

## Facility Instructor Application

For Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities

Submit this form to offer Long-Term Care Worker Basic Training, Dementia Specialty Training, Mental Health Specialty Training, Developmental Disabilities, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty and Diabetes Specialty). The instructor must sign this form. [WAC 388-112A-1240](http://www.wa.gov/wac/388-112A-1240)

Submit this form with the Facility Training Program Application and Updates, DSHS 15-555.

Section 1. General Information and Qualifications		
INSTRUCTOR'S NAME	DATE OF BIRTH	PHONE NUMBER (AREA CODE) ( ) -
INSTRUCTOR'S EMAIL		CELL NUMBER (AREA CODE) ( ) -
FACILITY'S NAME		
<p>QUALIFICATIONS</p> <p>1. Are you 21 years old or older?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>yes</b>, please list the type of license and the license number (supported living providers list the type of certification and certification number). If <b>no</b>, leave blank.</p> <p>Type of license or certification _____</p> <p>License or certification number _____</p> <p>3. Are you a health care or service professional, such as an HCA, NAC, LPN, RN, or ARNP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>yes</b>, please list any licenses or certifications you hold in Washington. If <b>no</b>, leave blank.</p> <p>Type of license or certification _____</p> <p>License or certification number _____</p> <p>4. Have you ever had a professional health care, adult family home, assisted living, or social services license or certification revoked in Washington State?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>yes</b>, license or certification _____</p> <p>Date of revocation _____</p>		
Section 2. Education and Work Experience (select highest level of experience)		
<p>You are a registered nurse with work experience within the last five years with the elderly or persons with disabilities requiring long-term care in a community setting. .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You have an associate degree or higher degree in the field of health or human services and six months professional or caregiving experience within the last five years in a community based setting such as an adult family home, or assisted living facility. .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You have a high school diploma, or equivalent, and one year of professional or caregiving experience within the last five years in a community based setting such as an adult family home, assisted living facility, supported living through DDA, or home care setting. .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Section 3. Teaching Experience (select highest level of experience)		
<p>You have 100 hours of experience teaching adults on topics directly related to the basic training. .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You have 40 hours of teaching basic training while being mentored by an instructor who is approved to teach basic training. .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

**Instructors with adult family homes, enhanced services facilities, and assisted living facilities that do not meet a teaching criteria above must have and attest to the following experience to be approved to teach their own staff:**

I have 40 hours of informal teaching experiences unrelated to basic training topics such as guest lecturing, team teaching, and volunteer teaching with parks, local high schools, 4-H groups, English as a Second Language (ESL) groups, senior organizations, and religious organization **AND**

I have the ability to implement three adult learning techniques in your long-term care worker training, **AND**

I have the ability to list three ways for improving your instructional facilitation and the method the instructor will use to measure improvement such as submitting the continuous improvement plan feedback from the DSHS adult education class.....  Yes  No

**Section 4. Additional Training and Caregiving Experience (select all that apply)**

You have 1) attended an adult education class, 2) attended the Specialty Training class(es) you are requesting to teach, and 3) have attached your certificates of completion to this application. ....  Yes  No

You have experience or training in conducting assessments and competency testing. ....  Yes  No

You are experienced in caregiving practices and capable of demonstrating competency with respect to teaching the course content or units being taught.....  Yes  No

**Section 5. Certification and Attestation**

I certify and understand that:

- The information provided in this application is true, complete, and accurate.
- Untruthful or misleading answers are cause for rejection of this application.

NAME

DATE