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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Curriculum Approval Application**  Orientation and Safety, Population Specific, Continuing Education (CE) Only | | | |  |
| TODAY’S DATE |
| Community Instructors, curriculum developers, and facilities use this form to request DSHS approval for curriculum or courses you developed for long-term care worker training. Online training courses that do not meet [ALTSA Online Training Standards](https://www.dshs.wa.gov/altsa/training/online-training-standards) will be returned. [WAC 388-112A-1010](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-112A-1010) [WAC 388-112A-1020](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-112A-1020)  **Email your questions and submit your application to** [**TrainingApprovalTPC@dshs.wa.gov.**](mailto:TrainingApprovalTPC@dshs.wa.gov) | | | | | |
| **Section 1. Training Program or Training Entity Information** | | | | | |
| SUBMITTER’S NAME (PLEASE PRINT) | | | | DATE | |
| Training Entity or Business Name\* | | | WEBSITE | | |
| SUBMITTER’S CONTACT INFORMATION | | | | | |
| PHONE NUMBER (AREA CODE)  **(     )** | | CELL NUMBER (AREA CODE)  **(     )** | EMAIL ADDRESS | | |
| ADDRESS CITY STATE ZIP CODE | | | | | |
| TRAINING PROGRAM NAME (Should match above) | | | TRAINING PROGRAM NUMBER (IF YOU ARE A NEW PROGRAM, THIS WILL BE ASSIGNED BY THE DEPARTMENT) | | |
| Total number of courses submitted: | | | Total number of hours submitted: | | |
| **If you are submitting online courses,** please provide the following information:  Online Training URL:  Online Login Information: Password:  Special Instructions, if applicable: | | | | | |
| **Section 2. Application Instructions and Attestation** | | | | | |
| **Course Materials**: It is a requirement that you provide a list of the competencies and learning objectives you plan to meet with these courses. For each learning objective, list where in the student materials it is covered. This may be pages in a student manual or other materials. If you plan to enhance DSHS curriculum, indicate where and what you are including as enhancements. (Please see example of completed course description below.)   1. Document the competency expected from the student. 2. List the learning objectives required to meet that competency. 3. For each learning objective, indicate where in the materials the objectives are covered. (**You may be requested to submit these materials.**) 4. Repeat until you have listed all competencies and learning objectives for the course. 5. For Orientation and Safety, please refer to WAC [388-112A-0210](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-112A-0210) and WAC [388-112A-0230](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-112A-0230). | | | | | |
| **Attestation (Required)**  By filing in your name, job title, and date below, you attest that you have:   * Obtained permission to use copyrighted work in your training materials * Understand that you may be required to provide evidence of permission to use copyrighted materials * Submitted true, complete, and accurate information in this application | | | | | |
| SIGNATURE DATE | | | JOB TITLE | | |

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| **Example of Course Description** | | | | | | |
| COURSE TITLE  **Navigating Challenging Behaviors with the Dementia Client** | | | COURSE TYPE  Orientation  Safety  Population Specific  CE (no more than 12 class hours may be submitted) | DELIVERY MODE / MODES (CHECK ALL THAT APPLY)  Classroom  Online Course  Webinar | | HOURS  **5.5** |
| COURSE SUMMARY: GIVE A **BRIEF** COURSE DESCRIPTION (A FEW SENTENCES) OF THE MAIN TOPIC / SUBJECT AREAS TO BE COVERED.  **This course focuses on handling challenging behaviors. We will use the DSHs navigating Challenging Behaviors curriculum and add a DVD and activities focusing on challenging behaviors and dementia.** | | | | | | |
| **Example of Course Description (continued)** | | | | | | |
| **COURSE REQUIREMENTS** | | **METHOD(S) OF FULFILLING REQUIREMENT** | | | | |
| **Table of Contents:** How will students be informed of what to expect? | | * **Introduction** * **Written agenda with student learning outcomes** * **Course content and materials** | | | | |
| **Competencies** | | **The student will offer person-centered caregiving when working with a client who has challenging behaviors due to symptoms of dementia.** | | | | |
| **Learning Objectives** | | * **The student will identify 3 challenging behaviors of a client with dementia. (Covered in the PowerPoint slides 12 to 13, Navigating Challenging Behaviors, and reinforced by the Teepa Snow DVD)** * **The student will identify 3 activities corresponding to the behaviors in order to promote independence of the client. (Covered in the PowerPoint slides 27 to 30, Navigating Challenging Behaviors, and reinforced by the Teepa Snow DVD)** | | | | |
