Community Instructors Virtual Classroom Training Application

DSHS WASHINGTON STATE Department of Social and Health Services

DATE

Community instructors use this form to apply for approval to offer virtual training to long-term care workers.

Please submit your completed application to TrainingApprovalTPC@dshs.wa.gov.

Section 1. Community Instructor Training Program Information

Submitter's Name	Phone Number	Email

Training Program Name	Training Program Number

Section 2. Instructor Information

"**Virtual classroom**" means an instructor led, synchronous, remote learning environment conducted in real time using video conferencing technology.

Only DSHS approved curriculum, **other than hands-on skills** training as required in WAC 388.112A.0300, may be taught in a virtual classroom environment.

Instructors applying to teach virtually must submit a recorded demonstration of the virtual classroom in use or schedule a time with the department for a live demonstration. Attach additional pages as needed.

Section 2. Instructor Information

Instructor's Name	Check all courses that apply.	
First and Last Name	☐ Orientation and Safety ☐ Core Basic Training ☐ Nurse Delegation – Core ☐ Diabetes Nurse Delegation ☐ Dementia Specialty	☐ Mental Health Specialty ☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Continuing Education
First and Last Name	☐ Orientation and Safety ☐ Core Basic Training ☐ Nurse Delegation – Core ☐ Diabetes Nurse Delegation ☐ Dementia Specialty	☐ Mental Health Specialty ☐ Traumatic Brain Injury Expanded Specialty ☐ Diabetes Expanded Specialty ☐ Substance Use Disorder Expanded Specialty ☐ Continuing Education
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Section 3. Please provide the following information.

1. Have you taught the courses for which you are applying to teach virtually? If so, please provide details, dates, etc.

2. What video conferencing software or application will you use for your virtual classroom (i.e., Zoom, Skype, etc.)?

3. How will you modify your classroom activities to engage learners in a virtual environment? (Please provide at least (3) three examples.)

4. How will you verify identification of learners and record attendance?

5. How will you provide training materials to learners?

6. For courses requiring tests, how will you administer and proctor the tests?

7. How will you provide in person skills training to learners in the virtual classroom?

DSHS requires that you either submit a recorded demonstration of the virtual classroom in use or schedule a time with the department for a live demonstration. Your recorded or live demonstration should be 10-15 minutes and should:

- Demonstrate proficiency in using the Virtual Training platform.
- Demonstrate knowledge of training curriculum / content.
- Provide two-way audio and video communications with all learners.
- Engage learners and monitor their participation.
- Use the platform tools to engage learners if required by the curriculum (i.e., create and monitor virtual breakout rooms, launch a poll, monitor the chat, and other features).

☐ I have included a recorded sample of the virtual classroom environment with this application.

☐ I am interested in live demonstration. (If you check this option, please provide several dates and times instructor(s) would be available for 45 minutes).

Dates	Times