DSHS
WASHINGTON STATE Department of Social and Health Services

Home and Community Living Administration (HCLA)

# Community Instructor Training Program Application and Updates

| Today's Date |
|---|
| |

Use this form to:

- Apply for approval to offer training to long-term care workers as a Community Instructor.
- Submit updates on courses, curriculum, and instructors in a DSHS approved Community Instructor Training Program.

## Section 1. Community Instructor Training Program Information

Submitter's Name (please print)

Submitter's Contact Information:

| Phone Number (area code) | Cell Number (area code) | Email Address |
|---|---|---|
| ( ) | ( ) | |

Application Type (check all that apply):

- ☐ New community instructor training program
- ☐ Updating an approved community instructor training program
- ☐ Adding and/or removing a community instructor
- ☐ Contract renewal

**If this is a new training program, please leave Training Program Name and Number blank.**

| Training Program Name (name on contract) | Training Program Number |
|---|---|
| | |

**Business Contact Information: Contractor**

Doing Business (DBA)

| Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Address of Training Location (if different) | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Email Address | Website Address |
|---|---|
| | |

| Phone Number (area code) | Cell Number (area code) |
|---|---|
| ( ) | ( ) |

Select the languages instructors are able to provide training in:

| | | | | |
|---|---|---|---|---|
| ☐ Amharic | ☐ Chinese (Simplified) | ☐ Korean | ☐ Spanish | ☐ Russian |
| ☐ Arabic | ☐ Chinese (Traditional) | ☐ Russian | ☐ Tagalog | |
| ☐ Khmer | ☐ English | ☐ Somali | ☐ Ukrainian | |

## Section 2. Course Information

| Course | Total Horus | Select Curriculum (check all that apply). **If you have developed curriculum, submit a Curriculum Approval Application, 15-552.** |
|---|---|---|
| ☐ Orientation<br>☐ Safety Training | 5 | ☐ DSHS developed curriculum – **Orientation and Safety**<br>☐ Submitting curriculum you developed for approval<br>☐ Another curriculum DSHS has approved for use;<br>Curriculum Name: |
| ☐ Core Basic Training | | ☐ DSHS developed **Fundamentals of Caregiving (FOC)**<br>☐ Submitting curriculum you developed for approval<br>☐ Another curriculum DSHS has approved for use;<br>Curriculum Name: |

| | | |
|---|---|---|
| ☐ Nurse Delegation Core | 9 | ☐ DSHS developed curriculum **Nurse Delegation Core** |
| ☐ Nurse Delegation Diabetes | 3 | ☐ DSHS developed curriculum **Nurse Delegation Diabetes** |
| ☐ Dementia Specialty | 8 | ☐ DSHS developed curriculum **Dementia Specialty** – **Level 1 Dementia Capable Caregiving** |
| ☐ Mental Health Specialty | 8 | ☐ DSHS developed curriculum **Mental Health Specialty** – **Level 1 Mental Wellness Capable Caregiving for Mental Wellness** |
| ☐ Traumatic Brain Injury Expanded Specialty | 8 | ☐ DSHS developed curriculum **Traumatic Brain Injury** – **Level 1 Capable Caregiving for Brain Injury Care** |
| ☐ Diabetes Expanded Specialty | 8 | ☐ DSHS developed curriculum **Diabetes – Level 1 Capable Caregiving for Diabetes Care** |
| ☐ Substance Use Disorder Expanded Specialty | 8 | ☐ DSHS developed curriculum **Substance Use Disorder – Level 1 Capable Caregiving for Substance Use Disorder Care** |
| ☐ Dementia, Level 2 Expanded Specialty | 8 | ☐ DSHS developed curriculum Dementia, Level 2 Specialty: Caring with Connection, Compassion, and Confidence |
| ☐ Continuing Education (CE) | 19.5 | ☐ DSHS **Fundamentals of Caregiving (FOC)** CE Course Packet |
| | 2 | ☐ DSHS Medication assistance activities – tic tac toe, and medical assistance challenge<br>☐ Submitting curriculum you developed for approval<br>☐ Another curriculum DSHS has approved for use; Curriculum Name: |

