Adult Family Homes and Assisted Living Facilities use this form to:

- Apply for approval to offer training to Long-Term Care Worker (LTCW) staff.
- Submit updates on courses, curriculum, and instructors in a DSHS approved Facility Training Program.

### Section 1. Facility Training Program Information

<table>
<thead>
<tr>
<th>TRAINING COORDINATOR’S NAME (PLEASE PRINT)</th>
<th>DATE</th>
</tr>
</thead>
</table>

**TRAINING COORDINATOR’S CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>PHONE NUMBER (AREA CODE)</th>
<th>CELL NUMBER (AREA CODE)</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**APPLICATION TYPE (CHECK ALL THAT APPLY)**

- [ ] New facility training program
- [ ] Updating an approved facility training program
- [ ] Adding and/or removing instructor

*If this is a new training program, please leave Training Program Name and Number blank.*

<table>
<thead>
<tr>
<th>TRAINING PROGRAM NAME</th>
<th>TRAINING PROGRAM NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>FACILITY NAME</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>PHONE NUMBER (AREA CODE)</th>
<th>FAX NUMBER (AREA CODE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 2. Course Information

**COURSE**

<table>
<thead>
<tr>
<th>TOTAL HOURS</th>
<th>IF YOU HAVE DEVELOPED CURRICULUM, SUBMIT A CURRICULUM APPLICATION, DSHS 15-552.</th>
</tr>
</thead>
</table>

- [ ] Orientation Safety Training
  - 5
  - DSHS developed curriculum Orientation and Safety
  - Submitting curriculum you developed for approval
  - Another curriculum DSHS has approved for use

- [ ] Long-Term Care Worker Basic Training
  - Enhanced DSHS Revised Fundamentals of Caregiving (RFOC)
  - Submit the Long-Term Care Worker Basic Training Enhancement Instructions and Application, DSHS 15-553, with this application
  - Submitting curriculum you developed for approval
  - Another curriculum DSHS has approved for use

- [ ] Population Specific Training
  - 5
  - DSHS developed curriculum TBI – Surviving and Thriving
  - DSHS developed curriculum Navigating Challenging Behaviors
  - Another curriculum DSHS has approved for use

- [ ] Dementia Specialty
  - 8
  - DSHS developed curriculum Dementia Specialty – Dementia, Level 1 Dementia Capable Caregiving
DSHS developed curriculum **Mental Health Specialty – Mental Health, Level 1 Mental Wellness Capable Caregiving**

- **Continuing Education (CE)**
  - 19.5 DSHS developed **Revised Fundamentals of Caregiving (RFOC)** as CE Course Packet
  - 5 DSHS developed curriculum **TBI – Surviving and Thriving**
  - 3 DSHS developed curriculum **Navigating Challenging Behaviors**
  - 1.5 **POLST Section A** (available to AFH / ALF only)
  - .5 WA DOH Food Safety

Another curriculum DSHS has approved for use

**Curriculum name:**

---

### Section 3. Instructor Information / Changes

Instructors applying to teach a Dementia Specialty and/or Mental Health Specialty course must submit copies of their specialty training certificates and Facility Instructor Application, DSHS 15-554.

<table>
<thead>
<tr>
<th>INSTRUCTOR NAME</th>
<th>INSTRUCTOR STATUS</th>
<th>CHECK ALL COURSES THAT APPLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST AND LAST NAME</td>
<td>Add new instructor</td>
<td>Orientation and Safety</td>
</tr>
<tr>
<td>BIRTHDAY (MM/DD/YYYY)</td>
<td>DSHS approved but adding new course(s)</td>
<td>LTCW Basic Training</td>
</tr>
<tr>
<td></td>
<td>Remove, no longer teaching</td>
<td>Population Specific</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continuing Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Health Specialty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dementia Specialty</td>
</tr>
</tbody>
</table>

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### Section 4. Instructor Attestation for Orientation, Safety, and CE Instructors

By filling in your name, job title, and date below, and then emailing this to the department, you attest that you have:

- Listened all instructors applying to teach Orientation, Safety Training, and/or CE.
- Verified all instructors meet these qualifications. **WAC 388-112A-1260**
- Have on file the verifying information for each instructor.
- Submitted true, complete, and accurate information.

**NAME**

**JOB TITLE**

**DATE**

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**FACILITY TRAINING PROGRAM APPLICATION AND UPDATES**

**DSHS 15-555 (05/2019)**
Section 5. Is your application complete?

Did you remember to attach:

☐ Copies of your Specialty Training and Adult Education certificates of completion, if required.

If you are submitting curriculum you developed, attach the required form with your application:

☐ For LTCW Basic Training, submit the Long-Term Care Worker Basic Training Enhancement Instructions and Application, DSHS 15-553.

☐ For Orientation and Safety, Population Specific Training, and Continuing Education, submit the Curriculum Approval Application, DSHS 15-552.

Email your questions and submit your application to TrainingApprovalTPA@dshs.wa.gov.

For more information about long-term care worker training, please visit the DSHS Training Requirements and Classes page.