**INS Form**

**Community Instructor Application for Long-Term Care Worker Training**

Submit this form to offer long term care (LTC) worker training courses to the community in **Core Basic, Population Specific, Nurse Delegation Core, Nurse Delegation Diabetes, Dementia specialty training, Mental Health specialty training, and Adult Education classes.**

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| **Section 1: Instructor, Classes Requested, and Training Program Information** | | | |
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| **Today’s Date** |  | | |
| **Name** |  | | |
| **Contact** | Phone: ()  - | Cell: ()  - | E-Mail: |
| **Training Program or Business Name** |  | | |
| **Date of Birth** |  | | |
| **Complete application section(s):**  Appendix A (page **3**) | **Select courses:**  Core Basic Training  Population Specific  Nurse Delegation Core  Nurse Delegation Diabetes | | |
| Appendix B (page **5**) | Dementia Specialty Training  Mental Specialty Training | | |
| Appendix C (page **8**) | Adult Education | | |

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| **Section 2: General Qualifications** | | |
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| 1. Are you 21 years old or older? | | Yes  No |
| 1. 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?   If **yes**, please list the type of license and the 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: |
| 1. Are you a health care or social service professional, such as an RN, LPN or NAC?   If **yes**, list any licenses or certifications you hold in **Washington**. If **no**, leave blank.  Type of license or certification:       License or certification number: | | |
| Have you ever had any professional health care or social services license or certification revoked in Washington State? | | Yes  No  If **yes**, License #  Date of revocation: /     / |
| 1. Highest level   of education | High School or equivalent  Associates  Bachelors  Masters  PhD | |
| 1. Describe the training and experience you have had in testing and assessment of a student’s knowledge and skills. | | |

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| **Section 3: Attestation of accuracy** |
| HS has approved for use  Curriculum Name: |
| **Read the following information and fill out your name, job title and 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:**      /     / | |

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| **ALL INSTRUCTORS: Next Steps**  **Instructions:**   1. Complete the appendices for the courses you are requesting to teach; 2. Attach your instructor application to the training program application (e.g. the TPC form); 3. Attach copies of your certificates of completion (e.g. specialty training courses, adult education, online core basic curricula, etc.). |

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| **Appendix A – Complete when requesting to teach: Core Basic, Population Specific, and Nurse Delegation Courses** | | | | | | | |
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| **Work Experience:** List the **one-year** of work experience you have had in the last five years in an adult family home, assisted living facility, enhanced services facility, supported living, or in-home care setting. Work experience may be paid and unpaid. | | | | | | | |
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| **1.** | Employer: | | | Your Title: | | | |
| Employer’s Address: | | | | Employer’s Phone Number: ()  - | | | |
| Months in this position: From:      /     /      To:      /     / | | | | | | | |
| Hours per week: | | | | Total Months: | | | |
| Supervisor's Name**:** | | | | May we contact employer for reference?  Yes  No | | | |
| Describe in detail specific duties related to providing care: | | | | | | | |
| **2.** | Employer: | | | Your Title: | | | |
| Employer’s Address: | | | | Employer’s Phone Number: ()  - | | | |
| Months in this position: From:      /     /      To:      /     / | | | | | | | |
| Hours per week: | | | | Total Months: | | | |
| Supervisor's Name**:** | | | | May we contact employer for reference?  Yes  No | | | |
| Describe in detail specific duties related to providing care: | | | | | | | |
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| **Teaching Experience:** List **100 hours** of experience teaching adults in a classroom setting on topics directly related to basic training, or nurse delegation. | | | | | | | |
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| **1.** | Employer: | | | Your Title: | | | |
| Employer’s Address: | | | | Employer’s Phone Number: ()  - | | | |
| Dates in this position: From:      /     /      To:      /     / | | | | | | Total Months: | |
| Supervisor's Name**:** | | | | May we contact employer for reference?  Yes  No | | | |
| Title or Type of Class: | | Avg. # of students: | From (Date): | To (Date): | Total Class Hours: | | Basic Training or ND Topics/Subject Matter Taught – (Only include details on these topics): |
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| **2.** | Employer: | | | Your Title: | | | |
| Employer’s Address: | | | | Employer’s Phone Number: ()  - | | | |
| Dates in this position: From:      /     /      To:      /     / | | | | | | Total Months: | |
| Supervisor's Name**:** | | | | May we contact employer for reference?  Yes  No | | | |
| Title or Type of Class: | | Avg. # of students: | From (Date): | To (Date): | Total Class Hours: | | Basic Training or ND Topics/Subject Matter Taught – (Only include details on these topics): |
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| **Classroom Management Experience:** Below are common situations that can happen when teaching. Review each scenario and describe the best way to respond in that situation. Although your answers will be brief, we are looking for evidence that you utilize interactive adult learning techniques, model cultural competence/humility, and facilitate the program content. | | | | | | | |
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| **Scenario One:** You divide a class into four different groups to practice hands-on skills. Two groups are spending more time talking than practicing.  This has happened before, and asking them to “get to work” hasn’t worked.  *What do you do?* | | | | | | | |
| **Scenario Two:** It’s the second day of class and you have been having trouble engaging one of the students.  He has not been paying attention and has been disruptive in class since it started yesterday.   When you ask him to participate in an exercise, he blurts out, *“*I’m only here because I was told I have to be here. The only thing I want from this class is a certificate, leave me alone.*”*  *What do you do?* | | | | | | | |
| **Scenario Three:** Five of your students in a class of fifteen have English as their second language and are sitting at the same table. One of the students appears to be translating quietly for the other students.  During a break another student not seated with the five students approaches you and complains about being distracted by the “talking.”  *What do you do?* | | | | | | | |

