



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA) Adult Family Home (AFH) Administrator Training Instructor Application

TODAY'S DATE

DSHS contracts 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](#) DSHS must approve instructors for this course prior to their hire date by the college. The instructor agrees to use DSHS developed and approved materials, and represent the department's viewpoint on all AFH policies and procedures.

SUBMITTER'S NAME (COLLEGE ADMINISTRATOR)	CONTRACT NUMBER	EMAIL ADDRESS
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TRAINING PROGRAM NAME (NAME OF COLLEGE)

NEW INSTRUCTOR NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	BIRTHDATE (MM/DD/YYYY)
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PHONE NUMBER (AREA CODE) ())	CELL NUMBER (AREA CODE) ())	EMAIL ADDRESS
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Section 1. General Qualifications [WAC 388-112A-1240](#)

DSHS will review your history as an Adult Family Home owner as part of this application process.

- Are you 21-years old or older? Yes No
- 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

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:
License number: _____ Date of revocation: _____

- Are you a current owner of an Adult Family Home? Yes No
- Name of AFH: _____ License Number: _____
- How long have you owned this home?
- Have you worked at any other Adult Family Home? Yes No
If yes, in what capacity?

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 Experience

List your Adult Family Home and business work experience within the last five years.

1	ADULT FAMILY HOME NAME	LICENSE NUMBER	
	ADDRESS	CITY	STATE
YOUR TITLE		DATES (MM/DD/YYYY) IN THIS POSITION FROM: TO:	TOTAL MONTHS

Describe in detail specific duties and experiences related to your position:

2	ADULT FAMILY HOME NAME	LICENSE NUMBER
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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
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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](#)? 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 on topics directly related to those found in Basic Training, Nurse Delegation, Continuing Education, Specialty Training, Safety and Orientation, and/or other courses related to AFH topics.

1	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
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IMMEDIATE SUPERVISOR'S NAME	PHONE NUMBER (IF DIFFERENT FROM ABOVE) ()
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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

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:

Describe your methods of engaging students with any course content you have taught:

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 instructor and/or presenter(s) will not sell services/products or use class lists with addresses, phone numbers, or email addresses, to recruit or promote private business of any kind.
- 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
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This form is returned to the Department by the college administrator. This is not a guarantee of department approval to teach this course. DSHS will determine if the applicant meets the minimum qualifications in [WAC 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.