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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**
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| **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)[x]  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)[x]  16 hours (recommended)[ ]  More than 16 hours (must be approved and included in your enhancements) |
| 1. **Population Specific Training**
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| **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**
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| **Specify how your long-term care workers will take Orientation and Safety classes.**[ ]  Facility instructor, 5 hours (recommended) [ ]  Online provider, 5 hours [x]  Community instructor, 5 hours |
| 1. **75-hour HCA Certification Plan**
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| **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** **with “OJT” and your facility’s name in the subject line. You must complete this form prior to initiation of OJT skills instruction.**
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| 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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