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| 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](mailto: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** | | | |
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