

**CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY
FOR SKILLED NURSING SERVICES**

School Year: _____

Name (LPN): _____ License #: _____ NPI #: _____

Signature of Licensed Practical Nurse Date

I am providing accessibility to the Licensed Practical Nurse in the following manner:

I will keep the appropriate records documenting that the "**Under the Supervision of**" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face to face contacts with each student etc.**)

Print Name of Supervisor: _____ NYS License #: _____ NPI #: _____

Signature of Supervisor/Title Date

Contact Information:

Child: _____ Date of Birth: _____