

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
Continuing Education Event Approval Application

Use this form to request DSHS approval to offer continuing education hours to long-term care workers (Home Care Aides and Nursing Assistants Certified) at conferences, seminars or webinars.

[WAC 388-112A-0600](#), [WAC 388-71-1026](#)

Individual Providers cannot use DSHs approved events to meet their continuing requirements. [WAC 388-71-0523](#)

Section 1. Event Sponsor Information			
SUBMITTER'S NAME (PLEASE PRINT)			DATE
SUBMITTER'S CONTACT INFORMATION:			
PHONE NUMBER (AREA CODE) ()	CELL NUMBER (AREA CODE) ()	EMAIL ADDRESS	
TRAINING PROGRAM:			TRAINING PROGRAM NUMBER
TRAINING PROGRAM NAME			
NEW TRAINING PROGRAM:			
If DSHS approves continuing education hours for your event, the event sponsor's name will be the assigned Training Program Name and the department will assign a Training Program Number.			
PLEASE ENTER EVENT SPONSOR'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		WEBSITE ADDRESS	
Section 2. Event Information			
Would you like your event posted on the DSHS Aging and Long-Term Support Conferences and Seminars Approved for CE page ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When DSHS approves CE hours for an event, a CE approval code is assigned and official documentation is sent to the submitter. This CE approval code officially communicates to long-term care workers and their employers that DSHS has approved your event for CE hours.			
Are you requesting:			
<input type="checkbox"/> One CE Approval Code for the entire event?			
<input type="checkbox"/> Individual CE Approval Codes for educational courses, workshops, and/or seminars during the event?			
CE total:			
Please provide additional information where indicated.			
EVENT TITLE			
EVENT DATE(S)			
EVENT LOCATION AND ADDRESS			
BRIEF SUMMARY OF EVENT			
EVENT CONTACT INFORMATION:			
NAME		PHONE NUMBER (AREA CODE) ()	
EMAIL ADDRESS			
WEBSITE ADDRESS AND/OR REGISTRATION INFORMATION			

If you are requesting individual CE Approval Codes for educational course, workshop, and/or seminar during this event, please provide detailed information below.

TITLE	HOURS	BRIEF SUMMARY

Section 3. Terms and Conditions

Read the following terms and conditions carefully. These terms and conditions take effect once the event is approved for CE hour by DSHS.

The event sponsor agrees to:

1. Submit only topics relevant to the care setting, care needs of residents, long-term care worker career development, and target audience at least 45 days in advance of the event. [WAC 388-112A-0600](#)
2. Attest that any presenter or speaker at the event meets the DSHS instructor qualifications for CE. [WAC 388-112A-1260](#)
3. Not publish the DSHS CE approval code(s) assigned to the event in any brochure, website, or other forms or marketing of the event.
4. Maintain written documentation of department approved continuing education in the form of a certificate or transcript that contains the following information listed below. [WAC 388-112A-0620](#)
 - a. The name of the student
 - b. The title of the training
 - c. The number of hours of the training
 - d. The assigned curriculum approval code
 - e. The instructor's name and signature
 - f. The name and identification number of the home or training entity giving the training
 - g. The date(s) of the training
5. Maintain a record of transactions with WA long-term care workers or their employers related to this event and the performance of these terms and conditions as outlined in this section for six years after expiration or termination of this agreement.
6. Communicate to DSHS immediately any concerns regarding anyone improperly using or obtaining the DSHS CE approval code(s).

Event Details and Materials: Please provide documentation of the content, competencies and/or learning objectives that will be met by this event and/or the education courses within the event. This may be copies of pages from the learner's guide, instructor/presenter outlines, promotional materials, etc. If you plan to enhance DSHS curriculum indicate where and what you are including as enhancements.

Section 4. Attestation

- By filling in your name, job title and date below and then submitting this form to the department, you attest that:
- 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.
 - The department may obtain additional information, verification, and/or documentation related to my answers or information.
 - You have read and agree to the Terms and Conditions in Section 3.

NAME	JOB TITLE	DATE
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Email your questions and submit your application to TrainingApprovalTPC@dshs.wa.gov.