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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  HOME AND COMMUNITY SERVICES (HCS)  **On-the-Job Facility Training Plan Application and Updates** | | | | | | |
| Use this form for initial approval to include on-the-job skills hours in the 70-hour long-term care worker basic training. Use this form to submit changes to an approved plan. Submit this application to with “OJT” and your facility’s name in the subject line. **You must complete this form prior to implementation of OJT skills at your facility.** | | | | | | | |
| FACILITY NAME | | | | | | | |
| TRAINING CONTACT’S NAME | | | PHONE NUMBER | | | EMAIL | |
| 1. **Core Basic Training** | | | | | | | |
| **Who will teach the instructional part of Core Basic Training for your facility?**  Online basic training provided by Cornerstone Health Care Training Company (recommended)  Online basic training provided through Relias (recommended)  Online basic training provided through Washington Care Academy (recommended)  Our facility instructor or corporate instructor will teach the instructional part of core basic training using DSHS approved curriculum (must be approved and included in your enhancements) [Enhancements; Application and Instructions](https://www.dshs.wa.gov/altsa/home-and-community-services/training-program-and-instructor-application-forms)  **How many hours of on-the-job skills training are you going to provide for your long-term care workers?**  12 hours (minimum required)  16 hours (recommended)  More than 16 hours (must be approved and included in your enhancements) | | | | | | | |
| 1. **Population Specific Training** | | | | | | | |
| **Specify which Population Specific classes your long-term care workers will take for certification and list the approved instructor for each class.** Population specific training should reflect the needs of your facilities population. We recommend 16 hours total from the following options: | | | | | | | |
| **Classes** | | | | **Approved Instructor’s Name (print)** | | | |
| Mental Health Specialty, 8 hours - DSHS Curricula | | | | **Faduma Mursal RN, BSN** | | | |
| Dementia Specialty, 8 hours - DSHS Curricula | | | | **Faduma Mursal RN, BSN** | | | |
| Traumatic Brain Injury Specialty, 8 hours - DSHS Curricula | | | | **Faduma Mursal RN, BSN** | | | |
| Nurse Delegation Core, 9 hours - DSHS Curricula | | | | **Faduma Mursal RN, BSN** | | | |
| Nurse Delegation Diabetes, 3 hours - DSHS Curricula | | | | **Faduma Mursal RN, BSN** | | | |
| Developmental Disabilities Specialty Training, 16 hours | | | |  | | | |
| OTHER APPROVED POPULATION SPECIFIC CLASS: ENTER CLASS TITLE(S) AND HOURS. | | | | | | | |
| 1. **Orientation and Safety Training** | | | | | | | |
| **Specify how your long-term care workers will take Orientation and Safety classes.**  Facility instructor, 5 hours (recommended)  Online provider, 5 hours  Community instructor, 5 hours | | | | | | | |
| 1. **75-hour HCA Certification Plan** | | | | | | | |
| **Example:** | | | | | | | |
| Core Basic Instruction Online | | | | 38 hours | | | |
| Core Basic Skills OJT | | | | 16 hours | | | |
| Mental Health Specialty | | | | 8 hours | | | |
| Dementia Specialty | | | | 8 hours | | | |
| Orientation and Safety | | | | 5 hours | | | |
| **Total** | | | | **75 hours** | | | |
| **Please specify your facility’s training plan:** | | | | | | | |
| **Core Basic Instruction online** | | | | **38 hours** | | | |
| **Core Basic Skills OJT** | | | | **16 hours** | | | |
| **Mental Health Specialty** | | | | **8 hours** | | | |
| **Dementia Specialty** | | | | **8 hours** | | | |
| **Orientation and Safety** | | | | **5 hours** | | | |
| **Total** | | | | **75 hours** | | | |
| 1. **Submit completed Facility Training application to** [**TrainingApprovalTPA@dshs.wa.gov**](mailto:TrainingApprovalTPA@dshs.wa.gov) **with “OJT” and your facility’s name in the subject line. You must complete this form prior to initiation of OJT skills instruction.** | | | | | | | |
| YOUR FACILITY’S NAME | | | | FACILITY’S TRAINING NUMBER  **WA** | | | DATE SUBMITTED |
| INSTRUCTOR(S) SIGNATURE(S) | | PRINTED INSTRUCTOR(S) NAME(S) | | | INSTRUCTOR(S) TRAINING CODE NUMBER | | |
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