| **Check for Understanding:** How will an instructor know students are learning? | | * **Engaging students through occasional probing questions­** * **Opportunities for group discussion and for students to ask questions** * **Course review and quiz** | | | | |
| **Course Outline and Activities** | | | | | **TIME ALLOTMENT** | |
| 1. **Introductions, distribution of syllabus and materials, learning objectives** | | | | | **10 minutes** | |
| **2. When behavior becomes challenging**   * **Steps to navigating challenging behaviors** * **Take person-centered action to handle the situation respectfully** * **Best practices in handing challenging behaviors** * **Good self-care after a challenging situation** | | | | | **1.0 hour** | |
| **3. Prevent or minimize challenging behaviors**   * **Handling a client’s anger** * **When anger turns to possible violence** * **Anxiety** | | | | | **1.5 hours** | |
| **4. Working with challenging behaviors and dementia**   * **“Alzheimer’s Dementia Hands” on Caregiving DVD** * **Activity: Group discussion of DVD** * **Activity: Scenarios and role plays using techniques covered in DVD** | | | | | **2.5 hours** | |
| **5. Review, closing questions, quiz** | | | | | **20 minutes** | |
| Student Materials / Handouts  **You may be requested to submit these materials.** | **Attached are the student worksheets and PowerPoint for the course. Also attached are the guiding questions and scenarios for group activities.** | | | | | |
| Video / DVD (if applicable) | **Alzheimer’s Dementia Hands on Caregiving DVD: It’s All in Your Approach with Teepa Snow; Pines Institute of SW Florida. I have permission to use the DVD and own my copy.** | | | | | |
| Instructor Materials / References  **You may be requested to submit these materials.** | **Navigating Challenging Behaviors and DVD Dementia enhancements from It’s All in Your Approach with Teepa Snow.** | | | | | |
| **Section 3. Course Description 1** | | | | | | |
| COURSE TITLE | | | COURSE TYPE  Orientation  Safety  Population Specific  CE (no more than 12 class hours may be submitted per application) | DELIVERY MODE / MODES (CHECK ALL THAT APPLY)  Classroom  Online Course  Webinar | | HOURS |
| COURSE SUMMARY: GIVE A **BRIEF** COURSE DESCRIPTION (A FEW SENTENCES) OF THE MAIN TOPIC / SUBJECT AREAS TO BE COVERED. | | | | | | |
| **COURSE REQUIREMENTS** | | **METHOD(S) OF FULFILLING REQUIREMENT** | | | | |
| **Table of Contents:** How will students be informed of what to expect? | |  | | | | |
| **Competencies** | |  | | | | |
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| **Check for Understanding:** How will an instructor know students are learning? | |  | | | | |
| **Course Outline and Activities** | | | | | **TIME ALLOTMENT** | |
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| Student Materials / Handouts  **You may be requested to submit these materials.** |  | | | | | |
| Video / DVD (if applicable) |  | | | | | |
| Instructor Materials / References  **You may be requested to submit these materials.** |  | | | | | |
| **Section 3. Course Description 2** | | | | | | |
| COURSE TITLE | | | COURSE TYPE  Orientation  Safety  Population Specific  CE (no more than 12 class hours may be submitted per application) | DELIVERY MODE / MODES (CHECK ALL THAT APPLY)  Classroom  Online Course  Webinar | | HOURS |
| COURSE SUMMARY: GIVE A **BRIEF** COURSE DESCRIPTION (A FEW SENTENCES) OF THE MAIN TOPIC / SUBJECT AREAS TO BE COVERED. | | | | | | |
| **COURSE REQUIREMENTS** | | **METHOD(S) OF FULFILLING REQUIREMENT** | | | | |
| **Table of Contents:** How will students be informed of what to expect? | |  | | | | |
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| **Check for Understanding:** How will an instructor know students are learning? | |  | | | | |
| **Course Outline and Activities** | | | | | **TIME ALLOTMENT** | |
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| Student Materials / Handouts  **You may be requested to submit these materials.** |  | | | | | |
| Video / DVD (if applicable) |  | | | | | |
| Instructor Materials / References  **You may be requested to submit these materials.** |  | | | | | |
| **Section 3. Course Description 3** | | | | | | |
| COURSE TITLE | | | COURSE TYPE  Orientation  Safety  Population Specific  CE (no more than 12 class hours may be submitted per application) | DELIVERY MODE / MODES (CHECK ALL THAT APPLY)  Classroom  Online Course  Webinar | | HOURS |
| COURSE SUMMARY: GIVE A **BRIEF** COURSE DESCRIPTION (A FEW SENTENCES) OF THE MAIN TOPIC / SUBJECT AREAS TO BE COVERED. | | | | | | |
| **COURSE REQUIREMENTS** | | **METHOD(S) OF FULFILLING REQUIREMENT** | | | | |
| **Table of Contents:** How will students be informed of what to expect? | |  | | | | |
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| Student Materials / Handouts  **You may be requested to submit these materials.** |  | | | | | |
| Video / DVD (if applicable) |  | | | | | |
| Instructor Materials / References  **You may be requested to submit these materials.** |  | | | | | |