**Facility Training Program Application & Updates**

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

**Use this form to:**

* ***Apply for the first time to train your long term care (LTC) worker staff.***
* ***Submit updates on instructors and classes for your facility.***

*NOTE: Corporations with multiple facilities must file separate applications for each facility.*

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| **Section 1: Facility Information** |
| curriculum DSHS has approved for use  Curriculum Name:       |
| **Primary Training** **Contact:**  | Name:       |
|  | Phone:  | (     )     -      | Cell:  | (     )     -      |
| E-Mail:  |        |
| **Application Type:***Check all that apply* |  [ ]  New facility training program  [ ]  Updating an approved facility training program  [ ]  Change of ownership or license #       [ ]  Updating an instructor’s status |
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| **Facility:**  |  [ ]  Adult Family Home  [ ]  Assisted Living Facility  [ ]  Enhanced Services Facility  |
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| Facility Name:  |        |
| License #:  |        |
|  |
| Address:  |        |
| City:  |         | State: |       | Zip Code:  |       |
|  |
| E-Mail:  |        | Website: |        |
| Phone:  | (     )     -      | Fax:  | (     )     -       |

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| **Section 2: Course Information** |
| curriculum DSHS has approved for use  Curriculum Name:       |
| **Course Requested** | **Total Hours** | **Curriculum (Training Materials) to be used**NOTE: For any curriculum you are submitting that you developed for approval. Submit the[**New Curriculum form**](file:///%5C%5Cdshsapoly2411c%5CDATA1%5CHCS%5CCGTrngTeam%5C1029%20Training%20Applications%5CaaaAPPLICATIONS%5C%23%23%23Helpful%20Information%5C%23Application%20Forms%5CTPC.TPA.CD.CI%5CNew%20Curriculum%20form%202017%5CNew%20Curric%20Request%202017-%20CE%20Pop%20ORSA_9.6.17BJE.doc)with this application and the curriculum. |
| [ ]  Core Basic Training  |       **hrs**  | [ ]  **Enhanced** DSHS Revised Fundamentals of Caregiving (RFOC).  **Submit the** [**CBRFOC form**](file:///%5C%5Cdshsfsoly2411c%5Cechtlbj%5CPublications%5CForms%5CCB-RFOC%20Form%20Enhanced%20RFOC%20Curriculum%20Approval.doc) **with this application and list materials/hours/enhancements you are adding to the RFOC.**[ ]  Another curriculum DSHS has approved for use  Curriculum Name:       |
| [ ]  Population Specific  Training  | **5 hrs****3 hrs** | [ ]  DSHS developed curriculum – TBI – Surviving and Thriving[ ]  DSHS developed curriculum – Navigating Challenging Behaviors[ ]  Another curriculum DSHS has approved for use:        |
| [ ]  Dementia Specialty | **8 hrs** | [ ]  DSHS developed curriculum – Dementia Specialty Training[ ]  Another curriculum DSHS has approved for use |
| [ ]  Mental Health Specialty  | **4 hrs** | [ ]  DSHS developed curriculum Mental Health Specialty Training.[ ]  Another curriculum DSHS has approved for use  |
| [ ]  Continuing Education (CE): | **19.5 hrs****5 hrs****3 hrs****1.5** **hrs****.5 hrs** | Check all that apply:[ ]  RFOC as CE Course Packet[ ]  TBI as CE - Surviving and Thriving[ ]  Navigating Challenging Behaviors as CE[ ]  POLST Section A **for AFH or ALF**[ ]  DOH - Food Safety[ ]  Submitting curriculum you developed for approval.[ ]  Another curriculum DSHS has approved for use  |

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| **Section 3: Instructor Information / Changes**  |
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| **Instructor Name** | **Instructor Status** |  (Check All That Apply) | (Check All That Apply) |
| **NOTE:** Do not include instructors already approved for your facility unless adding a course.  | **NOTE:** Check only one below. | **NOTE:** You must attest to the instructor’s qualifications to teach the courses listed in this column. | **NOTE**: Instructors applying to teach the courses listed in this column are required to submit an [Instructor Application for Facilities Form](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/Facility%20Instructor%20Form.pdf) |
| First and last name:       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety Training [ ]  Continuing Education[ ]  Developmental Disabilities Specialty [ ]  Core Basic Training [ ]  Population Specific Training  | [ ]  Mental Health Specialty Training[ ]  Dementia Specialty Training |
| Birthday: MM/DD/YYYY        |
| First and last name:       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety Training [ ]  Continuing Education[ ]  Developmental Disabilities Specialty [ ]  Core Basic Training [ ]  Population Specific Training  | [ ]  Mental Health Specialty Training[ ]  Dementia Specialty Training |
| Birthday: MM/DD/YYYY        |
| First and last name:       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety Training [ ]  Continuing Education[ ]  Developmental Disabilities Specialty [ ]  Core Basic Training [ ]  Population Specific Training  | [ ]  Mental Health Specialty Training[ ]  Dementia Specialty Training |
| Birthday: MM/DD/YYYY        |
| First and last name:       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety Training [ ]  Continuing Education[ ]  Developmental Disabilities Specialty [ ]  Core Basic Training [ ]  Population Specific Training  | [ ]  Mental Health Specialty Training[ ]  Dementia Specialty Training |
| Birthday: MM/DD/YYYY        |
| First and last name:       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety Training [ ]  Continuing Education[ ]  Developmental Disabilities Specialty [ ]  Core Basic Training [ ]  Population Specific Training  | [ ]  Mental Health Specialty Training[ ]  Dementia Specialty Training |
| Birthday: MM/DD/YYYY        |
| First and last name:       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety Training [ ]  Continuing Education[ ]  Developmental Disabilities Specialty [ ]  Core Basic Training [ ]  Population Specific Training  | [ ]  Mental Health Specialty Training[ ]  Dementia Specialty Training |
| Birthday: MM/DD/YYYY        |

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| **Section 4: Attestation** |
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| **I declare under penalty of perjury under the laws of the State of Washington that the** **foregoing is true and correct:**In Section 3, I have listed all facility instructors applying to offer Long Term Care Worker Training and have:* Verified instructors meet the minimum instructor qualifications for the class they requested to teach: ([WAC 388 -112](http://apps.leg.wa.gov/wac/default.aspx?cite=388-112)A)
* Have on file the verifying information for each instructor.

Name       Job Title       Date       |

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| **Section 5: Is your application complete?** |
| [ ]  Attach copies of your instructor’s Adult Education and specialty training certificates of completion.[ ]  Attach the [New Curriculum Form](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/New%20Curriculum%20Form.pdf) if submitting curriculum you developed for approval or attach the [Instructor Application for Facilities Form](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/Facility%20Instructor%20Form.pdf)(s) if instructors are applying to offer specialty training. * Call us for assistance at 360-725-2550 or send questions to **TrainingApprovalTPA@dshs.wa.gov**.
* **Email your application to**: **TrainingApprovalTPA@dshs.wa.gov**.
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