***DDA Agency Trainer Approval Form ***

*This form identifies agency trainers and the courses they will teach for your agency. Please complete the entire form for each trainer at your agency. When approval is completed, please use this form to update information about each trainer. Please complete the entire form:*

*This section is for DDA use only.*

Materials received date: 1.       2.       3.

Trainers approved per request below:  yes  no date: 1.       2.       3.

Section 1: Agency Contact Information No changes:  Information updated:

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| Submittal date: | Submitter’s Name: |
| Person Responsible for Training: Phone: Cell: Email:  Name:       (     )     -      (     )     - | |
| Parent Agency Name:       Training Program code:  Agency Name: | |
| Agency street address: (include city, state and zip) | |
| Agency mailing address: (if different than street address) | |
| Agency phone number: Agency FAX number: Agency Email:  (     )     -      (     )     - | |

1. Instructors who have taken Train the Trainer courses for DSHS approved curricula need to have records kept at the Agency. You will attest that you have these documents on file.
2. Attestation below must be completed.
3. Submit completed application to: [DDApproval@dshs.wa.gov](mailto:DDApproval@dshs.wa.gov) Applications received in OPDF format will be returned as this is an active document.
4. Applications sent via mail or FAX may be delayed.

Section 2: Instructor Attestation

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| **Instructor approval Attestation:**   * I have listed all instructors teaching Orientation, Safety, Residential Services Curriculum 4th Edition, Specialty Training and CEs. * I have verified that all instructors meet the minimum qualifications as outlined in WAC 388-829 * I have documented verifying information for each instructor and have it on file.   Name:       Job Title:       Date:  *By filling in your name, job title and date you attest that you have completed each of the bullet items listed below for each instructor and certify that what you have submitted is true, complete and accurate.* |

Section 3: Instructors who work for this agency will complete the training as indicated:

*Additional boxes may be added as needed in lieu of submitting multiple forms. Please request a longer form from Training Program Manager:* [*DDApproval@dshs.wa.gov*](mailto:DDApproval@dshs.wa.gov) *This form contains spaces for 10 instructors.*

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| **Instructor Information** | **Courses (check all that apply)** | **Update** |
| First and last name:    Birthdate: MM/DD/YYYY    Instructor I-code: (Only used for Residential 40 hour) | LTCW Orientation and Safety (5 hours)  DDA 40 hour Residential Services Curr 4th Ed sign 75 hour certificates  **Basic Core**: (30 hours courses)  Population Specific: (indicate course titles)  Continuing Education (any CE)  Other: | new instructor  new course(s) for an approved instructor  **END:**  **Instructor (all courses will be ended for your agency)**  **Indicated Courses**  End Date:    **Certificates on file at agency** |
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