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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **High School Home Care Aide Training Program and  Instructor Application and Updates** | | | | |
| Use this form to:   * Apply for DSHS approval to teach the High School Home Care Aide Training Program. * Submit instructor changes. | | | | | |
| **Section 1. High School Training Program Contact Information** | | | | | |
| SUBMITTER’S NAME (PLEASE PRINT) | | | | | |
| SUMBITTER’S CONTACT INFORMATION  PHONE NUMBER (WITH AREA CODE) EMAIL ADDRESS | | | | | |
| HIGH SCHOOL NAME | | | SCHOOL DISTRICT NAME | | |
| PRINCIPAL’S NAME | | | SUPERINTENDENT’S NAME | | |
| Application type:  New Applicant High School Home Care Aide Training Program  Updating an already Approved High School Home Care Aide Training Program | | | | | |
| Do you want to add or remove an instructor (check all that apply):  Adding an instructor (if you are adding an instructor, continue to Section 2)  Updating an already Approved High School Home Care Aid Training Program | | | | | |
| **Section 2. New Instructor Information and Qualifications** [WAC 388-112A-1245](https://apps.leg.wa.gov/wac/default.aspx?cite=388-112A-1245) | | | | | |
| INSTRUCTOR’S NAME | | | | | DATE |
| PHONE NUMBER (WITH AREA CODE) | | CELL NUMBER (WITH AREA CODE) | | | EMAIL ADDRESS |
| 1. 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: | | | | | |
| 2. Have you ever had any type of professional license or certification revoked in Washington State?   Yes  No  If **yes**, list any licenses or certifications you held in Washington. If **no**, leave blank:  License or certification number: Date of revocation: | | | | | |
| 3. Do you have a valid teaching credential with a related endorsement such as career and technical education, science, health, or special education?  Yes  No  Name / type of teaching credential and endorsement: | | | | | |
| 4. Do you meet one of the following qualifications (check all that apply):  Have caregiving experience within the last five years in a school, community-based, or home setting.  Are a registered nurse with direct care experience within the last five years.  Certificated under the vocational code V511614.  Successfully completed core basic training taught by a DSHS approved instructor.  Have taught 40 hours of basic training while being mentored by an instructor who is approved to teach basic training. | | | | | |
| 5. Do you have 100 hours of teaching experience?  Yes  No | | | | | |
| 6. Do you have knowledge in caregiving practices and can demonstrate competency for teaching the course content if required?  Yes  No | | | | | |
| 7. Have successfully completed a DSHS specialty or expanded specialty training classes before training others on that topic?  Yes  No | | | | | |
| **Section 3. Attestation of Accuracy** | | | | | |
| **Read and complete the following attestation.**  **I certify and understand that:**   * 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 | | | | JOB TITLE | |
| **Section 4. Is your application complete?** | | | | | |
| **Remember to:**  Attach copies of your Specialty Training certificates of completion.  Attach a copy of your credential / endorsement.  Attach a copy of your core basic certificate of completion (if applicable).  Complete Section 3: Attestation of Accuracy.  For new applicants attach the New [Contractor Form Intake, DSHS 27-043](https://www.dshs.wa.gov/sites/default/files/forms/word/27-043.docx).  Email your questions and submit your application with supporting documentation to [TrainingApprovalTPC@dshs.wa.gov](mailto:TrainingApprovalTPC@dshs.wa.gov). | | | | | |