bachelor's | 4 | Jones | Cindy |
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 89377 | Bachelor's | 5 | Monroe | Bill |
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 4125 | Bachelor's | 6 | Cox | Chris |
| 44990009 | Sweet Hill | 2007 | 51.1601 | R.N. Nursing | 4125 | Bachelor's | 7 | Martin | Sandra |

Please submit electronic text (CSV or tab-delimited) or Excel files containing the necessary recipients information in the above format 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.

Definitions

Eligible earned degree programs in nursing are programs leading to an Associate's degree or Bachelor's degree in nursing and registered by the department pursuant to section 52.12 of the Regulations of the Commissioner of Education. Degrees from external degree programs or on-line nursing programs may not be counted. Enrollments in programs leading to degrees from Master's, Doctoral or First Professional and Graduate Degree Programs are not eligible for this program and cannot be counted. Students in 5 or 6 year programs leading to both a bachelor's and master's degree may be counted only for those students having earned less than 120 credits. Certificate programs, such as Licensed Practical Nursing programs (LPN), will not be counted as earned degree programs, since they lead to certificates, not degrees.

Fall Term is the part of the academic year that begins between late August and November 1.

Full-time Student – A student whose academic load, coursework or other required activity constitutes at least 75% of the normal full-time load of 15 credits. . Full-time undergraduate students on a semester calendar system carry at least 12 credit hours.