## Section 3. Instructor Information / Changes

Instructors applying to teach Core Basic, Dementia Specialty, Mental Health Specialty, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, Substance Use Disorder Specialty, and Dementia, Level 2 Specialty) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their Community Instructor Application (DSHS 15-550).

| Instructor Name | Instructor Status | Check all courses that apply. |
|---|---|---|
| First and Last Name<br><br>Birthdate (mm/dd/yyyy) | ☐ Add new instructor<br>☐ DSHS approved but adding new course(s)<br>☐ Remove – no longer teaching<br>☐ Contract renewal maintain instructor | ☐ Orientation and Safety<br>☐ Core Basic Training<br>☐ Nurse Delegation – Core<br>☐ Nurse Delegation – Diabetes<br>☐ Dementia Specialty<br>☐ Mental Health Specialty<br>☐ Traumatic Brain Injury Expanded Specialty<br>☐ Diabetes Expanded Specialty<br>☐ Substance Use Disorder Expanded Specialty<br>☐ Dementia, Level 2 Expanded Specialty<br>☐ Continuing Education |

| Instructor Name | Instructor Status | Check all courses that apply. |
|---|---|---|
| First and Last Name<br><br>Birthdate (mm/dd/yyyy) | ☐ Add new instructor<br>☐ DSHS approved but adding new course(s)<br>☐ Remove – no longer teaching<br>☐ Contract renewal maintain instructor | ☐ Orientation and Safety<br>☐ Core Basic Training<br>☐ Nurse Delegation – Core<br>☐ Nurse Delegation – Diabetes<br>☐ Dementia Specialty<br>☐ Mental Health Specialty<br>☐ Traumatic Brain Injury Expanded Specialty<br>☐ Diabetes Expanded Specialty<br>☐ Substance Use Disorder Expanded Specialty<br>☐ Dementia, Level 2 Expanded Specialty<br>☐ Continuing Education |

| Instructor Name | Instructor Status | Check all courses that apply. | |
|---|---|---|---|
| First and Last Name<br><br>Birthdate (mm/dd/yyyy) | ☐ Add new instructor<br>☐ DSHS approved but adding new course(s)<br>☐ Remove – no longer teaching<br>☐ Contract renewal maintain instructor | ☐ Orientation and Safety<br>☐ Core Basic Training<br>☐ Nurse Delegation – Core<br>☐ Nurse Delegation – Diabetes<br>☐ Dementia Specialty<br>☐ Mental Health Specialty | ☐ Traumatic Brain Injury Expanded Specialty<br>☐ Diabetes Expanded Specialty<br>☐ Substance Use Disorder Expanded Specialty<br>☐ Dementia, Level 2 Expanded Specialty<br>☐ Continuing Education |

**Section 4. Instructor Attestation for Orientation, Safety and CE Instructors**

Read and complete the attestation below.

By filing in your name, job title, and date below, you attest that you:

- Verified all instructors meet the Community Instructor Qualification Requirements linked on the DSHS Training Requirements and Classes page.
- Submitted true, complete, and accurate information.
- Understand that the department may audit or observe this training program at any time without prior notification. This includes observation of the training environment and training courses, including review of training-related documentation, review of records storage/management, and conversations with learners.

| Signature | Date | Job Title |
|---|---|---|
| | | |

**Section 5. Is your application complete?**

**Did you remember to attach the:**

☐ Copies of your Specialty Training and/or Adult Education certificates of completion, if required.

☐ Contractor Intake, DSHS 27-043, and copy of business license for new applicants and contract renewals.

☐ Copy of your business Certificate of Insurance. Commercial General Liability Insurance is required with minimum limits of $1,000,000 per occurrence and $2,000,000 general aggregate, and DSHS must be named as an additional insured.

☐ Community Instructor Application, DSHS 15-550. This form is required for the following courses:

- Core Basic Training
- Nurse Delegation Core or Nurse Delegation Diabetes
- Dementia Specialty Training
- Mental Health Specialty Training
- Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder Specialty, and Dementia, Level 2 Specialty)

If you are submitting curriculum you developed, attach the required form with your application.

☐ For Orientation and Safety and Continuing Education, submit the Curriculum Approval Application, DSHS 15-552.

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