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| **Appendix B - Complete when requesting to teach: Dementia (and, or, or both) Mental Health Specialty Training** | | | | | | | | | | | | | |
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| **Work Experience:** List the **two-years’** work experience you have had in the last five years in an adult family home, assisted living facility, enhanced services facility, supported living, or in-home care setting **working with clients with special needs in mental health, and dementia**, depending on which class you intend to teach. Work experience may be paid and unpaid. | | | | | | | | | | | | | |
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| **1.** | Employer: | | | | | Your Title: | | | | | | | |
| Type of care setting:  AFH  ALF  ESF  In-home  Supported living  Other | | | | | | | | | | | | | |
| **Experience applies to**:  Dementia  Mental Health  Both Dementia and Mental Health | | | | | | | | | | | | | |
| Employer’s Address: | | | | | | Employer’s Phone Number: ()  - | | | | | | | |
| Dates in this position: From:      /     /      To:      /     / | | | | | | | | | | Hours/week: | | | Total Hours: |
| Supervisor's Name**:** | | | | | | May we contact employer for reference?  Yes  No | | | | | | | |
| Specific Duties (list day-to-day tasks specific to working only with people with **Dementia**): | | | | | | | | | | | | | |
| Specific Duties (list day-to-day tasks specific to working only with people with **Mental Health**): | | | | | | | | | | | | | |
| **2.** | Employer: | | | | | Your Title: | | | | | | | |
| Type of care setting:  AFH  ALF  ESF  In-home  Supported living  Other | | | | | | | | | | | | | |
| **Experience applies to**:  Dementia  Mental Health  Both Dementia and Mental Health | | | | | | | | | | | | | |
| Employer’s Address: | | | | | | Employer’s Phone Number: ()  - | | | | | | | |
| Dates in this position: From:      /     /      To:      /     / | | | | | | | | | | Hours/week: | | | Total Hours: |
| Supervisor's Name**:** | | | | | | May we contact employer for reference?  Yes  No | | | | | | | |
| Specific Duties ( list day-to-day tasks specific to working only with people with **Dementia**): | | | | | | | | | | | | | |
| Specific Duties ( list day-to-day tasks specific to working only with people with **Mental Health**): | | | | | | | | | | | | | |
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| **Teaching Experience:** List **200 hours** of experience teaching adults in a classroom setting on topics directly related to long-term care topics. | | | | | | | | | | | | | |
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| **1.** | Employer: | | | | | Your Title: | | | | | | | |
| Employer’s Address: | | | | | | Employer’s Phone Number: ()  - | | | | | | | |
| Months in this position: From:      /     /      To:      /     / | | | | | | | | | | | Total Months: | | |
| Supervisor's Name: | | | | | | May we contact employer for reference?  Yes  No | | | | | | | |
| Supervisor’s Phone Number: ()  - | | | | | |  | | | | | | | |
| Title or Type of Class: | | Avg. # of students: | | From (Date): | | To (Date): | | Total Class Hours: | | | | Long-Term Care Topics/Subject Matter Taught: | |
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| **2.** | Employer: | | | | | Your Title: | | | | | | | |
| Employer’s Address: | | | | | | Employer’s Phone Number: ()  - | | | | | | | |
| Months in this position: From:      /     /      To:      /     / | | | | | | | | | | | Total Months: | | |
| Supervisor's Name**:** | | | | | | May we contact employer for reference?  Yes  No | | | | | | | |
| Supervisor’s Phone Number: ()  - | | | | | |  | | | | | | | |
| Title or Type of Class: | | Avg. # of students: | | From (Date): | | To (Date): | | Total Class Hours: | | | | Long-Term Care Topics/Subject Matter Taught: | |
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| **Education:** You must meet the **degree requirement** **AND** list the classes that satisfy the requirement for **one-year of education** in dementia and mental health. The degree may be BA, BS, RN, or a mental health professional (as documented in section 2 of this application). The one-year of education may be college credits or 80-continuing education hours on topics directly related to mental health and dementia.  *NOTE:* ***Five years’ work experience*** *in LTC settings may be used to* ***substitute*** *for either the requirement to have a degree,* ***or*** *the requirement to have one year of education in specialty topic.* | | | | | | | | | | | | | |
