



High School Home Care Aide Instructor Application

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| TODAY'S DATE |
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Use this form to request DSHS approval to teach the High School Home Care Aide Course. Applicants must be referred by the high school or school district approved to offer the High School Home Care Aide course.

Email your questions and submit your application to WorkforceDevelopment@dshs.wa.gov.

Section 1. Instructor, Training Program Information and Courses Requested

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| INSTRUCTOR'S NAME | | DATE OF BIRTH |
| INSTRUCTOR'S CONTACT INFORMATION | | |
| PHONE NUMBER (AREA CODE) () | CELL NUMBER (AREA CODE) () | EMAIL ADDRESS |
| NAME OF REFERRING HIGH SCHOOL OR SCHOOL DISTRICT | | |
| REFERRING HIGH SCHOOL OR SCHOOL DISTRICT STAFF CONTACT INFORMATION | | |
| NAME | PHONE NUMBER (AREA CODE) () | EMAIL ADDRESS |

Section 2. General High School Home Care Aide Instructor Qualifications [WAC 388-112A-1245](#)

1. Are you 21 years old or older? Yes No
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? Yes No
 If **yes**, please list the type of license and the license number. Supported living providers list the type of certification and certification number. If **no**, leave blank.
 Type of license or certification _____
 License or certification number _____
3. Are you a health care or social service professional, such as an RN, LPN, HCA, NAC, EMT, or other DOH credential? Yes No
 If **yes**, list any licenses or certifications you hold in Washington. If **no**, leave blank.
 Type of license or certification _____
 License or certification number _____
4. Have you ever had a professional health care, adult family home, assisted living or social services license or certification revoked in Washington State? Yes No
 License or certification number _____ Date of revocation _____
5. Certificates of completion for the DSHS Dementia Specialty Training and the DSHS Mental Health Specialty Training are required to teach the High School Home Care Aide Course. Have you attached copies of your Specialty Training certificates to this application?
 Yes No

Education and Work Experience

In addition to being knowledgeable in caregiving practices (attestation required) and having a valid teaching credential with a related endorsement such as career and technical education, science, health, or special education, you must have at least one of the following (select all that apply):

- Be certificated under the vocational code V511614 OR
- Be a registered nurse with direct care experience within the last five years. (Enter employer information below.) OR
- Have caregiving experience within the last five years in a school, community-based, or home setting. (Enter employer information below) OR
- Have successfully completed core basic training taught by a DSHS approved instructor (Copy of certificate required) OR
- Have taught forty hours of basic training while being mentored by an instructor who is approved to teach basic training. Instructor name _____ Instructor email or phone number _____

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| Employer 1 | EMPLOYER | YOUR TITLE |
| EMPLOYER'S ADDRESS | | EMPLOYER'S PHONE NUMBER (AREA CODE) () |
| DATES IN THIS POSITION From To | | SUPERVISOR'S NAME |
| Employer 2 | EMPLOYER | YOUR TITLE |
| EMPLOYER'S ADDRESS | | EMPLOYER'S PHONE NUMBER (AREA CODE) () |
| DATES IN THIS POSITION From To | | SUPERVISOR'S NAME |
| Teaching Experience | | |
| Do you have at least 100 hours of experience teaching? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employer 1 | EMPLOYER | YOUR TITLE |
| EMPLOYER'S ADDRESS | | EMPLOYER'S PHONE NUMBER (AREA CODE) () |
| DATES IN THIS POSITION From To | | SUPERVISOR'S NAME |
| Employer 2 | EMPLOYER | YOUR TITLE |
| EMPLOYER'S ADDRESS | | EMPLOYER'S PHONE NUMBER (AREA CODE) () |
| DATES IN THIS POSITION From To | | SUPERVISOR'S NAME |
| Section 3. Attestation of Knowledge in Caregiving and Information Accuracy | | |
| Read and complete the following attestation. | | |
| I certify and understand that: | | |
| <ul style="list-style-type: none"> • I have knowledge in caregiving practices and can demonstrate competency for teaching the course content if required. • The information I have provided to the department in this application and during the application process is subject to investigation and verification. • The department may obtain additional information, verification, and/or documentation related to my answers or information. • The information provided in this application and in all additional documents is true, complete, and accurate. • Providing false or inaccurate information IS cause for rejection of this application. | | |
| SIGNATURE | | DATE |
| Section 4. Is your application complete? | | |
| Did you remember to: | | |
| <input type="checkbox"/> Attach copies of your Specialty Training certificates of completion. | | |
| <input type="checkbox"/> Attach a copy of your Core Basic certificate of completion (if required). | | |
| <input type="checkbox"/> Complete Section 3: Attestation of Accuracy. | | |
| Email your questions and submit your application with supporting documentation to WorkforceDevelopment@dshs.wa.gov . | | |