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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)  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.** | | | | |
| 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: | | | | |
| Long-Term Care Worker Basic Training | |  | | | **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: | | | | |
| 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** | | | | |
| 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 use  Curriculum 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. | | | | | | | | | |
| 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**](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). | | | | | | | | | |