AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

Facility Instructor Application

For Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities

Submit this form to request approval to teach Core Basic Training, Dementia Specialty Training, Mental Health Specialty Training, Developmental Disabilities, Nurse Delegation Core, Nurse Delegation Special Focus on Diabetes, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, Substance Use Disorder Specialty, and Dementia, Level 2 Specialty). Dementia Specialty Training approval is a prerequisite for Dementia, Level 2 Specialty Training approval. The instructor must sign this form. WAC 388-112A-1240

Nurse Delegation approval requires a current Washington or multistate registered nurse (RN) license in good standing without practice restrictions.

Submit this form with the Facility Training Program Application and Updates, DSHS 15-555. DSHS approval request forms can be downloaded on the Training Program and Instructor Application Forms page.

Section 1. General Information and Qualifications

INSTRUCTOR'S NAME	DATE OF BIRTH	PHONE NUMBER (AREA CODE) ( ) -
INSTRUCTOR'S EMAIL		CELL NUMBER (AREA CODE) ( ) -
FACILITY'S NAME		

QUALIFICATIONS

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 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 2. Education and Work Experience (select highest level of experience)

You are a registered nurse with work experience within the last five years with the elderly or persons with disabilities requiring long-term care in a community setting. ☐ Yes ☐ No

You have an associate degree or higher degree in the field of health or human services and six months professional or caregiving experience within the last five years in a community based setting such as an adult family home, or assisted living facility. ☐ Yes ☐ No

You have a high school diploma, or equivalent, and one year of professional or caregiving experience within the last five years in a community based setting such as an adult family home, assisted living facility, supported living through DDA, or home care setting. ☐ Yes ☐ No

Section 3. Teaching Experience (select highest level of experience)

You have 100 hours of experience teaching adults on topics directly related to the basic training. ☐ Yes ☐ No

You have 40 hours of teaching basic training while being mentored by an instructor who is approved to teach basic training. ☐ Yes ☐ No

Instructors with adult family homes, enhanced services facilities, and assisted living facilities that do not meet the teaching criteria above must have and attest to the following experience to be approved to teach their own staff:

I have 40 hours of informal teaching experiences unrelated to basic training topics such as guest lecturing, team teaching, and volunteer teaching with parks, local high schools, 4-H groups, English as a Second Language (ESL) groups, senior organizations, and religious organization **AND**

I have the ability to implement three adult learning techniques in your long-term care worker training, **AND**

I have the ability to list three ways for improving your instructional facilitation and the method the instructor will use to measure improvement such as submitting the continuous improvement plan feedback from the DSHS adult education class. ☐ Yes ☐ No

Section 4. Additional Training and Caregiving Experience (select all that apply)

You have 1) attended an adult education class, 2) attended the Specialty Training class(es) you are requesting to teach, and 3) have attached your certificates of completion to this application. ☐ Yes ☐ No

You have experience or training in conducting assessments and competency testing. ☐ Yes ☐ No

You are experienced in caregiving practices and capable of demonstrating competency with respect to teaching the course content or units being taught ☐ Yes ☐ No

Section 5. Certification and Attestation

Read the following information, 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.

NAME DATE