|  |  |  |
| --- | --- | --- |
| A picture containing text, clipart  Description automatically generated | **Community Instructors Virtual Classroom Training Application** |  |
| DATE |
| Community instructors use this form to apply for approval to offer virtual training to long-term care workers. Please submit your completed application to TrainingApprovalTPC@dshs.wa.gov.  |
| **Section 1. Community Instructor Training Program Information** |
| Submitter’s Name | Phone Number | Email  |
| Training Program Name | Training Program Number |
| **Section 2. Instructor Information** |
| “**Virtual classroom**” means an instructor led, synchronous, remote learning environment conducted in real time using video conferencing technology.Only DSHS approved curriculum, **other than hands-on skills** training as required in WAC 388.112A.0300, may be taught in a virtual classroom environment.Instructors applying to teach virtually must submit a recorded demonstration of the virtual classroom in use or schedule a time with the department for a live demonstration. Attach additional pages as needed. |
| **Section 2. Instructor Information** |
| **Instructor’s Name** | **Check all courses that apply.** |
| First and Last Name | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Nurse Delegation – Core[ ]  Diabetes Nurse Delegation[ ]  Dementia Specialty | [ ]  Mental Health Specialty[ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| First and Last Name | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Nurse Delegation – Core[ ]  Diabetes Nurse Delegation[ ]  Dementia Specialty | [ ]  Mental Health Specialty[ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| First and Last Name | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Nurse Delegation – Core[ ]  Diabetes Nurse Delegation[ ]  Dementia Specialty | [ ]  Mental Health Specialty[ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| First and Last Name | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Nurse Delegation – Core[ ]  Diabetes Nurse Delegation[ ]  Dementia Specialty | [ ]  Mental Health Specialty[ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| **Section 3. Please provide the following information.** |
| 1. Have you taught the courses for which you are applying to teach virtually? If so, please provide details, dates, etc.

 |
| 1. What video conferencing software or application will you use for your virtual classroom (i.e., Zoom, Skype, etc.)?

 |
| 1. How will you modify your classroom activities to engage learners in a virtual environment? (Please provide at least (3) three examples.)

 |
| 1. How will you verify identification of learners and record attendance?

 |
| 1. How will you provide training materials to learners?

 |
| 1. For courses requiring tests, how will you administer and proctor the tests?

 |
| 1. How will you provide in person skills training to learners in the virtual classroom?

 |
| DSHS requires that you either submit a recorded demonstration of the virtual classroom in use or schedule a time with the department for a live demonstration. Your recorded or live demonstration should be 10-15 minutes and should:* Demonstrate proficiency in using the Virtual Training platform.
* Demonstrate knowledge of training curriculum / content.
* Provide two-way audio and video communications with all learners.
* Engage learners and monitor their participation.
* Use the platform tools to engage learners if required by the curriculum (i.e., create and monitor virtual breakout rooms, launch a poll, monitor the chat, and other features).

[ ]  I have included a recorded sample of the virtual classroom environment with this application.[ ]  I am interested in live demonstration. (If you check this option, please provide several dates and times instructor(s) would be available for 45 minutes). |
| **Dates** | **Times** |
|  |  |
|  |  |
|  |  |
|  |  |