AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

Continuing Education Event Approval Application

Use this form to request DSHS approval to offer continuing education hours to long-term care workers (Home Care Aides and Nursing Assistants Certified working in long-term care) at conferences, seminars or webinars. WAC 388-112A-0600

Individual Providers cannot use DSHS approved events to meet their continuing requirements. WAC 388-71-0523

Section 1. Event Sponsor Information

SUBMITTER'S NAME (PLEASE PRINT) | DATE

SUBMITTER'S CONTACT INFORMATION:

PHONE NUMBER ( ) | CELL NUMBER ( ) | EMAIL ADDRESS

TRAINING PROGRAM: IF THIS IS A NEW TRAINING PROGRAM, PLEASE LEAVE THE TRAINING PROGRAM NAME AND NUMBER BLANK.

TRAINING PROGRAM NAME | TRAINING PROGRAM NUMBER

NEW TRAINING PROGRAM:

If DSHS approves continuing education hours for your event, the event sponsor's name will be the assigned Training Program Name and the department will assign a Training Program Number.

PLEASE ENTER EVENT SPONSOR'S NAME

ADDRESS | CITY | STATE | ZIP CODE

EMAIL ADDRESS | WEBSITE ADDRESS

Section 2. Event Information

When DSHS approves CE hours for an event, a CE approval code is assigned, and official approval documentation is sent to the submitter.

Are you requesting:

☐ One CE approval code for the entire event?

☐ Individual CE approval codes for conference breakout sessions, workshops, and/or seminars during the event?
Total CEs requested:

Please provide additional information where indicated.

EVENT TITLE

EVENT DATE(S)

EVENT LOCATION AND ADDRESS

BRIEF SUMMARY OF EVENT

EVENT CONTACT INFORMATION:

NAME | PHONE NUMBER ( )

EMAIL ADDRESS

WEBSITE ADDRESS AND/OR REGISTRATION INFORMATION

If you are requesting individual CE approval codes for conference breakout sessions, workshops, and/or seminars during this event, please provide detailed information below or attach additional information.

TITLE	HOURS	BRIEF SUMMARY

Section 3. Terms and Conditions

Read the following terms and conditions carefully. These terms and conditions take effect once the event is approved for continuing education by the department.

The event sponsor agrees to:

1. Submit only topics relevant to the care setting, care needs of residents, or long-term care worker career development least 45 days in advance of the event. WAC 388-112A-0600
2. Attest that any presenter or speaker at the event meets the DSHS instructor qualifications for CE. WAC 388-112A-1260
3. Not publish the DSHS CE approval code(s) assigned to the event in any brochure, website, or other forms or marketing of the event.
4. Maintain written documentation of department approved continuing education in the form of a certificate or transcript for a minimum of six years. The documentation must include the following:
   - The name of the attendee
   - The title of the CE event
   - The number of hours approved for the CE event
   - The assigned CE approval code
   - The instructor's name and signature
   - The DSHS approved training program name and training program entity providing the CE event.
   - The date(s) of the training
5. Provide a certificate or transcript to attendees. A DSHS CE certificate template will be provided at approval. The use of another CE certificate template must be approved by the department.
6. Communicate to DSHS immediately when there are concerns regarding anyone improperly using or obtaining DSHS CE approval code(s).

Event Details and Materials: Please provide documentation of the content, competencies and/or learning objectives that will be met by this event. This may include links to information online and promotional materials, etc.

Section 4. Attestation

By filling in your name, job title and date below and then submitting this form to the department, you attest that:

- The information provided in this application and all additional documents and forms required in the application process are true, complete and accurate. Untruthful or misleading information are cause for rejection of this application.
- The department may obtain additional information, verification, and/or documentation related to this information.
- You have read and agree to the Terms and Conditions in Section 3.

NAME	JOB TITLE	DATE

Email your questions and submit your application to TrainingApprovalTPC@dshs.wa.gov.