

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Washington State Learning Center (LC)
New Course Request

Use this form to submit requests for new courses, such as Instructor-Led Training (ILT), Online-Led Training (OLT), general documents, etc. Send your completed form to the Learning Center Training Administrator at DDATLCHelp@dshs.wa.gov.

COURSE TITLE		
COMPLETION CRITERIA <input type="checkbox"/> Test <input type="checkbox"/> Signature <input type="checkbox"/> Attendance		
COMPLETION CRITERIA <input type="checkbox"/> Office of the Assistant Secretary (OAS) <input type="checkbox"/> Field Service Offices (FSO) <input type="checkbox"/> Residential Habilitation Centers (RHC) <input type="checkbox"/> SOCR / SOLA (State-Operated Living Alternatives)		
COURSE DESCRIPTION (INCLUDE PURPOSE AND OBJECTIVES)		
PRIMARY DELIVERY METHOD <input type="checkbox"/> ILT <input type="checkbox"/> OLT <input type="checkbox"/> On-The-Job Training (OJT) <input type="checkbox"/> Observation Checklist <input type="checkbox"/> General Document <input type="checkbox"/> Quick Assessment		
TRAINING HOURS CEU hours: CEU code:		
Flag for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTRATION AUDIENCE	ASSIGNMENT AUDIENCE
ASSIGNMENT TERMS (INCLUDE DATE, FREQUENCY, PRIORITY, EXCEPTIONS)		
REQUESTOR'S NAME	CONTACT PHONE NUMBER	EMAIL ADDRESS
This section completed by Learning Center Training Administrator.		
COURSE CODE	COMPLETED BY:	