



**Community Instructor Application:
DSHS Adult Education**

TODAY'S DATE

DSHS-approved Community Instructors use this form to offer DSHS Adult Education training to long-term care workers. Please submit one application per instructor.

Section 1. Community Instructor Training Program Information

SUBMITTER'S NAME		DATE OF BIRTH
SUBMITTER'S CONTACT INFORMATION (PLEASE PRINT)		
PHONE NUMBER (AREA CODE) ()	CELL NUMBER (AREA CODE) ()	EMAIL ADDRESS
TRAINING PROGRAM TRAINING PROGRAM NAME (NAME ON CONTRACT)		TRAINING PROGRAM NUMBER
ADDRESS	CITY	STATE ZIP CODE
EMAIL ADDRESS	WEBSITE	

Section 2. General Community Instructor Qualifications [WAC 388-112A-1240](#)

- Are you 21 years old or older? Yes No
- Are you an owner or administrator of an adult family home, assisted living facility, enhanced services facility, nursing home, home care agency, or supported living in Washington? Yes No
If **yes**, please list the type of license and the license number (supported living providers list the type of certification and certification number). If **no**, leave blank.
Type of license or certification _____
License or certification number _____
- Are you a health care or social service professional, such as an HCA, NAC, LPN, RN, or ARNP? Yes No
If **yes**, please list any licenses or certifications you hold in Washington. If **no**, leave blank.
Type of license or certification _____
License or certification number _____
- Have you ever had a professional health care, adult family home, assisted living or social services license or certification revoked in Washington State? Yes No
If **yes**, license or certification _____ Date of revocation _____

Section 3. Teaching Experience [WAC 388-112A-1250](#)

You must have two years' experience teaching long-term care workers; **or 200 hours** experience teaching adult education or closely related subjects. Attach additional documentation, if needed.

Employer 1	YOUR TITLE	
	EMPLOYER'S ADDRESS	
EMPLOYER'S PHONE NUMBER (AREA CODE) ()	DATES IN THIS POSITION From _____ To _____	
IMMEDIATE SUPERVISOR'S NAME	May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TITLE OR TYPE OF CLASS	ADULT EDUCATION TOPICS / SUBJECT MATTER TAUGHT	FROM (DATE)	TO (DATE)	TOTAL CLASS HOURS

Degree (mark all that apply): Bachelor's Master's PhD or Registered Nurse

* List classes that satisfy the **one year of education** in subjects related to adult education. Attach additional documentation, if needed.

SCHOOL NAME OR TITLE OF SEMINAR / CONFERENCE / CE	MONTH AND YEAR ATTENDED	CREDITS EARNED	LIST CLASS TITLES IN TOPICS DIRECTLY RELATED TO ADULT EDUCATION.

Section 5. Attestation of Accuracy

Read the following information; and fill out your name, job title, and the date below.

I certify and understand that:

- The information I give to the department may be used to verify the information in this application. Any information I give to the department may be used by the department for this purpose.
- The department may obtain additional information, verification, and/or documentation related to my answers or information.
- 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.

SIGNATURE	DATE	JOB TITLE
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Section 6. Is your application complete?

Did you remember to:

- Attach a copy of your Adult Education certificate of completion
- Attach [Contract Intake form](#), DSHS 27-043
- Complete Section 5: Attestation of Accuracy

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