

Application Overview

Please complete your dementia IN-SERVICE application.

This application will guide you step-by-step through required questions and will ask for examples of your training material for your dementia in-service topic. If you have additional topics that need to be approved, please complete separate applications for each topic.

Please note: There is a separate application for pre-service training approvals. This application is for in-service training only. The educational content for dementia in-service training must reflect current standards for dementia care and be informed by the best evidence in the care and treatment of dementia.

The staff training and dementia in-service standards are outlined in [OAR 411-054-0070](#) and OAR 411-057-0150.

If you have any questions as you work through the application please send them to dementiaapplication@ohca.com.

You may start the application and come back to it at anytime to finish it if you use the same device.

Pre-approved in-service trainings do not have to be submitted for approval through OHCA. A complete list of **pre-approved** dementia in-service trainings are on the [DHS website](#).

* 1. Name of Applicant/Company/Organization

* 2. Type of Training Organization

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

* 3. Application Submission Date

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

* 5. Name of Person Submitting Application for Approval

* 6. Email Address of Primary Contact Person for the Application

* 7. Phone Number of Primary Contact Person for the Application

Are you using one or more of the following "pre-approved" in-service dementia trainings?

* 8. Are you using one or more of the following "pre-approved" dementia training content sources to meet all of the curriculum requirements listed on the Application Overview page?

- Oregon Health Care Association
- Alzheimer's Association
- Leading Age Oregon
- Oregon Care Partners
- Relias Learning
- IPCed / Easy CEU/OnCourse
- CARES Health Care Interactive
- M.O.V.E. Person Centered Care Training
- Teepa Snow PAC Training

[View the full list on the DHS website](#)

- ☐ Yes, I am using one or more of the in-service training sources listed to meet in-service training.
- ☐ No, I am not using one of the in-service training sources listed.

Your Training is Pre-Approved

If you answered "yes" to Question 8 on the previous page, congratulations! You are using a pre-approved training curriculum and you do not need to continue this survey application.

Individual providers are responsible for keeping documentation to present to state regulators. For example, if you are using a pre-approved training i.e. Teepa Snow, you will need to indicate what topic the in-service is addressing.

If you need to print the list of pre-approved trainings for documentation in your records, visit [DHS's dementia training web page](#).

You do NOT need to continue this application.

Please contact dementiaapplication@ohca.com with any questions.

Your In-Service Training & Topic

9. Please list the title of your in-service training.

10. Will your training require participants to pass a written exam?

☐ Yes

☐ No

Please answer the following questions relating to the topic you plan to cover in your in-service training.

* 11. Please list all learning objectives for the in-service topic you want approved.

12. Please submit a PDF of your training material for the in-service topic, not to exceed 25 pages. If additional information is required for review, it will be requested later. If you are not able to submit electronically, please mail materials to: OHCA, Att: Dementia In-Service Application Materials, 11740 SW 68th Parkway, Portland, OR 97223. Materials must be received within 30 days of application submission.

Choose File

No file chosen

* 13. Please confirm your materials submission.

☐ I have submitted materials electronically (via Q12).

☐ I will mail a hard copy of my materials to OHCA.

* 14. Training Format (If training include more than one category, choose the category that represents largest portion of training time.)

☐ In-person/Classroom-based

☐ Online/Web-based/Webinar

☐ Written/Self-Study

☐ Other (please specify)

* 15. Training content sources; i.e. name of book, author, name of video, copyright date, year training developed

First Reference

Second Reference

Third Reference

Fourth Reference

* 16. Select instructional methods used, adult learning principles used. Check all that are included. Straight text or PowerPoint slides without information on the instruction methods/adult learning principles not receive a full review.

- ☐ Visual learning techniques ie. video clips, charts, graphs, flip charts
- ☐ Audio Learning techniques: Listening , discussion, lecture
- ☐ Interactive Learning: Discussion, small group work, exercises, role play, case review
- ☐ Other

* 17. Estimated Length (in minutes) of the In-Service Training

Click "Submit" to Complete Your Application

Thank you! Please click the "SUBMIT" button to finalize and submit your application for this in-service topic. If you have additional topics that need to be approved, please complete separate applications for each topic.

OHCA will review each submission and get back to the applicant in a timely manner. Approval time will depend on the volume of submissions and any follow up request for additional information.

OHCA will act in a fair and equitable manner towards all entities and individuals who submit curriculum for evaluation including but not limited to bias against race, creed, age, religious affiliation, sex, disability, sexual orientation, national origin or association affiliation. Any individual or entity with a concern will be instructed to direct concerns to Oregon Health Care Association's general counsel at gdayton@ohca.com.

Your application will either be approved, denied or receive a request for more information. Replies will go to the email address you provided in question 6.

Approved submissions: Keep a copy of the approval notice for your records and 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.

Visit [DHS's dementia application website](#) for more information.