**Community Training Program Application & Updates**

**Community Instructors use this form to:**

* ***Apply to offer training to long term care workers.***
* ***Submit your updates on courses, curriculum, and instructors.***

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| **Section 1: Community Instructor Training Program Information** |
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| **Submitter’s Name** *Please print* |       |
|  | Phone:  | (     )     -      | Cell:  | (     )     -      |
| E-Mail:  |   |
| **Application Type:***Check all that apply* |  [ ]  New community instructor training program  [ ]  Updating an approved community instructor training program  [ ]  Updating an instructor’s status |
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| **Training Program Name:** (Name on contract)*Complete this section if this is your first application or if there are changes to existing program.**New training programs attach a contract intake form & your business license.* | Training Program Name:      Training Program Number:       (*If you are a new training program, please leave this blank.*)*New training programs complete section below, or if your business information has changed, fill in changes below.* |
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| Contractor name and DBA: |        DBA      (Example*: Jane Smith dba Visiting Home Instead Training)* |
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| Address:  |        |
| City:  |         | State: |        | Zip Code:  |        |
|  |
| E-Mail:  |        | Website: |        |
| Phone:  | (     )     -      | Fax:  | (     )     -       |

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| **Section 2: Course Information** |
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| **Course** | **Total Hours** | **Select curriculum.** **If you have developed curriculum, submit a** [New Curriculum Form](https://www.dshs.wa.gov/sites/default/files/ALTSA/training/DSHSCurriculum/New%20Curriculum%20Request%20Form.docx)**.**  |
| [ ]  Orientation [ ]  Safety Training  | **5 hrs** | [ ]  DSHS developed curriculum [ ]  Submitting curriculum you developed for approval.[ ]  Another curriculum DSHS has approved for use  Curriculum Name:       |
| [ ]  Core Basic Training  |       **hrs**      **hrs**      **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.**[ ]  Submitting curriculum you developed for approval.[ ]  Another curriculum DSHS has approved for use  Curriculum Name:       |
| [ ]  Population Specific Training [ ]  Population Specific  Training  | **5 hrs****3 hrs**      **hrs**      **hrs** | [ ]  DSHS developed curriculum – TBI – Surviving and Thriving[ ]  DSHS developed curriculum – Navigating Challenging Behaviors[ ]  Submitting curriculum you developed for approval.[ ]  Another curriculum DSHS has approved for use  Curriculum Name:       |
| [ ]  Nurse Delegation Core [ ]  Nurse Delegation Diabetes | **9 hrs****3 hrs** | [ ]  DSHS developed curriculum[ ]  DSHS developed curriculum |
| [ ]  Dementia Specialty | **8 hrs**      **hrs** | [ ]  DSHS developed curriculum – Dementia Specialty Capable Caregiving Level 1[ ]  Submitting curriculum you developed for approval.**Note: You may no longer enhance the 2007 DSHS dementia specialty curriculum.** |
| [ ]  Mental Health Specialty  | **8 hrs**       **hrs**       **hrs** | [ ]  DSHS developed curriculum - Mental Health Specialty.Mental Wellness Capable Caregiving, Level 1[ ]  Submitting own curriculum for approval[ ]  Another curriculum DSHS has approved for use  Curriculum Name:  |
| [ ]  Continuing Education (CE): | **19.5 hrs****5 hrs****3 hrs**      **hrs**      **hrs** | Check all that apply:[ ]  DSHS developed curriculum – RFOC as CE Course Packet[ ]  DSHS developed curriculum – TBI as CE - Surviving and Thriving[ ]  DSHS developed curriculum – Navigating Challenging Behaviors as CE[ ]  Submitting curriculum you developed for approval.[ ]  Another curriculum DSHS has approved for use  Curriculum Name:       |
| [ ]  Adult Education | 4 hrs | [ ]  DSHS developed curriculum |

