AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
Community Instructor Training Program
Application and Updates

TODAY'S DATE

Washington State
Department of Social
& Health Services
Transforming lives

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
- ☐ Contract renewal

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.**
☐ Orientation ☐ Safety Training	**5**	☐ DSHS developed curriculum – **Orientation and Safety** ☐ Submitting curriculum you developed for approval ☐ Another curriculum DSHS has approved for use; Curriculum Name:
☐ Core Basic Training		☐ DSHS developed **Fundamentals of Caregiving (FOC)** ☐ Submitting curriculum you developed for approval ☐ Another curriculum DSHS has approved for use; Curriculum Name:
☐ Population Specific Training		☐ Submitting curriculum you developed for approval ☐ A DSHS approved curriculum for use; Curriculum Name:

☐ Nurse Delegation Core	**9**	☐ DSHS developed curriculum **Nurse Delegation Core**
☐ Nurse Delegation Diabetes	**3**	☐ DSHS developed curriculum **Nurse Delegation Diabetes**
☐ Dementia Specialty	**8**	☐ DSHS developed curriculum **Dementia Specialty** – **Level 1 Dementia Capable Caregiving**
☐ Mental Health Specialty	**8**	☐ DSHS developed curriculum **Mental Health Specialty** – **Level 1 Mental Wellness Capable Caregiving for Mental Wellness**
☐ Traumatic Brain Injury Expanded Specialty	**8**	☐ DSHS developed curriculum **Traumatic Brain Injury** – **Level 1 Capable Caregiving for Brain Injury Care**
☐ Diabetes Expanded Specialty	**8**	☐ DSHS developed curriculum **Diabetes** – **Level 1 Capable Caregiving for Diabetes Care**
☐ Substance Use Disorder Expanded Specialty	**8**	☐ DSHS developed curriculum **Substance Use Disorder** – **Level 1 Capable Caregiving for Substance Use Disorder Care**
☐ Continuing Education (CE)	**19.5**	☐ DSHS **Fundamentals of Caregiving (FOC)** CE Course Packet ☐ Submitting curriculum you developed for approval ☐ Another curriculum DSHS has approved for use; Curriculum Name:

Section 3. Instructor Information / Changes

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

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME BIRTHDAY (MM/DD/YYYY)	☐ Add new instructor ☐ DSHS approved but adding new course(s) ☐ Remove – no longer teaching ☐ Contract renewal maintain instructor	☐ Orientation and Safety ☐ Core Basic Training ☐ Population Specific ☐ Nurse Delegation – Core ☐ Nurse Delegation – Diabetes ☐ Dementia Specialty ☐ Mental Health Specialty	☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Continuing Education
INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME BIRTHDAY (MM/DD/YYYY)	☐ Add new instructor ☐ DSHS approved but adding new course(s) ☐ Remove – no longer teaching ☐ Contract renewal maintain instructor	☐ Orientation and Safety ☐ Core Basic Training ☐ Population Specific ☐ Nurse Delegation – Core ☐ Nurse Delegation – Diabetes ☐ Dementia Specialty ☐ Mental Health Specialty	☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Continuing Education

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME BIRTHDAY (MM/DD/YYYY)	☐ Add new instructor ☐ DSHS approved but adding new course(s) ☐ Remove – no longer teaching ☐ Contract renewal maintain instructor	☐ Orientation and Safety ☐ Core Basic Training ☐ Population Specific ☐ Nurse Delegation – Core ☐ Nurse Delegation – Diabetes ☐ Dementia Specialty ☐ Mental Health Specialty	☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Continuing Education

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME BIRTHDAY (MM/DD/YYYY)	☐ Add new instructor ☐ DSHS approved but adding new course(s) ☐ Remove – no longer teaching ☐ Contract renewal maintain instructor	☐ Orientation and Safety ☐ Core Basic Training ☐ Population Specific ☐ Nurse Delegation – Core ☐ Nurse Delegation – Diabetes ☐ Dementia Specialty ☐ Mental Health Specialty	☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Continuing Education

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

Read and complete the attestation below.

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 Qualification Requirements (DSHS 22-1854).
- 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.

☐ Contractor Intake, DSHS 27-043, and copy of business license for new applicants and contract renewals.

☐ Copy of your business Certificate of Insurance. Commercial General Liability Insurance is required with minimum limits of $1,000,000 per occurrence and $2,000,000 general aggregate, and DSHS must be named as an additional insured.

☐ Community Instructor Application, DSHS 15-550. This form is required for the following courses:

- Core Basic Training
- Population Specific Training
- Nurse Delegation Core or Nurse Delegation Diabetes
- Dementia Specialty Training
- Mental Health Specialty Training
- Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder Specialty)

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

☐ 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