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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 POSITIONFrom 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 POSITIONFrom 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 POSITIONFrom 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.
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| 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. |