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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Facility Instructor Application**  **For Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities** | | |
| Submit this form to offer Core Basic Training, Dementia Specialty Training, Mental Health Specialty Training, Developmental Disabilities, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder Specialty). The instructor must sign this form. [WAC 388-112A-1240](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-112A-1240)  **Submit this form with the Facility Training Program Application and Updates, DSHS 15-555. DSHS approval request forms can be downloaded on the** [**Training Program and Instructor Application Forms page**](https://www.dshs.wa.gov/altsa/home-and-community-services/training-program-and-instructor-application-forms)**.** | | | |
| **Section 1. General Information and Qualifications** | | | |
| INSTRUCTOR’S NAME | | DATE OF BIRTH | PHONE NUMBER (AREA CODE)  **(     )       -** |
| INSTRUCTOR’S EMAIL | | | CELL NUMBER (AREA CODE)  **(     )       -** |
| FACILITY’S NAME | | | |
| QUALIFICATIONS   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  3. Are you a health care or 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  4. 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 2. Education and Work Experience (select highest level of experience)** | | | |
| You are a registered nurse with work experience within the last five years with the elderly or persons with disabilities requiring long-term care in a community setting.  Yes  No  You have an associate degree or higher degree in the field of health or human services and six months professional or caregiving experience within the last five years in a community based setting such as an adult family home, or assisted living facility.  Yes  No  You have a high school diploma, or equivalent, and one year of professional or caregiving experience within the last five years in a community based setting such as an adult family home, assisted living facility, supported living through DDA, or home care setting.  Yes  No | | | |
| **Section 3. Teaching Experience (select highest level of experience)** | | | |
| You have 100 hours of experience teaching adults on topics directly related to the basic training.  Yes  No  You have 40 hours of teaching basic training while being mentored by an instructor who  is approved to teach basic training.  Yes  No  **Instructors with adult family homes, enhanced services facilities, and assisted living facilities that do not meet a teaching criteria above must have and attest to the following experience to be approved to teach their own staff:**  I have 40 hours of informal teaching experiences unrelated to basic training topics such as guest lecturing, team teaching, and volunteer teaching with parks, local high schools,  4-H groups, English as a Second Language (ESL) groups, senior organizations, and religious organization **AND**  I have the ability to implement three adult learning techniques in your long-term care worker training, **AND**  I have the ability to list three ways for improving your instructional facilitation and the method the instructor will use to measure improvement such as submitting the continuous improvement plan feedback from the DSHS adult education class.  Yes  No | | | |
| **Section 4. Additional Training and Caregiving Experience (select all that apply)** | | | |
| You have 1) attended an adult education class, 2) attended the Specialty Training class(es) you are requesting to teach, and 3) have attached your certificates of completion to  this application.  Yes  No  You have experience or training in conducting assessments and competency testing.  Yes  No  You are experienced in caregiving practices and capable of demonstrating competency with respect to teaching the course content or units being taught  Yes  No | | | |
| **Section 5. Certification and Attestation** | | | |
| I certify and understand that:   * The information provided in this application is true, complete, and accurate. * Untruthful or misleading answers are cause for rejection of this application. | | | |
| NAME DATE | | | |