High School Home Care Aide Class List Tracking Log

This form required by contract per Special Terms and Conditions – Record Maintenance.

Complete this form for each High School Home Care Aide class.

Training Program Name
Training Program Number
Instructor Name(s)
Date(s)
Physical Address of Class
Optional: Number of Students who Applied for Certification

Student Name	Student Phone Number (include area code)	Student Email Address	Courses

Instructions

This form, or one that collects the same information, is required per your contract in the Special Terms and Conditions section on Records Maintenance. It must be filled out by someone from the training program and then maintained by your business per contract Terms and Conditions. Submit a copy of this form to TrainingApprovalTPC@dshs.wa.gov at the end of each class.

Training Program Name:
The primary business name of your training program. Depending on your contract, it may be the "doing business as" name.

Training Program Number:
Your training program number that appears on approval letters and certificates.

Date(s):
The date, or dates, the class was taught.

Physical Address of Class:
The location that the class was taught. **Must provide the physical address (including city) on this form.**

Optional: Number of Students who Applied for Certification:
The total number of students that submitted the DOH HCA Certification Application and plan to take the exam.

Instructor Name(s):
The person, or persons, who actually taught the class.

Student Name, Phone Number, Email Address:
Contact information **of the students**, not the facility or business for which they work.

Courses:
The name of each course completed as it appears on the certificate (i.e. Orientation and Safety, Core Basic, etc.)