Home and Community Living Administration (HCLA)

Facility Training Program Application and Updates

Today's Date

Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities use this form to:

- Apply for approval to offer training to Long-Term Care Worker staff.
- Submit updates on courses, curriculum, and instructors in a DSHS approved Facility Training Program.

Section 1. Facility Training Program Information

Training Coordinator's Name (please print) | Date

Training Coordinator's Contact Information:

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

Application Type (check all that apply):

- ☐ New facility training program
- ☐ Updating an approved facility training program
- ☐ Adding and/or removing instructor

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

Training Program Name | Training Program Number

Facility Information:

Facility Name | License Number

Address | City | State | Zip Code

Email Address | Email Address

Website

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 ☐ Safety Training	**5**	☐ DSHS developed curriculum **Orientation** and **Safety Training** ☐ Submitting curriculum you developed for approval ☐ Another curriculum DSHS has approved for use Curriculum name:
☐ Core Basic Training	**54**	☐ DSHS developed **Fundamentals of Caregiving (FOC)** ☐ Submitting curriculum you developed for approval ☐ Another curriculum DSHS has approved for use Curriculum name:
☐ Dementia Specialty	**8**	☐ DSHS developed curriculum **Dementia Specialty – Dementia, Level 1 Dementia Capable Caregiving**
☐ Mental Health Specialty	**8**	☐ DSHS developed curriculum **Mental Health Specialty – Mental Health, Level 1 Mental Wellness Capable Caregiving**
☐ Developmental Disabilities Specialty	**16**	☐ DSHS developed curriculum **Developmental Disabilities Specialty**

☐ 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
☐ Nurse Delegation Core	**9**	☐ DSHS developed curriculum **Nurse Delegation for Nursing Assistants and Home Care Aides**
☐ Nurse Delegation Diabetes	**3**	☐ DSHS developed curriculum **Nurse Delegation for Nursing Assistants and Home Care Aides: Special Focus on Diabetes**
☐ Continuing Education (CE)	**19.5** **1.5** **2** **.5**	☐ DSHS developed **Fundamentals of Caregiving (FOC)** as a CE Course Packet ☐ POLST Section A (available to AFH / ALF only) ☐ DSHS Medication assistance activities - tic tac toe, and medication assistance challenge ☐ WA DOH Food Safety ☐ Submitting curriculum you developed for approval (see Section 5) ☐ 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, Developmental Disabilities, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, Substance Use Disorder, and Dementia, Level 2 Specialty) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their Facility Instructor Application (DSHS 15-554).

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

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

Instructor Name	Instructor Status	Check all courses that apply.
First and Last Name Birthdate (mm/dd/yyyy)	☐ Add new instructor ☐ DSHS approved but adding new course(s) ☐ Remove, no longer teaching	☐ Orientation and Safety ☐ Core Basic Training ☐ Continuing Education ☐ Nurse Delegation Core ☐ Nurse Delegation Diabetes ☐ Mental Health Specialty ☐ Dementia Specialty ☐ Developmental Disabilities Specialty ☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Dementia, Level 2 Expanded Specialty
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Instructor Name	**Instructor Status**	**Check all courses that apply.**
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Section 4. Instructor Attestation for Orientation, Safety, and CE Instructors

Read and complete the attestation below.

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

- Have verified all instructors meet the Facility Instructor Qualification Requirements linked on the DSHS Training Requirements and Classes page.
- Have 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:

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

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 TrainingApprovalTPA@dshs.wa.gov.

For more information about long-term care worker training, please visit the DSHS Training Requirements and Classes page.