

Facility Training Program Application and Updates

TODAY'S DATE

Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities use this form to:

- Apply for approval to offer training to Long-Term Care Worker (LTCW) staff.
- Submit updates on courses, curriculum, and instructors in a DSHS approved Facility Training Program.

Section 1. Facility Training Program Information			
TRAINING COORDINATOR'S NAME (PLEASE PRINT)			DATE
TRAINING COORDINATOR'S CONTACT INFORMATION:			
PHONE NUMBER (AREA CODE) ()	CELL NUMBER (AREA CODE) ()	EMAIL ADDRESS	
APPLICATION TYPE (CHECK ALL THAT APPLY)			
<input type="checkbox"/> New facility training program <input type="checkbox"/> Updating an approved facility training program <input type="checkbox"/> Adding and/or removing instructor			
If this is a new training program, please leave Training Program Name and Number blank.			
TRAINING PROGRAM NAME			TRAINING PROGRAM NUMBER
FACILITY INFORMATION:			
FACILITY NAME			LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			PHONE NUMBER (AREA CODE) ()
WEBSITE ADDRESS			FAX 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 (DSHS 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"/> Core Basic Training	54	<input type="checkbox"/> DSHS developed Fundamentals of Caregiving (FOC) <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		<input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> A DSHS approved curriculum for use; Curriculum name:	
<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	

<input type="checkbox"/> Developmental Disabilities Specialty	16	<input type="checkbox"/> DSHS developed curriculum Developmental Disabilities Specialty
<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"/> Substance Use Disorder Expanded Specialty	8	<input type="checkbox"/> DSHS developed curriculum Substance Use Disorder – Substance Use Disorder, Level 1 Capable Caregiving for Substance Use Disorder Care
<input type="checkbox"/> Continuing Education (CE)	19.5 1.5 .5	<input type="checkbox"/> DSHS developed Fundamentals of Caregiving (FOC) as a CE Course Packet <input type="checkbox"/> POLST Section A (available to AFH / ALF only) <input type="checkbox"/> WA DOH Food Safety <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 Core Basic, Dementia Specialty, Mental Health Specialty, Developmental Disabilities, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their [Facility Instructor Application \(DSHS 15-554\)](#).

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"/> Core Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Continuing Education <input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Dementia Specialty <input type="checkbox"/> Developmental Disabilities Specialty	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Substance Use Disorder Expanded Specialty	
BIRTHDAY (MM/DD/YYYY)				
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"/> Core Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Continuing Education <input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Dementia Specialty <input type="checkbox"/> Developmental Disabilities Specialty	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Substance Use Disorder Expanded Specialty	
BIRTHDAY (MM/DD/YYYY)				
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"/> Core Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Continuing Education <input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Dementia Specialty <input type="checkbox"/> Developmental Disabilities Specialty	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Substance Use Disorder Expanded Specialty	
BIRTHDAY (MM/DD/YYYY)				

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"/> Core Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Continuing Education <input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Dementia Specialty <input type="checkbox"/> Developmental Disabilities Specialty	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Substance Use Disorder Expanded Specialty
BIRTHDAY (MM/DD/YYYY)			
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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"/> Core Basic Training <input type="checkbox"/> Population Specific <input type="checkbox"/> Continuing Education <input type="checkbox"/> Mental Health Specialty <input type="checkbox"/> Dementia Specialty <input type="checkbox"/> Developmental Disabilities Specialty	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty <input type="checkbox"/> Diabetes Expanded Specialty <input type="checkbox"/> Substance Use Disorder Expanded Specialty
BIRTHDAY (MM/DD/YYYY)			

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

Read and complete the attestation below.

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

- Have verified all instructors meet the [Facility Instructor Qualification Requirements \(DSHS 22-1855\)](#).
- Have on file the verifying information for each instructor.
- Have submitted true, complete, and accurate information.

NAME	JOB TITLE	DATE
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Section 5. Is your application complete?

Did you remember to attach:

- Copies of your Specialty Training and Adult Education certificates of completion, if required.

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 TrainingApprovalTPA@dshs.wa.gov.

For more information about long-term care worker training, please visit the [DSHS Training Requirements and Classes page](#).