**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)* | | | | |
|  | | | | | |
| 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:///\\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.**  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:     |  | | --- | | **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.     |  |  | | --- | --- | | **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**](mailto:TrainingApprovalTPC@dshs.wa.gov). |