

Community Instructor Training Program Application and Updates

TODAY'S DATE

Use this form to:

- Apply for approval to offer training to long-term care workers as a Community Instructor.
- Submit updates on courses, curriculum, and instructors in a DSHS approved Community Instructor Training Program.

Section 1. Community Instructor Training Program Information			
SUBMITTER'S NAME (PLEASE PRINT)			
SUBMITTER'S CONTACT INFORMATION			
PHONE NUMBER (AREA CODE) ()	CELL NUMBER (AREA CODE) ()	EMAIL ADDRESS	
APPLICATION TYPE (CHECK ALL THAT APPLY)			
<input type="checkbox"/> New community instructor training program			
<input type="checkbox"/> Updating an approved community instructor training program			
<input type="checkbox"/> Adding and/or removing a community instructor			
If this is a new training program, please leave Training Program Name and Number blank.			
TRAINING PROGRAM NAME (NAME ON CONTRACT)			TRAINING PROGRAM NUMBER
Business Contact Information: Contractor			
DOING BUSINESS AS (DBA)			
ADDRESS		CITY	STATE ZIP CODE
ADDRESS OF TRAINING LOCATION IF DIFFERENT		CITY	STATE ZIP CODE
EMAIL ADDRESS		WEBSITE	
PHONE NUMBER (AREA CODE) ()		CELL 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, 15-552.	
<input type="checkbox"/> Orientation <input type="checkbox"/> Safety Training	5	<input type="checkbox"/> DSHS developed curriculum – Orientation and Safety <input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:	
<input type="checkbox"/> Core Basic Training		<input type="checkbox"/> DSHS developed Fundamentals of Caregiving (FOC) <input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:	
<input type="checkbox"/> Population Specific Training	5 3	<input type="checkbox"/> DSHS developed curriculum TBI – Surviving and Thriving <input type="checkbox"/> DSHS developed curriculum Navigating Challenging Behaviors	

<input type="checkbox"/> Population Specific Training		<input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:
<input type="checkbox"/> Nurse Delegation Core	9	<input type="checkbox"/> DSHS developed curriculum Nurse Delegation Core
<input type="checkbox"/> Nurse Delegation Diabetes	3	<input type="checkbox"/> DSHS developed curriculum Nurse Delegation Diabetes
<input type="checkbox"/> Dementia Specialty	8	<input type="checkbox"/> DSHS developed curriculum Dementia Specialty – Dementia, Level 1 Dementia Capable Caregiving
<input type="checkbox"/> Mental Health Specialty	8	<input type="checkbox"/> DSHS developed curriculum Mental Health Specialty – Mental Health, Level 1 Mental Wellness Capable Caregiving for Mental Wellness
<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty	8	<input type="checkbox"/> DSHS developed curriculum Traumatic Brain Injury – Traumatic Brain Injury, Level 1 Capable Caregiving for Brain Injury Care
<input type="checkbox"/> Diabetes Expanded Specialty	8	<input type="checkbox"/> DSHS developed curriculum Diabetes – Diabetes, Level 1 Capable Caregiving for Diabetes Care
<input type="checkbox"/> Continuing Education (CE)	19.5 5 3	<input type="checkbox"/> DSHS Fundamentals of Caregiving (FOC) CE Course Packet <input type="checkbox"/> DSHS developed curriculum as CE - TBI – Surviving and Thriving <input type="checkbox"/> DSHS developed curriculum as CE - Navigating Challenging Behaviors <input type="checkbox"/> Submitting curriculum you developed for approval <input type="checkbox"/> Another curriculum DSHS has approved for use; Curriculum Name:

Section 3. Instructor Information / Changes

Instructors applying to teach Core Basic, Dementia Specialty, Mental Health Specialty, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty and Diabetes Specialty) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their [Community Instructor Application \(DSHS 15-550\)](#).

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety	<input type="checkbox"/> Mental Health Specialty
BIRTHDAY (MM/DD/YYYY)		<input type="checkbox"/> Core Basic Training	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty
		<input type="checkbox"/> Population Specific	<input type="checkbox"/> Diabetes Expanded Specialty
		<input type="checkbox"/> Nurse Delegation – Core	<input type="checkbox"/> Continuing Education
		<input type="checkbox"/> Nurse Delegation – Diabetes	
		<input type="checkbox"/> Dementia Specialty	
INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety	<input type="checkbox"/> Mental Health Specialty
BIRTHDAY (MM/DD/YYYY)		<input type="checkbox"/> Core Basic Training	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty
		<input type="checkbox"/> Population Specific	<input type="checkbox"/> Diabetes Expanded Specialty
		<input type="checkbox"/> Nurse Delegation – Core	<input type="checkbox"/> Continuing Education
		<input type="checkbox"/> Nurse Delegation – Diabetes	
		<input type="checkbox"/> Dementia Specialty	

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
FIRST AND LAST NAME	<input type="checkbox"/> Add new instructor <input type="checkbox"/> DSHS approved but adding new course(s) <input type="checkbox"/> Remove – no longer teaching	<input type="checkbox"/> Orientation and Safety	<input type="checkbox"/> Mental Health Specialty
BIRTHDAY (MM/DD/YYYY)		<input type="checkbox"/> Core Basic Training	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty
		<input type="checkbox"/> Population Specific	<input type="checkbox"/> Diabetes Expanded Specialty
		<input type="checkbox"/> Nurse Delegation – Core	<input type="checkbox"/> Continuing Education
		<input type="checkbox"/> Nurse Delegation – Diabetes	
		<input type="checkbox"/> Dementia Specialty	

INSTRUCTOR NAME	INSTRUCTOR STATUS	CHECK ALL COURSES THAT APPLY.	
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BIRTHDAY (MM/DD/YYYY)		<input type="checkbox"/> Core Basic Training	<input type="checkbox"/> Traumatic Brain Injury Expanded Specialty
		<input type="checkbox"/> Population Specific	<input type="checkbox"/> Diabetes Expanded Specialty
		<input type="checkbox"/> Nurse Delegation – Core	<input type="checkbox"/> Continuing Education
		<input type="checkbox"/> Nurse Delegation – Diabetes	
		<input type="checkbox"/> Dementia Specialty	

Section 4. Instructor Attestation for Orientation, Safety and CE Instructors

Read and complete the attestation below.

By filing in your name, job title, and date below, you attest that you have:

- Listed all instructors applying to teach Orientation, Safety Training, and /or CE.
- Verified all instructors meet the [Community Instructor Qualification Requirements \(DSHS 22-1854\)](#).
- Submitted true, complete, and accurate information.

SIGNATURE	DATE	JOB TITLE
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Section 5. Is your application complete?

Did you remember to attach the:

- Copies of your Specialty Training and/or Adult Education certificates of completion, if required.
- [Contractor Intake, DSHS 27-043](#), and copy of business license for new applicants
- Community Instructor Application, DSHS 15-550. This form is required for the following courses:
 - CORE Basic Training
 - Population Specific Training
 - Nurse Delegation (ND) Core or ND Diabetes
 - Dementia Specialty Training
 - Mental Health Specialty Training
 - Expanded Specialty Training (Traumatic Brain Injury Specialty and Diabetes Specialty)

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.

Email your questions and submit your application to TrainingApprovalTPC@dshs.wa.gov