**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:///\\dshsapoly2411c\DATA1\HCS\CGTrngTeam\1029%20Training%20Applications\aaaAPPLICATIONS\%23%23%23Helpful%20Information\%23Application%20Forms\TPC.TPA.CD.CI\New%20Curriculum%20form%202017\New%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:///\\dshsfsoly2411c\echtlbj\Publications\Forms\CB-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 |
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| 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**](mailto:TrainingApprovalTPA@dshs.wa.gov). * **Email your application to**: [**TrainingApprovalTPA@dshs.wa.gov**](mailto:TrainingApprovalTPA@dshs.wa.gov). |