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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)**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)[ ]  New community instructor training program[ ]  Updating an approved community instructor training program[ ]  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**](https://www.dshs.wa.gov/sites/default/files/forms/word/15-552.docx)**.** |
| [ ]  Orientation[ ]  Safety Training | **5** | [ ]  DSHS developed curriculum – **Orientation** **and Safety**[ ]  Submitting curriculum you developed for approval[ ]  Another curriculum DSHS has approved for use; Curriculum Name:  |
| [ ]  Core Basic Training |  | [ ]  DSHS developed **Fundamentals of Caregiving (FOC)** |
|  | [ ]  Submitting curriculum you developed for approval |
|  | [ ]  Another curriculum DSHS has approved for use;Curriculum Name:  |
| [ ]  Population Specific Training |  | [ ]  Submitting curriculum you developed for approval |
|  | [ ]  A DSHS approved curriculum for use;Curriculum Name:  |
| [ ]  Nurse Delegation Core | **9** | [ ]  DSHS developed curriculum **Nurse Delegation Core** |
| [ ]  Nurse Delegation Diabetes | **3** | [ ]  DSHS developed curriculum **Nurse Delegation Diabetes** |
| [ ]  Dementia Specialty | **8** | [ ]  DSHS developed curriculum **Dementia Specialty** – **Dementia, Level 1 Dementia Capable Caregiving**  |
| [ ]  Mental Health Specialty | **8** | [ ]  DSHS developed curriculum **Mental Health Specialty** – **Mental Health, Level 1 Mental Wellness Capable Caregiving for Mental Wellness** |
| [ ]  Traumatic Brain Injury Expanded Specialty | **8** | [ ]  DSHS developed curriculum **Traumatic Brain Injury** – **Traumatic Brain Injury, Level 1 Capable Caregiving for Brain Injury Care** |
| [ ]  Diabetes Expanded Specialty | **8** | [ ]  DSHS developed curriculum **Diabetes – Diabetes, Level 1 Capable Caregiving for Diabetes Care** |
| [ ]  Substance Use Disorder Expanded Specialty | **8** | [ ]  DSHS developed curriculum **Substance Use Disorder – Substance Use Disorder, Level 1 Capable Caregiving for Substance Use Disorder Care** |
| [ ]  Continuing Education (CE) | **19.5** | [ ]  DSHS **Fundamentals of Caregiving (FOC)** CE Course Packet |
|  | [ ]  Submitting curriculum you developed for approval |
|  | [ ]  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, Diabetes Specialty, and Substance Use Disorder Specialty) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their [Community Instructor Application (DSHS 15-550)](https://www.dshs.wa.gov/sites/default/files/forms/word/15-550.docx). |
| **INSTRUCTOR NAME** | **INSTRUCTOR STATUS** | **CHECK ALL COURSES THAT APPLY.** |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove – no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific[ ]  Nurse Delegation – Core[ ]  Nurse Delegation – Diabetes[ ]  Dementia Specialty[ ]  Mental Health Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| BIRTHDAY (MM/DD/YYYY) |
| **INSTRUCTOR NAME** | **INSTRUCTOR STATUS** | **CHECK ALL COURSES THAT APPLY.** |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove – no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific[ ]  Nurse Delegation – Core[ ]  Nurse Delegation – Diabetes[ ]  Dementia Specialty[ ]  Mental Health Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| BIRTHDAY (MM/DD/YYYY) |
| **INSTRUCTOR NAME** | **INSTRUCTOR STATUS** | **CHECK ALL COURSES THAT APPLY.** |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove – no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific[ ]  Nurse Delegation – Core[ ]  Nurse Delegation – Diabetes[ ]  Dementia Specialty[ ]  Mental Health Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| BIRTHDAY (MM/DD/YYYY) |
| **INSTRUCTOR NAME** | **INSTRUCTOR STATUS** | **CHECK ALL COURSES THAT APPLY.** |
| FIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove – no longer teaching | [ ]  Orientation and Safety[ ]  Core Basic Training[ ]  Population Specific[ ]  Nurse Delegation – Core[ ]  Nurse Delegation – Diabetes[ ]  Dementia Specialty[ ]  Mental Health Specialty | [ ]  Traumatic Brain Injury Expanded Specialty[ ]  Diabetes Expanded Specialty[ ]  Substance Use Disorder Expanded Specialty[ ]  Continuing Education |
| BIRTHDAY (MM/DD/YYYY) |
| **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)](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1854.pdf).
* Submitted true, complete, and accurate information.
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| SIGNATURE DATE | JOB TITLE |
| **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](https://www.dshs.wa.gov/sites/default/files/forms/word/27-043.docx), 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 Core or Nurse Delegation Diabetes
* Dementia Specialty Training
* Mental Health Specialty Training
* Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder 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** |