

Printable Read-Only Institution Forms

Registration

First Name

Don

Last Name

Mosher

Title

Manager of Security MNR/School of Nursing

Address 1

16 Guion Place

Address 2 *(Optional)*

City

New Rochelle

State

New York

ZIP Code

10801

Phone

9143653562

Extension *(Optional)*

Fax (Optional)

9143655435

E-mail Address

dmosher@montefiore.org

Comment

** Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.*

Institution Information

General Information

Institution Name : Montefiore School of Nursing

Address 1

53 Valentine Street

City

Mount Vernon

State

Select State

ZIP Code

105502009

Web Address *(Optional)*

montefiorenewrochelle.org/school-of-nursing

Chief Administrative Officer information

Name

Anthony Alfano

Title

VP Executive Director Montefiore New Rochelle Hos

E-mail Address

aalfano@montefiore.org

Phone

(914) 361-6537

Extension *(Optional)*

Campus Information

Campus Name

New Rochelle School of Nursing

Location

State or Outlying Area Other Country

Address

53 Valentine Street

City

Mount Vernon

State or Outlying Area

New York

ZIP Code

10550

County (*Optional*)

Westchester

Description (*Optional*)

Campus Safety Officer

General Information

Name	Title	
<input type="text" value="Don Mosher"/>	<input type="text" value="Manager of Security"/>	
E-mail Address	Phone	Extension (Optional)
<input type="text" value="dmosher@montefiore.org"/>	<input type="text" value="(914) 365-3562"/>	<input type="text"/>

Address

Location

State or Outlying Area Other Country

Address

City	State or Outlying Area	ZIP Code
<input type="text" value="Mount Vernon"/>	<input style="border-bottom: 1px solid black;" type="text" value="New York"/>	<input type="text" value="10550"/>

Campus Fire Safety Officer

General Information

Name	Title	
<input type="text" value="Ronald Svrcek"/>	<input type="text" value="Safety Manager"/>	
E-mail Address	Phone	Extension (Optional)
<input type="text" value="rsvrcek@montefiore.org"/>	<input type="text" value="(347) 637-0959"/>	<input type="text"/>

Address

Location

State or Outlying Area Other Country

Address

City	State or Outlying Area	ZIP Code
<input type="text" value="New Rochelle"/>	<input style="border-bottom: 1px solid black; text-align: right; padding-right: 5px;" type="text" value="New York"/> ▼	<input type="text" value="10801"/>

Lead Title IX Coordinator

General Information

Name	Title	
<input type="text" value="Frank Digiovanni"/>	<input type="text" value="Director of Corporate Compliance /Title IX Coordinat"/>	
E-mail Address	Phone	Extension (Optional)
<input type="text" value="fdigiova@montefiore.org"/>	<input type="text" value="(914) 365-4808"/>	<input type="text"/>

Address

Location

State or Outlying Area Other Country

Address

City	State or Outlying Area	ZIP Code
<input type="text" value="New Rochelle"/>	<input style="border-bottom: 1px solid black;" type="text" value="New York"/>	<input type="text" value="10801"/>

Does your Institution have other designees who share these responsibilities?

Yes No

Update Status

Date Completed: 10/17/2023

Updated