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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. | | | | | | | |
| 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**](mailto:TrainingApprovalTPC@dshs.wa.gov) | | | | | | | |