DSHS WASHINGTON STATE Department of Social and Health Services

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

DSHS Adult Education Instructor Application

TODAY'S DATE

Use this form to request approval to offer DSHS Adult Education training to long-term care workers.
Please submit one application per instructor.

Section 1. Instructor and Training Program Information

SUBMITTER'S NAME	DATE OF BIRTH

SUBMITTER'S CONTACT INFORMATION (PLEASE PRINT)

PHONE NUMBER (AREA CODE)	CELL NUMBER (AREA CODE)	EMAIL ADDRESS
( )	( )	

TRAINING PROGRAM NAME	TRAINING PROGRAM NUMBER

ADDRESS	CITY	STATE	ZIP CODE

EMAIL ADDRESS	WEBSITE

Section 2. General Instructor Qualifications WAC 388-112A-1240

1. Are you 21 years old or older? ☐ Yes ☐ No
2. Are you an owner or administrator of an adult family home, assisted living facility, enhanced services facility, nursing home, home care agency, or supported living in Washington? ☐ Yes ☐ No

   If **yes**, please list the type of license and the license number (supported living providers list the type of certification and certification number). If **no**, leave blank.

   Type of license or certification _____

   License or certification number _____
3. Are you a health care or social service professional, such as an HCA, NAC, LPN, RN, or ARNP? ☐ Yes ☐ No

   If **yes**, please list any licenses or certifications you hold in Washington. If **no**, leave blank.

   Type of license or certification _____

   License or certification number _____
4. Have you ever had a professional health care, adult family home, assisted living or social services license or certification revoked in Washington State? ☐ Yes ☐ No

   If **yes**, license or certification _____ Date of revocation _____

Section 3. Teaching Experience WAC 388-112A-1250

You must have two years' experience teaching long-term care workers; or **200 hours** experience teaching adult education or closely related subjects. Attach additional documentation, if needed.

Employer 1	YOUR TITLE

EMPLOYER'S ADDRESS	
EMPLOYER'S PHONE NUMBER (AREA CODE) ( )	DATES IN THIS POSITION From To
IMMEDIATE SUPERVISOR'S NAME	May we contact employer for reference? ☐ Yes ☐ No

TITLE OR TYPE OF CLASS	ADULT EDUCATION TOPICS / SUBJECT MATTER TAUGHT	FROM (DATE)	TO (DATE)	TOTAL CLASS HOURS

Employer 2	YOUR TITLE
EMPLOYER'S ADDRESS	
EMPLOYER'S PHONE NUMBER (AREA CODE) ( )	DATES IN THIS POSITION From To
IMMEDIATE SUPERVISOR'S NAME	May we contact employer for reference? ☐ Yes ☐ No

TITLE OR TYPE OF CLASS	ADULT EDUCATION TOPICS / SUBJECT MATTER TAUGHT	FROM (DATE)	TO (DATE)	TOTAL CLASS HOURS

Employer 3	YOUR TITLE
EMPLOYER'S ADDRESS	
EMPLOYER'S PHONE NUMBER (AREA CODE) ( )	DATES IN THIS POSITION From To
IMMEDIATE SUPERVISOR'S NAME	May we contact employer for reference? ☐ Yes ☐ No

TITLE OR TYPE OF CLASS	ADULT EDUCATION TOPICS / SUBJECT MATTER TAUGHT	FROM (DATE)	TO (DATE)	TOTAL CLASS HOURS

Section 4. Education WAC 388-112A-1250

You must:

- Have a bachelor's degree, **OR**
- Be a registered nurse.

AND

- At least one year* of education in seminars, conferences, continuing education or college classes in subjects directly related to adult education, such as, but not limited to English as a Second Language (ESL), adult basic education, and adult secondary education.
- Successfully complete the DSHS adult education training curriculum before you train others.

Degree (mark all that apply): ☐ Bachelor's ☐ Master's ☐ PhD or ☐ Registered Nurse

List classes that satisfy the **one year of education** in subjects related to adult education. Attach additional documentation, if needed.

SCHOOL NAME OR TITLE OF SEMINAR / CONFERENCE / CE	MONTH AND YEAR ATTENDED	CREDITS EARNED	LIST CLASS TITLES IN TOPICS DIRECTLY RELATED TO ADULT EDUCATION.

Section 5. Attestation of Accuracy

Read the following information; and fill out your name, job title, and the date below.

I certify and understand that:

- The information I give to the department may be used to verify the information in this application. Any information I give to the department may be used by the department for this purpose.
- The department may obtain additional information, verification, and/or documentation related to my answers or information.
- 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 answers are cause for rejection of this application.

SIGNATURE DATE	JOB TITLE

Section 6. Is your application complete?

Did you remember to:

☐ Attach a copy of your DSHS Adult Education certificate of completion

☐ Complete Section 5: Attestation of Accuracy

Email your questions and submit your application to:
Community Instructors - TrainingApprovalTPC@dshs.wa.gov.
Facility Instructors – TrainingAprovalITPA@dshs.wa.gov.