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|  | | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Community Instructor Application:  DSHS Adult Education** | | | | | | | | |  | |
| TODAY’S DATE | |
| DSHS-approved Community Instructors use this form to offer DSHS Adult Education training to long-term care workers.  Please submit one application per instructor. | | | | | | | | | | | | |
| **Section 1. Community Instructor Training Program Information** | | | | | | | | | | | | |
| SUBMITTER’S NAME | | | | | | | | | | | DATE OF BIRTH | |
| SUBMITTER’S CONTACT INFORMATION (PLEASE PRINT) | | | | | | | | | | | | |
| PHONE NUMBER (AREA CODE)  **(     )** | | | | CELL NUMBER (AREA CODE)  **(     )** | | | | EMAIL ADDRESS | | | | |
| TRAINING PROGRAM | | | | | | | | | | | | |
| TRAINING PROGRAM NAME (NAME ON CONTRACT) | | | | | | | | | | | TRAINING PROGRAM NUMBER | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | WEBSITE | | | | |
| **Section 2. General Community Instructor Qualifications** [**WAC 388-112A-1240**](http://apps.leg.wa.gov/wac/default.aspx?cite=388-112A-1240) | | | | | | | | | | | | |
| 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   1. Are you a health care or social service professional, such as an HCA, NAC, LPN, RN, or ARNP?  Yes  No   If **yes**, please list any licenses or certifications you hold in Washington. If **no**, leave blank.  Type of license or certification  License or certification number | | | | | | | | | | | | |
| 1. 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   If **yes**, license or certification  Date of revocation | | | | | | | | | | | | |
| **Section 3. Teaching Experience** [**WAC 388-112A-1250**](http://apps.leg.wa.gov/wac/default.aspx?cite=388-112A-1250) | | | | | | | | | | | | |
| **You must have two years’** experience teaching long-term care workers; or **200 hours** experience teaching adult education or closely related subjects. Attach additional documentation, if needed. | | | | | | | | | | | | |
| **Employer 1** | YOUR TITLE | | | | | | | | | | | |
| EMPLOYER’S ADDRESS | | | | | | | | | | | | |
| EMPLOYER’S PHONE NUMBER (AREA CODE)  **(     )** | | | | | | | | DATES IN THIS POSITION  From To | | | | |
| IMMEDIATE SUPERVISOR’S NAME | | | | | | | | May we contact employer for reference?  Yes  No | | | | |
| TITLE OR TYPE OF CLASS | | | ADULT EDUCATION TOPICS /  SUBJECT MATTER TAUGHT | | | | | | FROM (DATE) | TO (DATE) | | TOTAL CLASS HOURS |
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| **Employer 2** | YOUR TITLE | | | | | | | | | | | |
| EMPLOYER’S ADDRESS | | | | | | | | | | | | |
| EMPLOYER’S PHONE NUMBER (AREA CODE)  **(     )** | | | | | | | | DATES IN THIS POSITION  From To | | | | |
| IMMEDIATE SUPERVISOR’S NAME | | | | | | | | May we contact employer for reference?  Yes  No | | | | |
| TITLE OR TYPE OF CLASS | | | ADULT EDUCATION TOPICS /  SUBJECT MATTER TAUGHT | | | | | | FROM (DATE) | TO (DATE) | | TOTAL CLASS HOURS |
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| **Employer 3** | YOUR TITLE | | | | | | | | | | | |
| EMPLOYER’S ADDRESS | | | | | | | | | | | | |
| EMPLOYER’S PHONE NUMBER (AREA CODE)  **(     )** | | | | | | | | DATES IN THIS POSITION  From To | | | | |
| IMMEDIATE SUPERVISOR’S NAME | | | | | | | | May we contact employer for reference?  Yes  No | | | | |
| TITLE OR TYPE OF CLASS | | | ADULT EDUCATION TOPICS /  SUBJECT MATTER TAUGHT | | | | | | FROM (DATE) | TO (DATE) | | TOTAL CLASS HOURS |
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| **Section 4. Education** [**WAC 388-112A-1250**](http://apps.leg.wa.gov/wac/default.aspx?cite=388-112A-1250) | | | | | | | | | | | | |
| You must:   * Have a bachelor’s degree, **OR** * Be a registered nurse.   **AND**   * At least one year\* of education in seminars, conferences, continuing education or college classes in subjects directly related to adult education, such as, but not limited to English as a Second Language (ESL), adult basic education, and adult secondary education. * Successfully complete the DSHS adult education training curriculum before you train others. | | | | | | | | | | | | |
| Degree (mark all that apply):  Bachelor’s  Master’s  PhD or  Registered Nurse | | | | | | | | | | | | |
| \* List classes that satisfy the **one year of education** in subjects related to adult education. Attach additional documentation, if needed. | | | | | | | | | | | | |
| SCHOOL NAME OR TITLE OF SEMINAR / CONFERENCE / CE | | | | | MONTH AND YEAR ATTENDED | CREDITS EARNED | LIST CLASS TITLES IN TOPICS DIRECTLY  RELATED TO ADULT EDUCATION. | | | | | |
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| **Section 5. Attestation of Accuracy** | | | | | | | | | | | | |
| **Read the following information; and fill out your name, job title, and the date below.**  **I certify and understand** that:   * The information I give to the department may be used to verify the information in this application. Any information I give to the department may be used by the department for this purpose. * The department may obtain additional information, verification, and/or documentation related to my answers or information. * The information provided in this application and all additional documents and forms required in the application process are true, complete, and accurate. * Untruthful or misleading answers are cause for rejection of this application. | | | | | | | | | | | | |
| SIGNATURE DATE | | | | | | | | JOB TITLE | | | | |
| **Section 6. Is your application complete?** | | | | | | | | | | | | |
| **Did you remember to:**  Attach a copy of your Adult Education certificate of completion  Attach [Contract Intake form](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/27-043.pdf), DSHS 27-043  Complete Section 5: Attestation of Accuracy  Email your questions and submit your application to [TrainingApprovalTPC@dshs.wa.gov](mailto:TrainingApprovalTPC@dshs.wa.gov). | | | | | | | | | | | | |