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|  |  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) **High School Home Care Aide Training Program and Instructor Application and Updates** |
| Use this form to:* Apply for DSHS approval to teach the High School Home Care Aide Training Program.
* Submit instructor changes.
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| **Section 1. High School Training Program Contact Information** |
| SUBMITTER’S NAME (PLEASE PRINT) |
| SUMBITTER’S CONTACT INFORMATIONPHONE NUMBER (WITH AREA CODE) EMAIL ADDRESS |
| HIGH SCHOOL NAME | SCHOOL DISTRICT NAME |
| PRINCIPAL’S NAME | SUPERINTENDENT’S NAME |
| Application type:[ ]  New Applicant High School Home Care Aide Training Program[ ]  Updating an already Approved High School Home Care Aide Training Program |
| Do you want to add or remove an instructor (check all that apply):[ ]  Adding an instructor (if you are adding an instructor, continue to Section 2)[ ]  Updating an already Approved High School Home Care Aid Training Program |
| **Section 2. New Instructor Information and Qualifications** [WAC 388-112A-1245](https://apps.leg.wa.gov/wac/default.aspx?cite=388-112A-1245) |
| INSTRUCTOR’S NAME | DATE |
| PHONE NUMBER (WITH AREA CODE) | CELL NUMBER (WITH AREA CODE) | EMAIL ADDRESS |
| 1. Are you a health care or social service professional, such as an RN, LPN, HCA, NAC, EMT, or other DOH credential? [ ]  Yes [ ]  No

If **yes**, list any licenses or certifications you hold in Washington. If **no**, leave blank:Type of license or certification: License or certification number:  |
| 2. Have you ever had any type of professional license or certification revoked in Washington State? [ ]  Yes [ ]  No If **yes**, list any licenses or certifications you held in Washington. If **no**, leave blank:License or certification number: Date of revocation:  |
| 3. Do you have a valid teaching credential with a related endorsement such as career and technical education, science, health, or special education? [ ]  Yes [ ]  NoName / type of teaching credential and endorsement:  |
| 4. Do you meet one of the following qualifications (check all that apply):  [ ]  Have caregiving experience within the last five years in a school, community-based, or home setting. [ ]  Are a registered nurse with direct care experience within the last five years. [ ]  Certificated under the vocational code V511614. [ ]  Successfully completed core basic training taught by a DSHS approved instructor. [ ]  Have taught 40 hours of basic training while being mentored by an instructor who is approved to teach basic training. |
| 5. Do you have 100 hours of teaching experience? [ ]  Yes [ ]  No |
| 6. Do you have knowledge in caregiving practices and can demonstrate competency for teaching the course content if required? [ ]  Yes [ ]  No |
| 7. Have successfully completed a DSHS specialty or expanded specialty training classes before training others on that topic? [ ]  Yes [ ]  No |
| **Section 3. Attestation of Accuracy** |
| **Read and complete the following attestation.****I certify and understand that:*** The information I have provided to the department in this application and during the application process is subject to investigation and verification.
* The department may obtain additional information, verification, and/or documentation related to my answers or information.
* The information provided in this application and in all additional documents is true, complete, and accurate.
* Providing false or inaccurate information is cause for rejection of this application.
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| SIGNATURE DATE  | JOB TITLE |
| **Section 4. Is your application complete?** |
| **Remember to:**[ ]  Attach copies of your Specialty Training certificates of completion.[ ]  Attach a copy of your credential / endorsement.[ ]  Attach a copy of your core basic certificate of completion (if applicable).[ ]  Complete Section 3: Attestation of Accuracy.[ ]  For new applicants attach the New [Contractor Form Intake, DSHS 27-043](https://www.dshs.wa.gov/sites/default/files/forms/word/27-043.docx).Email your questions and submit your application with supporting documentation to TrainingApprovalTPC@dshs.wa.gov.  |