NYS Department of Corrections & Community Supervision
Location Preference Sheet

Name: (please print) _____

Title: (please check all that apply)

- ☐ Registered Nurse 1 - Clinical Nurse
- ☐ Registered Nurse 3 (Correctional Services) - Nurse Educator

Please read carefully prior to completing

Please indicate below which facility(s) you are interested in applying to. This form should be completed and submitted with your NYS-APP to the facility(s) of interest.

* Designated facilities with Registered Nurse 3 (Correctional Services)

PERM	TEMP		PERM	TEMP	
_____	_____	ADIRONDACK (Essex Co.)	_____	_____	HUDSON (Columbia Co.)
_____	_____	ALBION (Orleans Co.)	_____	_____	LAKEVIEW (Chautauqua Co.)
_____	_____	ALTONA (Clinton Co.)	_____	_____	MAIN OFFICE - ALBANY (Albany Co.)
_____	_____	ATTICA (Wyoming Co.)	_____	_____	MARCY (Oneida Co.)
_____	_____	AUBURN (Cayuga Co.) *	_____	_____	MID-STATE (Oneida Co.)
_____	_____	BEDFORD HILLS (Westchester Co.) *	_____	_____	MOHAWK (Oneida Co.) *
_____	_____	CAPE VINCENT (Jefferson Co.)	_____	_____	NYC CENTRAL (Queens Co.)
_____	_____	CAYUGA (Cayuga Co.)	_____	_____	ORLEANS (Orleans Co.)
_____	_____	CLINTON (Clinton Co.) *	_____	_____	OTISVILLE (Orange Co.)
_____	_____	COLLINS (Erie Co.)	_____	_____	QUEENSBORO (Queens Co.)
_____	_____	COXSACKIE (Greene Co.)	_____	_____	RIVERVIEW (St. Lawrence Co.) *
_____	_____	EASTERN NY (Ulster Co.) *	_____	_____	SHAWANGUNK (Ulster Co.)
_____	_____	EDGECOMBE (New York Co.)	_____	_____	SING SING (Westchester Co.)
_____	_____	ELMIRA (Chemung Co.)	_____	_____	TACONIC (Westchester Co.)
_____	_____	FISHKILL (Dutchess Co.) *	_____	_____	ULSTER (Ulster Co.)
_____	_____	FIVE POINTS (Seneca Co.)	_____	_____	UPSTATE (Franklin Co.)
_____	_____	FRANKLIN (Franklin Co.)	_____	_____	WALLKILL (Ulster Co.)
_____	_____	GOUVERNEUR (St. Lawrence Co.)	_____	_____	WASHINGTON (Washington Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)	_____	_____	WENDE (Erie Co.) *
_____	_____	GREENE (Greene Co.) *	_____	_____	WOODBOURNE (Sullivan Co.)
_____	_____	GROVELAND (Livingston Co.)	_____	_____	WYOMING (Wyoming Co.)
_____	_____	HALE CREEK (Fulton Co.)			

_____ _____ _____

Signature **Social Security #** **Date**

9/2026