|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Adult Family Home (AFH) Administrator Training Instructor Application** | | | | | | | | | | | | | | |  | |
| TODAY’S DATE  **07/30/2019** | |
| DSHS has a contract with multiple Washington State colleges to offer the 54-hour Adult Family Home (AFH) Administrator Training to individuals who intend to apply for an Adult Family Home license. [WAC 388-112A-0800](http://app.leg.wa.gov/waC/default.aspx?cite=388-112A-0800) DSHS must approve instructors for this course prior to their hire date by the college. The instructor agrees to present the materials developed by DSHS and represent the department’s viewpoint on all AFH policies and procedures. | | | | | | | | | | | | | | | | | | |
| SUBMITTER’S NAME (COLLEGE ADMINISTRATOR)  **Christy Isaacson** | | | | | | | CONTRACT NUMBER  **1965-50735** | | | | | | EMAIL ADDRESS  **christy.isaacson@seattlecolleges.edu** | | | | | |
| TRAINING PROGRAM NAME (NAME OF COLLEGE)  **North Seattle College** | | | | | | | | | | | | | | | | | | |
| NEW INSTRUCTOR NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)  **Amelia Hertog** | | | | | | | | | | | | | | | | | BIRTHDATE (MM/DD/YYYY)  **03/03/1976** | |
| PHONE NUMBER (AREA CODE)  **(206-660-5224)** | | | | CELL NUMBER (AREA CODE)  **(206-660-5224)** | | | | | EMAIL ADDRESS  **c.iuhertog@comcast.net** | | | | | | | | | |
| **Section 1. General Qualifications** [**WAC 388-112A-1240**](https://app.leg.wa.gov/wac/default.aspx?cite=388-112A-1240) | | | | | | | | | | | | | | | | | | |
| **DSHS will review your history as an Adult Family Home owner as part of this application process.** | | | | | | | | | | | | | | | | | | |
| 1. Are you 21-years old or older?  Yes  No 2. List any licenses or certifications you hold in Washington State: | | | | | | | | | | | | | | | | | | |
|  | TYPE OF LICENSE / CERTIFICATION | | | | TYPE OF LICENSE / CERTIFICATION | | | | | | TYPE OF LICENSE / CERTIFICATION | | | | | TYPE OF LICENSE / CERTIFICATION | | |
| **Adult Family Home** | | | |  | | | | | |  | | | | |  | | |
| Have you ever had this or any other professional health care, adult family home, assisted living, or social services license or certification revoked in Washington State?  Yes  No  If yes, what type of certification or license: **n/a**  License number:  Date of revocation:   1. Are you a current owner of an Adult Family Home?  Yes  No 2. Name of AFH: **Angelwings Group** License Number: **A751019** 3. How long have you owned this home? **11 years** 4. Have you worked at any other Adult Family Home?  Yes  No If yes, in what capacity? **AFH Provider** | | | | | | | | | | | | | | | | | | |
| **Section 2. Education** | | | | | | | | | | | | | | | | | | |
| Check the highest level of education you have completed:  High school or equivalent  Associates  Bachelors  Masters  PHD | | | | | | | | | | | | | | | | | | |
| **Section 3. Adult Family Home Owner / Resident Manager Experience** | | | | | | | | | | | | | | | | | | |
| List your work experience within the last five years as an adult family home owner and/or resident manager. | | | | | | | | | | | | | | | | | | |
| **1** | ADULT FAMILY HOME NAME  **Angelwings Group** | | | | | | | | | | | | | | LICENSE NUMBER  **A751019** | | | |
| ADDRESS CITY STATE ZIP CODE  **103 South 197th Street Des Moines WA 98148** | | | | | | | | | | | | | | | | | | |
| YOUR TITLE  **AFH Provider** | | | | | | | | | | DATES (MM/DD/YYYY) IN THIS POSITION  FROM: **07/28/2008** TO: **07/30/2019** | | | | | | | | TOTAL MONTHS  **132** |
| Describe in detail specific duties and experiences related to your position:  **Managing the daily operations of the Adult Family Home; interviewing, hiring, training, and managing staff; teaching continuing education to staff; overseeing the care and services in the AFH; menu planning, training, and implementing; case management and communicating with all members of the care team; developing, training, and implementing Negotiated Care Plans for each resident; marketing, networking, doing tours for families, visitors and prospective residents; developing, training and implementing systems, policies, and procedures, etc.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **2** | ADULT FAMILY HOME NAME | | | | | | | | | | | | | | LICENSE NUMBER | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | |
| YOUR TITLE | | | | | | | | | | DATES (MM/DD/YYYY) IN THIS POSITION  FROM:  TO: | | | | | | | | TOTAL MONTHS |
| Describe in detail specific duties and experiences related to your position: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **3** | ADULT FAMILY HOME NAME | | | | | | | | | | | | | | LICENSE NUMBER | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | |
| YOUR TITLE | | | | | | | | | | DATES (MM/DD/YYYY) IN THIS POSITION  FROM:  TO: | | | | | | | | TOTAL MONTHS |
