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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)**Facility Training Program Application and Updates** |  |
| TODAY’S DATE |
| Adult Family Homes and Assisted Living 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)[x]  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 APPLICATION, DSHS 15-552.** |
| [x]  Orientation[x]  Safety Training | **5** | [x]  DSHS developed curriculum **Orientation** and **Safety**[ ]  Submitting curriculum you developed for approval[ ]  Another curriculum DSHs has approved for use Curriculum name:  |
| [ ]  Long-Term Care Worker Basic Training |  | [x]  **Enhanced** DSHS **Revised Fundamentals of Caregiving (RFOC)**Submit the Long-Term Care Worker Basic Training Enhancement Instructions and Application, DSHS 15-553, with this application [ ]  Submitting curriculum you developed for approval[ ]  Another curriculum DSHs has approved for use Curriculum name:  |
| [ ]  Population Specific Training | **5** | [ ]  DSHS developed curriculum **TBI – Surviving and Thriving** |
| **3** | [ ]  DSHS developed curriculum **Navigating Challenging Behaviors** |
|  | [ ]  Another curriculum DSHs has approved for use Curriculum name:  |
| [x]  Dementia Specialty | **8** | [ ]  DSHS developed curriculum **Dementia Specialty – Dementia, Level 1 Dementia Capable Caregiving** |
| [x]  Mental Health Specialty | **8** | [x]  DSHS developed curriculum **Mental Health Specialty –Mental Health, Level 1 Mental Wellness Capable Caregiving**  |
| [ ]  Traumatic Brain Injury Specialty | **8** | [ ]  DSHS developed curriculum **Traumatic Brain Injury** – **Traumatic Brain Injury, Level 1 Capable Caregiving for Brain Injury**  |
| [ ]  Continuing Education (CE) | **19.5** | [ ]  DSHS developed **Revised Fundamentals of Caregiving (RFOC)** as CE Course Packet |
| **5** | [ ]  DSHS developed curriculum **TBI – Surviving and Thriving** |
| **3** | [ ]  DSHS developed curriculum **Navigating Challenging Behaviors** |
| **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 useCurriculum name:  |
| **Section 3. Instructor Information / Changes** |
| Instructors applying to teach a Dementia Specialty, Mental Health Specialty, and/or Traumatic Brain Injury Specialty course must submit copies of their specialty training certificates and Facility Instructor Application, DSHS 15-554. |
| 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 [ ]  Mental Health Specialty[ ]  LTCW Basic Training [ ]  Dementia Specialty [ ]  Population Specific [ ]  Traumatic Brain [ ]  Continuing Education Injury 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 [ ]  Mental Health Specialty[ ]  LTCW Basic Training [ ]  Dementia Specialty [ ]  Population Specific [ ]  Traumatic Brain [ ]  Continuing Education Injury 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 [ ]  Mental Health Specialty[ ]  LTCW Basic Training [ ]  Dementia Specialty [ ]  Population Specific [ ]  Traumatic Brain [ ]  Continuing Education Injury 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 [ ]  Mental Health Specialty[ ]  LTCW Basic Training [ ]  Dementia Specialty [ ]  Population Specific [ ]  Traumatic Brain [ ]  Continuing Education Injury Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| GFIRST AND LAST NAME | [ ]  Add new instructor[ ]  DSHS approved but adding new course(s)[ ]  Remove, no longer teaching | [ ]  Orientation and Safety [ ]  Mental Health Specialty[ ]  LTCW Basic Training [ ]  Dementia Specialty [ ]  Population Specific [ ]  Traumatic Brain [ ]  Continuing Education Injury 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 [ ]  Mental Health Specialty[ ]  LTCW Basic Training [ ]  Dementia Specialty [ ]  Population Specific [ ]  Traumatic Brain [ ]  Continuing Education Injury Specialty |
| BIRTHDAY (MM/DD/YYYY) |
| **Section 4. Instructor Attestation for Orientation, Safety, and CE Instructors** |
| Read and complete the attestation below if instructors are applying to teach Orientation, Safety Training, and/or CE.By filling in your name, job title, and date below, and then emailing this to the department, you attest that you have:* Listed all instructors applying to teach Orientation, Safety Training, and/or CE.
* Verified all instructors meet these qualifications. [WAC 388-112A-1260](http://app.leg.wa.gov/wac/default.aspx?cite=388-112A-1260)
* Have on file the verifying information for each instructor.
* Submitted true, complete, and accurate information.
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| 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 LTCW Basic Training, submit the Long-Term Care Worker Basic Training Enhancement Instructions and Application, DSHS 15-553.[ ]  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** **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). |