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| I am electing to use my five years’ work experience in LTC settings documented on page       to substitute for:  **Degree**: I do not have a bachelor’s degree; I am not a RN; I am not a mental health professional.  **OR**  I am electing to use my five years’ work experience in LTC settings documented on page       to substitute for:  **One year of education**: I do not have one year of education (post high school) on topics directly related to dementia, and/or mental health (24 semester credits, 36 quarter system credits), or 80 hours of seminars, conferences, and continuing education on topics directly related to dementia and/or mental health. | | | | | | | | | | | | | |
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| School Name | | | Month and Year Attended | | Credits Earned  Quarter Semester  (36) (24) | | | | List class titles in **Dementia and/or Mental Health**(Be Specific)  (including psychology; counts towards both) | | | | |
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| Hours of seminar, conference, or CE directly related to **Mental Health** | | | Month and Year Attended | | Credits Earned | | | | **Name of training sponsor**- You may attach additional courses to your application. | | | | |
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| Hours of seminar, conference, or CE directly related to **Dementia** | | | Month and Year Attended | | Hours | | | | **Name of training sponsor**- You may attach additional courses to your application. | | | | |
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| **Appendix C – Complete when requesting to teach: Adult Education Course** | | | | | | | | | | | |
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| **Teaching Experience:** List one of the following:   * **Two-years**’ experience instructing long-term care workers as previously documented on page      ; **OR** * **200 hours** of experience teaching adult education related topics to adults in a classroom setting. Attach additional sheets, if needed.   **Education:**   * **Degree requirement** (the degree may be BA, BS, or RN as documented in section 2 of this application); **AND** * List classes that satisfy the **one-year of education\*** in subjects related to adult education (may be college credits or 80-continuing education hours).   \*To request an exemption, please contact [**TrainingApprovalTPC@dshs.wa.gov**](mailto:TrainingApprovalTPC@dshs.wa.gov)**.** | | | | | | | | | | | |
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| **1.** | Employer: | | | | | Your Title: | | | | | |
| Employer’s Address: | | | | | | Employer’s Phone Number: ()  - | | | | | |
| Dates in this position: From:      /     /      To:      /     / | | | | | | | | | | Total Hours: | |
| Immediate Supervisor's Name**:** | | | | | | May we contact employer for reference?  Yes  No | | | | | |
| Title or Type of Class: | | Avg. # of students: | | From (Date): | | To (Date): | | Total Class Hours: | | | Adult Education Topics/Subject Matter Taught: |
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| **2.** | Employer: | | | | | Your Title: | | | | | |
| Employer’s Address: | | | | | | Employer’s Phone Number: ()  - | | | | | |
| Dates in this position: From:      /     /      To:      /     / | | | | | | | | | | Total Hours: | |
| Immediate Supervisor's Name**:** | | | | | | May we contact employer for reference?  Yes  No | | | | | |
| Title or Type of Class: | | Avg. # of students: | | From (Date): | | To (Date): | | Total Class Hours: | | | Adult Education Topics/Subject Matter Taught: |
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| School Name, or title of seminar/ conference/ CE | | | Month and Year Attended | | Credits Earned | | | | List class titles in topics directly related to adult education. | | | |
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