| Describe in detail specific duties and experiences related to your position: | | | | | | | | | | | | | | | | | | |
| **Section 4. Teaching Experience** | | | | | | | | | | | | | | | | | | |
| Do you currently train your staff as a DSHS approved Training Program?  Yes  No  Have you completed the 4-hour DSHS Adult Education class or an alternative class on adult education that meets the requirements of [WAC 388-112A-1297](https://app.leg.wa.gov/wac/default.aspx?cite=388-112A-1297)?  Yes  No  If you answered **yes**, please attach a copy of your certificate of completion or transcript. If you answered **no**, you will be required to attend the 4-hour DSHS Adult Education class prior to teaching the 54-hour course. | | | | | | | | | | | | | | | | | | |
| **Instructions:** List experience in teaching adults in a classroom settingon topics directly related to those found in basic training, nurse delegation, continuing education, specialty training, and/or other courses related to AFH topics. | | | | | | | | | | | | | | | | | | |
| **1** | EMPLOYER  **n/a** | | | | | | | | | | | | | | EMPLOYER’S PHONE NUMBER (AREA CODE)  **(     )** | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | |
| YOUR TITLE | | | | | | | | | | DATES (MM/DD/YYYY) IN THIS POSITION  FROM:  TO: | | | | | | | | TOTAL MONTHS |
| IMMEDIATE SUPERVISOR’S NAME | | | | | | | | | | PHONE NUMBER (IF DIFFERENT FROM ABOVE)  **(     )** | | | | | | | | |
| May we contact employer for a reference check?  Yes  No | | | | | | | | | | | | | | | | | | |
| Describe your teaching experience below: | | | | | | | | | | | | | | | | | | |
| TITLE OR TYPE OF CLASS | | | AVG NO. OF STUDENTS | | | FROM (DATE) | | TO (DATE) | | | | TOTAL CLASS HOURS | | TOPICS / SUBJECT MATTER TAUGHT | | | | |
| **n/a** | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **2** | EMPLOYER | | | | | | | | | | | | | | EMPLOYER’S PHONE NUMBER (AREA CODE)  **(     )** | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | |
| YOUR TITLE | | | | | | | | | | DATES (MM/DD/YYYY) IN THIS POSITION  FROM:  TO: | | | | | | | | TOTAL MONTHS |
| IMMEDIATE SUPERVISOR’S NAME | | | | | | | | | | PHONE NUMBER (IF DIFFERENT FROM ABOVE)  **(     )** | | | | | | | | |
| May we contact employer for a reference check?  Yes  No | | | | | | | | | | | | | | | | | | |
| Describe your teaching experience below: | | | | | | | | | | | | | | | | | | |
| TITLE OR TYPE OF CLASS | | | AVG NO. OF STUDENTS | | | FROM (DATE) | | TO (DATE) | | | | TOTAL CLASS HOURS | | TOPICS/ SUBJECT MATTER TAUGHT | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
|  | | |  | | |  | |  | | | |  | |  | | | | |
| **Section 5. Student Engagement Experience** | | | | | | | | | | | | | | | | | | |
| Describe your classroom management experience:  **Set clear goals and objectives, stay on track, create an environement conducive of learning and engage students to actively participate in discussion.** | | | | | | | | | | | | | | | | | | |
| Describe your methods of engaging students with any course content you have taught:  **Present real life scenerios and seek to solve them together, encourage discusion around best and worst outcomes. Occasionally role playing may help in some situations (i.e. Resident Rights, Behaviours, safety, etc.)** | | | | | | | | | | | | | | | | | | |
| **Section 6. Instructor Attestation** | | | | | | | | | | | | | | | | | | |
| **Instructions:** Read the information below and fill out your name, job title and date. | | | | | | | | | | | | | | | | | | |
| I certify and understand that:   * The information I give to the department may be used to verify the information in this application. Any information I give to the department may be used by the department for this purpose. * The department may obtain additional information, verification, and/or documentation related to my answers or information. * The information provided in this application and all additional documents and forms required in the application process are true, complete and accurate. * Untruthful or misleading answers are cause for rejection of this application. | | | | | | | | | | | | | | | | | | |
| NAME JOB TITLE DATE  **Amelia Hertog AFH Provider 07/30/2019** | | | | | | | | | | | | | | | | | | |
| This form is returned to the Department by the college administrator. This is not a guarantee of being hired to teach this course. DSHS will determine if the applicant meets the minimum qualifications in [WAC 388-112A-1240](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-112A-1240) and inform the college of approval or denial of this instructor application.  If the applicant is approved by DSHS, and hired by the college, they are required to attend the 12-hour DSHS Train the Trainer session and the 8-hour DSHS AFH Orientation prior to teaching the class. | | | | | | | | | | | | | | | | | | |