



On-the-Job Facility Training Application and Updates

Use this form to request approval to include on-the-job (OJT) training within your 75-hour long-term care worker basic training or to update the existing plan. **Facility Instructors are required to teach at least 16 hours of on-the-job skills for long-term care workers in training (WAC 388-112A-0300).** You must submit this form and receive department approval prior to implementation of OJT training at your facility.

FACILITY'S NAME	FACILITY'S TRAINING NUMBER WA	DATE
TRAINING COORDINATOR'S NAME	EMAIL	

Section 1. Core Basic Training

Which approved online core basic will provide 38 hours of the core basic instructional component for your facility?

Our facility instructor or corporate instructor will teach the instructional part of core basic training using the DSHS Fundamentals of Caregiving 3rd Edition (textbook).

Section 2. Population Specific Training

Specify which population specific classes your long-term care workers will receive and list the approved instructor or business that will deliver each course. Population specific training should reflect the needs of your facility's population. We recommend at least 16 hours total from the following options:

Classes	Approved Instructor's Name (print)
Mental Health Specialty 8-hours	
Dementia Specialty 8-hours	
Developmental Disabilities Specialty 16 hours	
OTHER APPROVED POPULATION SPECIFIC CLASS: ENTER CLASS TITLE(S) AND HOURS.	

Section 3. Orientation and Safety Training

Specify how your long-term care workers will receive 5-hours of orientation and safety classes.

Facility instructor (recommended) Online provider Community instructor

Section 4. 75-hour HCA Certification Plan

Example:

Core Basic Instruction Online	38 hours
Core Basic Skills OJT	16 hours
Mental Health Specialty	8 hours
Dementia Specialty	8 hours
Orientation and Safety	5 hours
Total	75 hours

Please specify your facility's training plan:

Core Basic Skills OJT	16 hours
Orientation and Safety	5 hours
Total	

Submit this completed application to TrainingApprovalTPA@dshs.wa.gov. In the email Subject line, write "OJT" and your facility's name, e.g. OJT Best Care AFH. You must submit this form and receive department approval prior to implementation of OJT training at your facility.

INSTRUCTOR(S) SIGNATURE(S)	PRINTED INSTRUCTOR(S) NAME(S)	INSTRUCTOR(S) TRAINING CODE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____