

Introduction/Overview

Please complete this IN-SERVICE Application for your annual dementia in-service training to be reviewed for approval by LeadingAge Oregon.

Beginning January 1, 2019, OAR 411-054-0070 requires that all direct care staff complete six hours of annual training on dementia care by the anniversary of their hire date in 2020. The training must reflect current standards for dementia care and be informed by the best evidence in the care and treatment of dementia.

The six hours of annual dementia care training may be included in the required minimum of 12 hours in-service training required for direct care staff within ALFs/RCFs.

If approved, the annual in-service training does not have to be submitted annually for approval. If the approved training is changed or added to, then it would need to be submitted for approval.

1. Name of Applicant/Company/Organization

2. Type of Training Entity

- Provider or Provider Organization
- Individual/Consultant
- Non-profit (other than provider or provider organization)
- Academic Institution
- Other (vendor, etc; please specify)

3. Application Submission Date

4. Address (Address, City, State, Zip)

5. Name of Person Submitting Application for Approval

6. Email Address of Primary Contact Person for the Application

7. Phone of Primary Contact for the Application

8. Are you using one or more of the following "pre-approved" dementia training content sources to meet the in-service training requirements?

- * Oregon Care Partners
- * Relias Learning
- * IPCed / Easy CEU / OnCourse
- * CARES Health Care Interactive
- * M.O.V.E. Person Centered Training
- * Teepa Snow PAC training

View the full pre-approved list on the [DHS Website](#)

Yes, I am using one or more of the in-service training sources listed above.

No, I am not using one of the in-service training sources above.

If you answered **"YES"** to Question 8, your training is Pre-Approved and do not need to continue to complete this application. Individual providers are responsible for keeping documentation to present to state regulators.

If you need to print the list of pre-approved training for documentation for your records, visit [DHS's Dementia Training Webpage](#).

If you answered **"NO"** to Question 8, please proceed with completing this application.

9. Please submit a PDF of your training material, not to exceed 25 pages. If additional information is required for review, it will be requested later.

No file chosen

10. Indicate training format. (If the training includes more than one format, choose the category that represent the largest portion of training time.)

- In-Person/Classroom Written/Self-Study
- Online/Web-based/Webinar
- Other (please specify)

11. Indicate training content sources (e.g., name of book, author, name of video, copyright date, year training developed).

First Reference	<input type="text"/>
Second Reference	<input type="text"/>
Third Reference	<input type="text"/>
Fourth Reference	<input type="text"/>
Fifth Reference	<input type="text"/>

12. Indicate instructional methods/adult learning principles used. Check all that are used. Straight text or powerpoint slides without information on the instruction methods/adult learning principles will not receive a full review.

- Visual learning techniques (e.g., video clips, charts, graphs, flip charts) Interactive learning techniques (e.g., discussion, small group work, exercised, role play, case review)
- Audio learning techniques (e.g., listening, discussion, lecture)
- Other (please specify)

13. Enter the estimated length of time it takes trainees to complete the training.

14. Indicate whether passing a written exam is required for completing the training.

- Yes
- No



Dementia Training Approval: ANNUAL IN-SERVICE APPLICATION

Your Application is Finished

Thank you for completing this application. It has been submitted and will be reviewed by LeadingAge Oregon in a timely manner. Approval time will depend on the volume of submissions and any follow-up request for additional information.

You will be notified whether your application is approved, needs more information or is denied for approval. Such notification will be provided to the email provided in Question 6.

Keep a copy of the approval notice for your records to be able to share with regulators if

requested.

The facility shall ensure direct care staff have demonstrated competency in any duty they are assigned. Facility staff in a supervisory role shall perform assessment of each direct care staff.

DISCLAIMER: Applicants are responsible for the outcomes of their training program, staff and organization activities. Approval in no way guarantees regulatory compliance or staff competency with the approved material.

LeadingAge Oregon will act in a fair and equitable manner towards all entities and individuals who submit training for evaluation including but not limited to bias against race, creed, age, religious affiliation, sex, disability, sexual orientation, national origin or association affiliation.