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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.** |
| EXAMPLE  25 | 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.