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| **Section 3: Instructor Information / Changes** |
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| *Instructors applying to teach a Dementia Specialty and/or Mental Health Specialty course must submit copies of their specialty training certificates.*  |
| **Instructor Name** | **Instructor Status** | **Teaching What Courses?** (Check All That Apply) |
| *First and last name*       | [ ]  Add New Instructor[ ]  Currently DSHS approved but adding new course(s)[ ]  Remove–no longer teaching | [ ]  Orientation[ ]  Safety [ ]  Core Basic [ ]  Population Specific [ ]  Nurse Delegation-Core[ ]  Nurse Delegation-Diabetes | [ ]  Mental Health Specialty [ ]  Dementia Specialty [ ]  Continuing Education[ ]  DSHS Adult Education |
| *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 [ ]  Core Basic [ ]  Population Specific [ ]  Nurse Delegation-Core[ ]  Nurse Delegation-Diabetes  | [ ]  Mental Health Specialty [ ]  Dementia Specialty [ ]  Continuing Education[ ]  DSHS Adult Education |
| *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 [ ]  Core Basic [ ]  Population Specific [ ]  Nurse Delegation-Core[ ]  Nurse Delegation-Diabetes  | [ ]  Mental Health Specialty [ ]  Dementia Specialty [ ]  Continuing Education[ ]  DSHS Adult Education |
| *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 [ ]  Core Basic [ ]  Population Specific [ ]  Nurse Delegation-Core[ ]  Nurse Delegation-Diabetes  | [ ]  Mental Health Specialty [ ]  Dementia Specialty [ ]  Continuing Education[ ]  DSHS Adult Education |
| *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 [ ]  Core Basic [ ]  Population Specific [ ]  Nurse Delegation-Core[ ]  Nurse Delegation-Diabetes | [ ]  Mental Health Specialty [ ]  Dementia Specialty [ ]  Continuing Education[ ]  DSHS Adult Education |
| *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 [ ]  Core Basic [ ]  Population Specific [ ]  Nurse Delegation-Core[ ]  Nurse Delegation-Diabetes  | [ ]  Mental Health Specialty [ ]  Dementia Specialty [ ]  Continuing Education[ ]  DSHS Adult Education |
| *Birthday: MM/DD/YYYY*  |

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| **Section 4: Instructor Attestation for Orientation, Safety, and CE Instructors** |
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| **Instructions:** *Read and complete the attestation below if you have instructors applying to teach Orientation, Safety Training and/or CE.*By filling in your name, job title, and date below and then emailing this to the department, you attest that you have:* Listed all instructors applying to teach Orientation, Safety Training, and /or CE.
* Verified all instructors meet these [minimum instructor qualifications](https://www.dshs.wa.gov/sites/default/files/ALTSA/training/DSHSCurriculum/Instructor%20Requirements%20Community%20Instructor.docx).
* Submitted true, complete, and accurate information.

Name       Job Title       Date       |

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| **Section 5: Is your application complete?** |
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| **Did you remember to:**[ ]  Attach the required copies of your specialty training and adult education certificates of completion?[ ]  Attach [Contract Intake form](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/27-043.pdf) - **See “**[**List of Forms**](https://www.dshs.wa.gov/altsa/training/community-instructors)**”** (for new applicants; include business license). [ ]  Attach Instructor application ([[INS form](https://www.dshs.wa.gov/sites/default/files/ALTSA/training/DSHSCurriculum/INS%20Form.docx)](https://www.dshs.wa.gov/altsa/hcs/training/community-instructors) - **Click on “List of Forms”**) required for the following courses:

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| **Course** |
| Core Basic Training, Population Specific Training, Nurse Delegation (ND) Core or ND Diabetes, Dementia Specialty training, Mental Health Specialty training, and Adult Education class.  |

[ ]  If submitting your own developed curriculum, attach appropriate form with your application.

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| **Course** | **Required Form** |
| Core Basic Training if enhancing RFOC. |  [[CBRFOC Form](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/CB-RFOC%20Form%20Enhanced%20RFOC%20Curriculum%20Approval.doc)and[Instruction Sheet](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/CB-RFOC%20Instruction%20Sheet.pdf)](https://www.dshs.wa.gov/altsa/training/community-instructors) |
| Orientation and Safety, Population Specific Training and Continuing Education | [New Curriculum Form](https://www.dshs.wa.gov/sites/default/files/ALTSA/training/DSHSCurriculum/New%20Curriculum%20Request%20Form.docx) |

Call us for assistance at 360-725-2550. Email your questions and submit your application to **TrainingApprovalTPC@dshs.wa.gov**. |