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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Facility Training Program Application and Updates** | | | | | | | |  |
| TODAY’S DATE |
| Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities use this form to:   * Apply for approval to offer training to Long-Term Care Worker (LTCW) staff. * Submit updates on courses, curriculum, and instructors in a DSHS approved Facility Training Program. | | | | | | | | | |
| **Section 1. Facility Training Program Information** | | | | | | | | | |
| TRAINING COORDINATOR’S NAME (PLEASE PRINT) | | | | | | | | DATE | |
| TRAINING COORDINATOR’S CONTACT INFORMATION: | | | | | | | | | |
| PHONE NUMBER (AREA CODE)  **(     )** | | | | CELL NUMBER (AREA CODE)  **(     )** | | EMAIL ADDRESS | | | |
| APPLICATION TYPE (CHECK ALL THAT APPLY)  New facility training program  Updating an approved facility training program  Adding and/or removing instructor | | | | | | | | | |
| **If this is a new training program, please leave Training Program Name and Number blank.** | | | | | | | | | |
| TRAINING PROGRAM NAME | | | | | | | | TRAINING PROGRAM NUMBER | |
| FACILITY INFORMATION: | | | | | | | | | |
| FACILITY NAME | | | | | | | | LICENSE NUMBER | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | PHONE NUMBER (AREA CODE)  **(     )** | |
| WEBSITE ADDRESS | | | | | | | | FAX 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 (DSHS 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 | | **54** | | | 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: | | | | |
| 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** | | | | |
| Developmental Disabilities Specialty | | **16** | | | DSHS developed curriculum **Developmental Disabilities Specialty** | | | | |
| 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 developed **Fundamentals of Caregiving (FOC)** as a CE Course Packet | | | | |
| **1.5** | | | POLST Section A (available to AFH / ALF only) | | | | |
| **.5** | | | WA DOH Food Safety  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, Developmental Disabilities, and/or Expanded Specialty Training (Traumatic Brain Injury Specialty, Diabetes Specialty, and Substance Use Disorder) must submit copies of their specialty training certificates, if applicable, and Adult Education certificates with their [Facility Instructor Application (DSHS 15-554)](https://www.dshs.wa.gov/sites/default/files/forms/word/15-554.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  Continuing Education  Mental Health Specialty  Dementia Specialty  Developmental Disabilities Specialty | Traumatic Brain Injury Expanded Specialty  Diabetes Expanded Specialty  Substance Use Disorder Expanded Specialty | |
| BIRTHDAY (MM/DD/YYYY) | | |
| 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  Continuing Education  Mental Health Specialty  Dementia Specialty  Developmental Disabilities Specialty | Traumatic Brain Injury Expanded Specialty  Diabetes Expanded Specialty  Substance Use Disorder Expanded Specialty | |
| BIRTHDAY (MM/DD/YYYY) | | |
| 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  Continuing Education  Mental Health Specialty  Dementia Specialty  Developmental Disabilities Specialty | Traumatic Brain Injury Expanded Specialty  Diabetes Expanded Specialty  Substance Use Disorder Expanded Specialty | |
| BIRTHDAY (MM/DD/YYYY) | | |
| 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  Continuing Education  Mental Health Specialty  Dementia Specialty  Developmental Disabilities Specialty | Traumatic Brain Injury Expanded Specialty  Diabetes Expanded Specialty  Substance Use Disorder Expanded Specialty | |
| BIRTHDAY (MM/DD/YYYY) | | |
| 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  Continuing Education  Mental Health Specialty  Dementia Specialty  Developmental Disabilities Specialty | Traumatic Brain Injury Expanded Specialty  Diabetes Expanded Specialty  Substance Use Disorder Expanded Specialty | |
| BIRTHDAY (MM/DD/YYYY) | | |
| 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  Continuing Education  Mental Health Specialty  Dementia Specialty  Developmental Disabilities Specialty | Traumatic Brain Injury Expanded Specialty  Diabetes Expanded Specialty  Substance Use Disorder Expanded Specialty | |
| BIRTHDAY (MM/DD/YYYY) | | |
| **Section 4. Instructor Attestation for Orientation, Safety, and CE Instructors** | | | | | | | | | |
| Read and complete the attestation below.  By filling in your name, job title, and date below, you attest that you:   * Have verified all instructors meet the [Facility Instructor Qualification Requirements (DSHS 22-1855)](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1855.pdf). * Have on file the verifying information for each instructor. * Have submitted true, complete, and accurate information. | | | | | | | | | |
| NAME JOB TITLE DATE | | | | | | | | | |
| **Section 5. Is your application complete?** | | | | | | | | | |
| **Did you remember to attach:**  Copies of your Specialty Training and Adult Education certificates of completion, if required.  **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)](https://www.dshs.wa.gov/sites/default/files/forms/word/15-552.docx).  **Email your questions and submit your application to** [**TrainingApprovalTPA@dshs.wa.gov**](mailto:TrainingApprovalTPA@dshs.wa.gov)**.**  [For more information about long-term care worker training, please visit the DSHS Training Requirements and Classes page.](https://www.dshs.wa.gov/altsa/home-and-community-services/training-requirements-and-classes) | | | | | | | | | |