



High School Home Care Aide Training Program and Instructor Application and Updates

Use this form to:

- Apply for DSHS approval to teach the High School Home Care Aide Training Program.
- Submit instructor changes.

Section 1. High School Training Program Contact Information

SUBMITTER'S NAME (PLEASE PRINT)

SUBMITTER'S CONTACT INFORMATION
PHONE NUMBER (WITH AREA CODE)

EMAIL ADDRESS

HIGH SCHOOL NAME

SCHOOL DISTRICT NAME

PRINCIPAL'S NAME

SUPERINTENDENT'S NAME

Application type:

- New Applicant High School Home Care Aide Training Program
 Updating an already Approved High School Home Care Aide Training Program

Do you want to add or remove an instructor (check all that apply):

- Adding an instructor (if you are adding an instructor, continue to Section 2)
 Updating an already Approved High School Home Care Aid Training Program

Section 2. New Instructor Information and Qualifications [WAC 388-112A-1245](#)

INSTRUCTOR'S NAME

DATE

PHONE NUMBER (WITH AREA CODE)

CELL NUMBER (WITH AREA CODE)

EMAIL ADDRESS

1. Are you a health care or social service professional, such as an RN, LPN, HCA, NAC, EMT, or other DOH credential? Yes No

If **yes**, list any licenses or certifications you hold in Washington. If **no**, leave blank:

Type of license or certification:

License or certification number:

2. Have you ever had any type of professional license or certification revoked in Washington State?

Yes No

If **yes**, list any licenses or certifications you held in Washington. If **no**, leave blank:

License or certification number:

Date of revocation:

3. Do you have a valid teaching credential with a related endorsement such as career and technical education, science, health, or special education? Yes No

Name / type of teaching credential and endorsement:

4. Do you meet one of the following qualifications (check all that apply):

- Have caregiving experience within the last five years in a school, community-based, or home setting.
 Are a registered nurse with direct care experience within the last five years.
 Certificated under the vocational code V511614.
 Successfully completed core basic training taught by a DSHS approved instructor.
 Have taught 40 hours of basic training while being mentored by an instructor who is approved to teach basic training.

5. Do you have 100 hours of teaching experience? Yes No
6. Do you have knowledge in caregiving practices and can demonstrate competency for teaching the course content if required? Yes No
7. Have successfully completed a DSHS specialty or expanded specialty training classes before training others on that topic? Yes No

Section 3. Attestation of Accuracy

Read and complete the following attestation.

I certify and understand that:

- The information I have provided to the department in this application and during the application process is subject to investigation and verification.
- The department may obtain additional information, verification, and/or documentation related to my answers or information.
- The information provided in this application and in all additional documents is true, complete, and accurate.
- Providing false or inaccurate information is cause for rejection of this application.

SIGNATURE

DATE

JOB TITLE

Section 4. Is your application complete?

Remember to:

- Attach copies of your Specialty Training certificates of completion.
- Attach a copy of your credential / endorsement.
- Attach a copy of your core basic certificate of completion (if applicable).
- Complete Section 3: Attestation of Accuracy.
- For new applicants attach the New [Contractor Form Intake, DSHS 27-043](#).

Email your questions and submit your application with supporting documentation to TrainingApprovalTPC@dshs.wa.gov.