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|   | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)**Facility Training Program Application and Updates** |  |
| TODAY’S DATE |
| Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities use this form to:* Apply for approval to offer training to Long-Term Care Worker (LTCW) staff.
* Submit updates on courses, curriculum, and instructors in a DSHS approved Facility Training Program.
 |
| **Section 1. Facility Training Program Information** |
| TRAINING COORDINATOR’S NAME (PLEASE PRINT) | DATE |
| TRAINING COORDINATOR’S CONTACT INFORMATION: |
| PHONE NUMBER (AREA CODE)**(     )** | CELL NUMBER (AREA CODE)**(     )** | EMAIL ADDRESS |
| APPLICATION TYPE (CHECK ALL THAT APPLY)[ ]  New facility training program[ ]  Updating an approved facility training program[ ]  Adding and/or removing instructor |
| **If this is a new training program, please leave Training Program Name and Number blank.** |
| TRAINING PROGRAM NAME | TRAINING PROGRAM NUMBER |
| FACILITY INFORMATION: |
| FACILITY NAME | LICENSE NUMBER |
| ADDRESS CITY STATE ZIP CODE |
| EMAIL ADDRESS | PHONE NUMBER (AREA CODE)**(     )** |
| WEBSITE ADDRESS | FAX NUMBER (AREA CODE)**(     )** |
| **Section 2. Course Information** |
| COURSE | TOTAL HOURS | SELECT CURRICULUM (CHECK ALL THAT APPLY). **IF YOU HAVE DEVELOPED CURRICULUM, SUBMIT A** [**CURRICULUM APPROVAL APPLICATION (DSHS 15-552)**](https://www.dshs.wa.gov/sites/default/files/forms/word/15-552.docx)**.** |
| [ ]  Orientation[ ]  Safety Training | **5** | [ ]  DSHS developed curriculum **Orientation** and **Safety**[ ]  Submitting curriculum you developed for approval[ ]  Another curriculum DSHS has approved for use Curriculum name:  |
| [ ]  Core Basic Training | **54** | [ ]  DSHS developed **Fundamentals of Caregiving (FOC)**[ ]  Submitting curriculum you developed for approval[ ]  Another curriculum DSHS has approved for use Curriculum name:  |
|  |
| [ ]  Population Specific Training |  | [ ]  Submitting curriculum you developed for approval |
|  | [ ]  A DSHS approved curriculum for use; Curriculum name:  |
| [ ]  Dementia Specialty | **8** | [ ]  DSHS developed curriculum **Dementia Specialty – Dementia, Level 1 Dementia Capable Caregiving** |
| [ ]  Mental Health Specialty | **8** | [ ]  DSHS developed curriculum **Mental Health Specialty –Mental Health, Level 1 Mental Wellness Capable Caregiving**  |
| [ ]  Developmental Disabilities Specialty | **16** | [ ]  DSHS developed curriculum **Developmental Disabilities Specialty** |
| [ ]  Traumatic Brain Injury Expanded Specialty | **8** | [ ]  DSHS developed curriculum **Traumatic Brain Injury** – **Traumatic Brain Injury, Level 1 Capable Caregiving for Brain Injury Care** |
| [ ]  Diabetes Expanded Specialty | **8** | [ ]  DSHS developed curriculum **Diabetes – Diabetes, Level 1 Capable Caregiving for Diabetes Care** |
| [ ]  Substance Use Disorder Expanded Specialty | **8** | [ ]  DSHS developed curriculum **Substance Use Disorder – Substance Use Disorder, Level 1 Capable Caregiving for Substance Use Disorder Care** |
| [ ]  Continuing Education (CE) | **19.5** | [ ]  DSHS developed **Fundamentals of Caregiving (FOC)** as a CE Course Packet |
| **1.5** | [ ]  POLST Section A (available to AFH / ALF only) |
| **.5** | [ ]  WA DOH Food Safety[ ]  Submitting curriculum you developed for approval[ ]  Another curriculum DSHS has approved for useCurriculum name:  |
| **Section 3. Instructor Information / Changes** |
| Instructors applying to teach Core Basic, Dementia Specialty, Mental Health Specialty, Developmental Disabilities, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their [Facility Instructor Application (DSHS 15-554)](https://www.dshs.wa.gov/sites/default/files/forms/word/15-554.docx). |
| INSTRUCTOR NAME | INSTRUCTOR STATUS | CHECK ALL COURSES THAT APPLY. |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific [ ]  Continuing Education[ ]  Mental Health Specialty[ ]  Dementia Specialty[ ]  Developmental Disabilities Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific [ ]  Continuing Education[ ]  Mental Health Specialty[ ]  Dementia Specialty[ ]  Developmental Disabilities Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific [ ]  Continuing Education[ ]  Mental Health Specialty[ ]  Dementia Specialty[ ]  Developmental Disabilities Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific [ ]  Continuing Education[ ]  Mental Health Specialty[ ]  Dementia Specialty[ ]  Developmental Disabilities Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific [ ]  Continuing Education[ ]  Mental Health Specialty[ ]  Dementia Specialty[ ]  Developmental Disabilities Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific [ ]  Continuing Education[ ]  Mental Health Specialty[ ]  Dementia Specialty[ ]  Developmental Disabilities Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| **Section 4. Instructor Attestation for Orientation, Safety, and CE Instructors** |
| Read and complete the attestation below.By filling in your name, job title, and date below, you attest that you:* Have verified all instructors meet the [Facility Instructor Qualification Requirements (DSHS 22-1855)](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1855.pdf).
* Have on file the verifying information for each instructor.
* Have submitted true, complete, and accurate information.
 |
| NAME JOB TITLE DATE |
| **Section 5. Is your application complete?** |
| **Did you remember to attach:** [ ]  Copies of your Specialty Training and Adult Education certificates of completion, if required.**If you are submitting curriculum you developed, attach the required form with your application:**[ ]  For Orientation and Safety, Population Specific Training, and Continuing Education, submit the [Curriculum Approval Application (DSHS 15-552)](https://www.dshs.wa.gov/sites/default/files/forms/word/15-552.docx).**Email your questions and submit your application to** **TrainingApprovalTPA@dshs.wa.gov****.** [For more information about long-term care worker training, please visit the DSHS Training Requirements and Classes page.](https://www.dshs.wa.gov/altsa/home-and-community-services/training-requirements-and-classes) |