

## ASSISTED LIVING ADMINISTRATOR TRAINING COURSE TRAINER APPROVAL APPLICATION

Mail completed form to: **UW-Oshkosh**  
**Assisted Living Administrator Training**  
**CCDET**  
**800 Algoma Blvd**  
**Oshkosh, WI 54901-8688**

If you have questions regarding this application form, contact: **cbrfrng@uwosh.edu**

### SECTION I. APPLICANT PERSONAL INFORMATION

<b>SECTION I. APPLICANT PERSONAL INFORMATION</b>				
Name – First		Middle	Last	
Mailing Address				
City		State	Zip Code	County
Telephone	FAX		E-mail Address	
Current Occupation / Profession				
<input type="checkbox"/> Assisted Living Facility Administrator				
<input type="checkbox"/> Consultant				
<input type="checkbox"/> Trainer				
<input type="checkbox"/> Health Professional ( <i>Indicate professional discipline below.</i> )				
 <input type="checkbox"/> Other ( <i>Specify below.</i> )				
Place of Employment / Agency			Job Title	
Mailing Address				
City		State	Zip Code	County

**SECTION II. COMPETENCY AREAS**

Complete all competency areas in which you have expertise or work experience and in which you wish to provide assisted living administrator training. You must include copies of vita or resume, academic transcripts, and/or credentials as documentation of your expertise or work experience.

**1. CORE COMPETENCY AREA – Leadership / Management Skills**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Leadership / Management.

Describe the **work experience** in the core competency area of Leadership / Management Skills. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Leadership / Management Skills. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. CORE COMPETENCY AREA – Resident Care and Services**

**2. A. Physical Needs of Residents**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of the Physical Needs of Residents.

Describe the **work experience** in the core competency area of the Physical Needs of Residents. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of the Physical Needs of Residents. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. B. Psychosocial Needs of Residents**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of the Psychosocial Needs of Residents.

Describe the **work experience** in the core competency area of the Psychosocial Needs of Residents. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of the Psychosocial Needs of Residents. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. C. Food Service and Nutrition**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Food Service and Nutrition.

Describe the **work experience** in the core competency area of Food Service and Nutrition. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Food Service and Nutrition. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. D. Infection Control**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Infection Control.

Describe the **work experience** in the core competency area of Infection Control. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Infection Control. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. E. Community and Support Services for Residents**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Community Support for Residents.

Describe the **work experience** in the core competency area of Community and Support Services for Residents. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Community and Support Services for Residents. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. F. Nurse Delegation**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Nurse Delegation.

Describe the **work experience** in the core competency area of Nurse Delegation. *(See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Nurse Delegation. *(See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. G. Medications and Medication Administration**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Medications and Medication Administration.

Describe the **work experience** in the core competency area of Medications and Medication Administration. *(See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Medications and Medication Administration. *(See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. H. Admissions / Residency / Discharge**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Admissions / Residency / Discharge.

Describe the **work experience** in the core competency area of Admissions / Residency / Discharge. (See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Admissions / Residency / Discharge. (See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. I. Assessment**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Assessment.

Describe the **work experience** in the core competency area of Assessment. (See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Assessment. (See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. J. Development of an Individualized Service Plan**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Development of an Individualized Service Plan.

Describe the **work experience** in the core competency area of Development of an Individualized Service Plan. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Development of an Individualized Service Plan. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. K. Program Services**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Program Services.

Describe the **work experience** in the core competency area of Program Services. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Program Services. *(See the Assisted Living Administrator's Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.)* Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**2. L. Communication with External Health and Social Service Providers**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Communication with External Health and Social Service Providers.

Describe the **work experience** in the core competency area of Communication with External Health and Social Service Providers. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Communication with External Health and Social Service Providers. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**3. CORE COMPETENCY AREA – Resident Rights, Advocacy, and Legal Issues**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Resident Rights, Advocacy, and Legal Issues.

Describe the **work experience** in the core competency area of Resident Rights, Advocacy, and Legal Issues. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P- 00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Resident Rights, Advocacy, and Legal Issues. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**4. CORE COMPETENCY AREA – Physical Environment / Life Safety**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Physical Environment / Life Safety.

Describe the **work experience** in the core competency area of Physical Environment / Life Safety. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P- 00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Physical Environment / Life Safety. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**5. CORE COMPETENCY AREA – Human Resources Management**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Human Resources Management.

Describe the **work experience** in the core competency area of Human Resources Management. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P- 00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Human Resources Management. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**6. CORE COMPETENCY AREA – Financial Management**

By checking this box, I attest that I have a minimum of two (2) years experience in the core competency area of Financial Management.

Describe the **work experience** in the core competency area of Financial Management. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P- 00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Setting / Agency	Description of Your Experience

Describe specific **education or training** that led you to become knowledgeable of the core competency area of Financial Management. (See the Assisted Living Administrator’s Course Curriculum Criteria, DQA publication P-00134, for a description of the subject areas included.) Add extra pages, if necessary.

Date(s)	Name of Institution / Course / Workshop	Areas of Education / Training

**SECTION III. TRAINER VERIFICATION**

By checking this box, I attest that I have received a minimum of six (6) hours of instruction related to teaching or training. (Add additional pages, if necessary.)

Date(s) of Training	Title of Training / Course

**OR**

By checking this box, I attest that I have a minimum of two (2) years experience teaching or training. (Add additional pages, if necessary.)

Date(s) of Training	Title of Training / Course

**SECTION IV. DETERMINATION OF COMPETENCY**

Describe below what systems or methods you will use to determine that the individuals you have trained are competent in the areas in which you have provided training.

**SECTION V. RESPONSIBILITIES OF APPROVED TRAINERS**

1. Every two (2) years, receive a minimum of six (6) hours of documented continuing education in the core competency area being taught. Evidence of such training will be available for review, if requested by the UW-Oshkosh, CCDET.
2. Demonstrate and maintain expertise in the training content for the core competency area(s) for which you have been approved.
3. Demonstrate and maintain a thorough knowledge of DHS 83, Wisconsin Administrative Code, in the core competency area(s) for which you have been approved.
4. Ensure that all required hours of training are conducted in the physical presence of the individuals you are training.
5. Demonstrate the ability to design training that is relevant and meaningful.
6. Demonstrate the skills needed for presenting effective training experiences.
7. Demonstrate the ability to manage a well organized, professional training event, identifying specific goals and objectives to be accomplished.

**SECTION VI. TRAINER ATTESTATION**

**Your application will not be processed without your signature.**

I attest that all the information provided and/or attached to this application is true and correct. I understand that I am responsible for the information included in this application.

**SIGNATURE** – Applicant

Date Signed

**SECTION VII. TRAINING COURSE AFFILIATIONS**

**This section must be signed by an authorized representative of the department approved training course with which you are affiliated.** (See notes under Section II of DQA form F-00158, Assisted Living Administrator Training Course Application for Training Curriculum.)

**SIGNATURE** – Authorized Agency/Entity Representative

Date Signed

Name – Authorized Agency/Entity Representative (Print or type.)

Title