

Introduction/Overview

Please complete this PRE-SERVICE Application for your dementia pre-service training to be reviewed for approval by LeadingAge Oregon.

OAR 411-054-0070 requires that direct care staff receive pre-service training on the following topics:

- Education on the dementia disease process, including the progression of the disease, memory loss, psychiatric and behavioral symptoms;
- Techniques for understanding and managing symptoms, including but not limited to reducing the use of anti-psychotic medications for non-standard use;
- Strategies for addressing the social needs of persons with dementia and providing meaningful activities, and
- Information on addressing specific aspects of dementia care and ensuring the safety of residents with dementia, including, but not limited to how to: address pain, provide food and fluids; and prevent wandering and elopement.

You may start the application and come back to it anytime to finish it.

If you have any questions as you complete the application, please send them to Merry Killam at mkillam@leadingageoregon.org.

1. Name of Applicant/Company/Organization

2. Type of Training Entity

- Provider or Provider Organization
- Non-profit (other than provider or provider organization)
- Individual/Consultant
- 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 ALL of the pre-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 pre-service training sources listed above to meet ALL the pre-services content requirements.
- No, I am not using one of the pre-service training sources above to meet ALL the pre-services content requirements.

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. For example, if you are using a pre-approved training (e.g., Teepa Snow), you will need to indicate what topic the "pre-approved training" is addressing as outlined in OAR 411-054-0070.

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. Select all pre-service topics you are seeking approval for:

- TOPIC 1:** Education on the dementia disease process, including the progression of the disease, memory loss, psychiatric and behavioral symptoms.
- TOPIC 2:** Techniques for understanding and managing symptoms, including but not limited to reducing the use of anti-psychotic medications for non-standard use.
- TOPIC 3:** Strategies for addressing the social needs of persons with dementia and providing meaningful activities.
- TOPIC 4:** Information on addressing specific aspects of dementia care and ensuring the safety of residents with dementia, including, but not limited to how to: address pain, provide food and fluids; and prevent wandering and elopement.

Please answer the following questions relating the **FIRST** topic you selected in question 9.

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

No file chosen

11. 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
- Online/Web-based/Webinar
- Written/Self-Study
- Other (please specify)

12. 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"/>

13. 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)
- Audio learning techniques (e.g., listening, discussion, lecture)
- Interactive learning techniques (e.g., discussion, small group work, exercised, role play, case review)
- Other (please specify)

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

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

- Yes
- No

16. Are you seeking approval for more than one topic listed in question 9?

- Yes
- No

If you answered yes, please answer the following questions for the SECOND topic you are requesting approval for.

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

Choose File

No file chosen

18. 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
- Online/Web-based/Webinar
- Written/Self-Study
- Other (please specify)

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

First Reference

Second Reference

Third Reference

Fourth Reference

Fifth Reference

20. 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)

Audio learning techniques (e.g., listening, discussion, lecture)

Interactive learning techniques (e.g., discussion, small group work, exercised, role play, case review)

Other (please specify)

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

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

Yes

No

23. Are you seeking approval for more than two topics listed in question 9?

Yes

No

If you answered yes, please answer the following questions for the THIRD topic you are requesting approval for.

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

Choose File

No file chosen

25. 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
- Online/Web-based/Webinar
- Written/Self-Study
- Other (please specify)

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

First Reference

Second Reference

Third Reference

Fourth Reference

Fifth Reference

27. 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)
- Audio learning techniques (e.g., listening, discussion, lecture)
- Interactive learning techniques (e.g., discussion, small group work, exercised, role play, case review)
- Other (please specify)

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

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

- Yes
- No

30. Are you seeking approval for more than three topics listed in question 9?

Yes

No

If you answered yes, please answer the following questions for the FOURTH topic you are requesting approval for.

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

Choose File

No file chosen

32. 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

Online/Web-based/Webinar

Written/Self-Study

Other (please specify)

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

First Reference

Second Reference

Third Reference

Fourth Reference

Fifth Reference

34. 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)

Audio learning techniques (e.g., listening, discussion, lecture)

Interactive learning techniques (e.g., discussion, small group work, exercised, role play, case review)

Other (please specify)

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

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

Yes

No



Dementia Training Approval: PRE-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.

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.