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| **NOTIFICATION OF LOCATION(S) IN MISSISSIPPI FOR CLINICAL, INTERNSHIP, EDUCATOR PREPARATION OR OTHER FIELD-BASED EXPERIENCES****& ANNUAL RENEWAL** |
| **Institution (**name, address): Person completing forms (name, phone, email)**:**  |
| **STUDENT INFORMATION** | **PROGRAM INFORMATION** | **FACILITY INFORMATION** | **RENEWAL INFORMATION** |
| **Please identify the number of students who are MS residents.** **The first row gives an example of the information requested****Number of Student Placements Number MS Residents**  | **CIP Code Associated with Program** | **Program Degree** | **Program Degree Option** | **Number of facilities utilized** | **AY Year (July1-June 30)** | **Indicate any changes in Higher Education or Regional Accrediting Body accreditation status.** | **Indicate any changes in National Nursing accreditation status.** | **Indicate any changes in State Nursing accreditation status.**  |
| EXAMPLE25 | 20 | CIP 54321 | MSN | Post-BSN FNP  | 30 | July 1, 2023-June 30, 2024 | SASCOC reaffirmed | None | None |
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Note: The institution will need to contact the applicable State licensing boards/agencies regarding their requirements.