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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  HOME AND COMMUNITY SERVICES (HCS)  **On-the-Job Facility Training Application and Updates** | | | | |
| Use this form to request approval to include on-the-job (OJT) training within your 75-hour long-term care worker basic training or to update the existing plan. **Facility Instructors are required to teach at least 16 hours of on-the-job skills for long-term care workers in training (**[**WAC 388-112A-0300**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-112A-0300)**).** **You must submit this form and receive department approval prior to implementation of OJT training at your facility.** | | | | | |
| FACILITY’S NAME | | | FACILITY’S TRAINING NUMBER  **WA** | | DATE |
| TRAINING COORDINATOR’S NAME | | | EMAIL | | |
| **Section 1. Core Basic Training** | | | | | |
| **Which approved online core basic will provide 38 hours of the core basic instructional component for your facility?**    Our facility instructor or corporate instructor will teach the instructional part of core basic training using the DSHS Fundamentals of Caregiving 3rd Edition (textbook). | | | | | |
| **Section 2. Population Specific Training** | | | | | |
| **Specify which population specific classes your long-term care workers will receive and list the approved instructor or business that will deliver each course.** Population specific training should reflect the needs of your facility’s population. We recommend at least 16 hours total from the following options: | | | | | |
| **Classes** | | | **Approved Instructor’s Name (print)** | | |
| Mental Health Specialty 8-hours | | |  | | |
| Dementia Specialty 8-hours | | |  | | |
| Developmental Disabilities Specialty 16 hours | | |  | | |
| OTHER APPROVED POPULATION SPECIFIC CLASS: ENTER CLASS TITLE(S) AND HOURS. | | | | | |
| **Section 3. Orientation and Safety Training** | | | | | |
| **Specify how your long-term care workers will receive 5-hours of orientation and safety classes.**  Facility instructor (recommended)  Online provider  Community instructor | | | | | |
| **Section 4. 75-hour HCA Certification Plan** | | | | | |
| **Example:** | | | | | |
| Core Basic Instruction Online | | | 38 hours | | |
| Core Basic Skills OJT | | | 16 hours | | |
| Mental Health Specialty | | | 8 hours | | |
| Dementia Specialty | | | 8 hours | | |
| Orientation and Safety | | | 5 hours | | |
| **Total** | | | **75 hours** | | |
| **Please specify your facility’s training plan:** | | | | | |
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| Core Basic Skills OJT | | | 16 hours | | |
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| Orientation and Safety | | | 5 hours | | |
| **Total** | | |  | | |
| **Submit this completed application to** [**TrainingApprovalTPA@dshs.wa.gov**](mailto:TrainingApprovalTPA@dshs.wa.gov)**. In the email Subject line, write “OJT” and your facility’s name, e.g. OJT Best Care AFH.****You must submit this form and receive department approval prior to implementation of OJT training at your facility.** | | | | | |
| INSTRUCTOR(S) SIGNATURE(S) | | PRINTED INSTRUCTOR(S) NAME(S) | | INSTRUCTOR(S) TRAINING CODE NUMBER | |
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