**Suicide Prevention Training Course Proposal**

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| **Course information:** |
| **Course provider organization name:** Click or tap here to enter text. |
| **Course name:** Click or tap here to enter text. |
| **Primary contact information for PESB:** |
| **Name:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Primary contact information for potential participants:***Note: if the course is approved, this contact information will appear on our PESB website.* |
| **Name:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Check the appropriate box:** |
| ☐Approval ☐Reapproval |
| **Check the appropriate box:**  |
| ☐I understand that my organization will need to apply for reapproval of this course per the schedule posted by PESB.  |
| **Describe the course delivery and design in one or two paragraphs.***For example, is the course embedded in a larger program? Who is the target audience? Is it an online course available on demand? Do participants meet over the course of two weekends?* |
| Click or tap here to enter text. |
| **Course details:** |
| Projected enrollment for this upcoming year: Click or tap here to enter text. | Projected start date: Click or tap here to enter text. |
| Length of course: Click or tap here to enter text. | Cost for candidates: Click or tap here to enter text. |
| **Training frequency:**  |
| How often is the course offered? *(For example, is this course offered three times a year, or offered on demand?)*Click or tap here to enter text.  |
| **Which of the following applies to your organization?** (Check all that apply) *Providers are not required to be one of the following types of organizations*  |
| ☐Washington state clock hour provider☐PESB approved preparation program☐Accredited college/university  | ☐DOH approved provider of suicide prevention training (*Note: DOH providers are approved PESB providers and are not required to apply.)*[ ] Not applicable |
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| **Course information:**  |
| What structures do you have in place for registering candidates for your course, and providing candidates with documents for completion of this course?Click or tap here to enter text. |
| Is this course available to all applicants, or do applicants need to be enrolled in another specific degree or preparation program in order to take the course?*This information will be made available on our website for prospective candidates.*Click or tap here to enter text. |
| **Instructors must have demonstrated knowledge and experience in the course competencies. How will you ensure instructors are appropriately prepared to teach this course?** |
| Click or tap here to enter text. |
| **Describe how your course is designed to meet the needs of adult learners: (Check all that apply and describe)** |
| ☐Varied course material (text, visual aid, presentation)☐Offers Q &A (in person, email, live chat)☐Acknowledges and builds on experience | ☐Offers take-away materials ☐Interactive/engaging☐Other: Click or tap here to enter text. |
| Description: Click or tap here to enter text. |
| **Please include any other relevant course features or comments:** |
| Click or tap here to enter text. |

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| **Before completing this section, please refer to the scoring rubric for additional details:** [**Suicide Prevention Training review rubric**](https://www.pesb.wa.gov/wp-content/uploads/Suicide-Prevention-Training-course-review-rubric.docx) |
| **Required content:****WAC 246-12-630**  | **Provide a detailed description of the content in your course that meets these requirements. Please include 2-3 examples.**  |
| 1. Training content must be based on current empirical research and [known best practices](https://www.sprc.org/resources-programs).
 | Click or tap here to enter text. |
| 1. Training must reflect sensitivity and relevance to the cultures and backgrounds of the relevant client or patient populations. *(Note: This includes educators and students.)*
 | Click or tap here to enter text. |

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| **Required Content Criteria:****WAC 246-12-630 Training content***Content for three-hour trainings must include the following. These are minimum time requirements for each of these topics. Additional time or content must be added to total three hours.*  | **Indicate whether you meet the minimum required time for A and B** | **Provide a detailed description of the content in this course that meets each criterion with 2-3 examples.**  | **Provide a detailed description of how participants demonstrate this competency. Please provide 2-3 examples.**  |
| 1. A minimum of seventy minutes on screening for suicide risk. Content must include: (I) When and how to screen a client or patient for acute and chronic suicide risk and protective factors against suicide; (*Note: This includes educators and students.)* (ii) Appropriate screening tools tailored for specific ages and populations if applicable; and (iii) Strategies for screening and appropriate use of information gained through screening.
 | Seventy minutes requirement met?[ ] Yes[ ] No  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. A minimum of thirty minutes on referral. Content shall include: (I) How to identify and select an appropriate resource; (ii) [Best practices](https://www.sprc.org/resources-programs) for connecting a client or patient to a referral; (*Note: This includes educators and students.)*(iii) Continuity of care when making referrals.
 | Thirty-minute requirement met?[ ] Yes[ ] No  | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. If adding additional content to total three hours, describe the content.
 | Three-hour requirement met? [ ] Yes[ ] No  | Click or tap here to enter text. | Click or tap here to enter text. |

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| For reapproval only, describe any modifications made to the original course, including modifications based on current policy and best practices. *Please include examples.*  |
| Click or tap here to enter text. |

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| **Signature:** Click or tap here to enter your signature. |
| **Printed Name:** Click or tap here to enter text. | **Organization:** Click or tap here to enter text. |
| **Date:** Click or tap here to enter a date. | **Job Title:** Click or tap here to enter text. |

For any questions, comments, or concerns please reach out to the Professional Educator Standards Board at**pesb@k12.wa.us****.**