

Community Instructor Training Program Application and Updates

TODAY'S DATE

Use this form to:

- Apply for approval to offer training to long-term care workers as a Community Instructor.
- Submit updates on courses, curriculum, and instructors in a DSHS approved Community Instructor Training Program.

Section 1. Community Instructor Training Program Information

SUBMITTER'S NAME (PLEASE PRINT)

SUBMITTER'S CONTACT INFORMATION

PHONE NUMBER (AREA CODE) ()	CELL NUMBER (AREA CODE) ()	EMAIL ADDRESS
------------------------------------	-----------------------------------	---------------

APPLICATION TYPE (CHECK ALL THAT APPLY)

- New community instructor training program
- Updating an approved community instructor training program
- Adding and/or removing a community instructor

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

TRAINING PROGRAM NAME (NAME ON CONTRACT)

TRAINING PROGRAM NUMBER

Business Contact Information: Contractor

DOING BUSINESS AS (DBA)

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

ADDRESS OF TRAINING LOCATION IF DIFFERENT	CITY	STATE	ZIP CODE
---	------	-------	----------

EMAIL ADDRESS

WEBSITE

PHONE NUMBER (AREA CODE)
()

CELL NUMBER (AREA CODE)
()

Section 2. Course Information

COURSE	TOTAL HOURS	SELECT CURRICULUM (CHECK ALL THAT APPLY) IF YOU HAVE DEVELOPED CURRICULUM, SUBMIT A CURRICULUM APPROVAL APPLICATION, 15-552.
<input type="checkbox"/> Orientation <input type="checkbox"/> Safety Training	5	<input type="checkbox"/> DSHS developed curriculum – Orientation and Safety <input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:
<input type="checkbox"/> Long-Term Care Worker Basic Training		<input type="checkbox"/> <u>Enhanced</u> DSHS Revised Fundamentals of Caregiving (RFOC) Submit the Long-Term Care Worker Basic Training Enhancement Instructions and Application, DSHS 15-553, with this application. <input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:

<input type="checkbox"/> Population Specific Training	5 3	<input type="checkbox"/> DSHS developed curriculum TBI – Surviving and Thriving <input type="checkbox"/> DSHS developed curriculum Navigating Challenging Behaviors
<input type="checkbox"/> Population Specific Training		<input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:
<input type="checkbox"/> Nurse Delegation Core	9	<input type="checkbox"/> DSHS developed curriculum Nurse Delegation Core
<input type="checkbox"/> Nurse Delegation Diabetes	3	<input type="checkbox"/> DSHS developed curriculum Nurse Delegation Diabetes
<input type="checkbox"/> Dementia Specialty	8	<input type="checkbox"/> DSHS developed curriculum Dementia Specialty – Dementia, Level 1 Dementia Capable Caregiving
<input type="checkbox"/> Mental Health Specialty	8	<input type="checkbox"/> DSHS developed curriculum Mental Health Specialty – Mental Health, Level 1 Mental Wellness Capable Caregiving for Mental Wellness
<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty	8	<input type="checkbox"/> DSHS developed curriculum Traumatic Brain Injury – Traumatic Brain Injury, Level 1 Capable Caregiving for Brain Injury Care
<input type="checkbox"/> Diabetes Expanded Specialty	8	<input type="checkbox"/> DSHS developed curriculum Diabetes – Diabetes, Level 1 Capable Caregiving for Diabetes Care
<input type="checkbox"/> Continuing Education (CE)	19.5 5 3	<input type="checkbox"/> DSHS Revised Fundamentals of Caregiving (RFOC) CE Course Packet <input type="checkbox"/> DSHS developed curriculum as CE - TBI – Surviving and Thriving <input type="checkbox"/> DSHS developed curriculum as CE - Navigating Challenging Behaviors <input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:

Section 3. Instructor Information / Changes

Instructors applying to teach a Dementia Specialty, Mental Health Specialty, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty and Diabetes Specialty) must submit copies of their specialty training and Adult Education certificates and Community Instructor Application, DSHS 15-550.

Instructors applying to teach Long-Term Care Worker Basic Training must submit a copy of their Adult Education certificate and Community Instructor Application, DSHS 15-550.

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety	<input type="checkbox"/> Mental Health Specialty
BIRTHDAY (MM/DD/YYYY)		<input type="checkbox"/> LTCW Basic Training	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty
		<input type="checkbox"/> Population Specific	<input type="checkbox"/> Diabetes Expanded Specialty
		<input type="checkbox"/> Nurse Delegation – Core	<input type="checkbox"/> Continuing Education
		<input type="checkbox"/> Nurse Delegation – Diabetes	
		<input type="checkbox"/> Dementia Specialty	

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety	<input type="checkbox"/> Mental Health Specialty
BIRTHDAY (MM/DD/YYYY)		<input type="checkbox"/> LTCW Basic Training	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty
		<input type="checkbox"/> Population Specific	<input type="checkbox"/> Diabetes Expanded Specialty
		<input type="checkbox"/> Nurse Delegation – Core	<input type="checkbox"/> Continuing Education
		<input type="checkbox"/> Nurse Delegation – Diabetes	
		<input type="checkbox"/> Dementia Specialty	

INSTRUCTOR NAME		INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety <input type="checkbox"/> LTCW Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Nurse Delegation – Core <input type="checkbox"/> Nurse Delegation – Diabetes <input type="checkbox"/> Dementia Specialty	<input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Continuing Education	
BIRTHDAY (MM/DD/YYYY)				
INSTRUCTOR NAME		INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety <input type="checkbox"/> LTCW Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Nurse Delegation – Core <input type="checkbox"/> Nurse Delegation – Diabetes <input type="checkbox"/> Dementia Specialty	<input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Continuing Education	
BIRTHDAY (MM/DD/YYYY)				

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

Read and complete the attestation below if instructors are applying to teach Orientation, Safety Training and/or CE.

By filing in your name, job title, and date below, you attest that you have:

- Listed all instructors applying to teach Orientation, Safety Training, and /or CE.
- Verified all instructors meet the [Community Instructor Qualifications](#).
- Submitted true, complete, and accurate information.

SIGNATURE	DATE	JOB TITLE
-----------	------	-----------

Section 5. Is your application complete?

Did you remember to attach the:

- Copies of your Specialty Training and/or Adult Education certificates of completion, if required.
- [Contract Intake, DSHS 27-043](#), and copy of business license for new applicants
- Community Instructor Application, DSHS 15-550. This form is required for the following courses:
 - Long-Term Care Worker Basic Training
 - Population Specific Training
 - Nurse Delegation (ND) Core or ND Diabetes
 - Dementia Specialty Training
 - Mental Health Specialty Training
 - Expanded Specialty Training (Traumatic Brain Injury Specialty and Diabetes Specialty)

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 TrainingApprovalTPC@dshs.wa.gov