**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**](mailto:pesb@k12.wa.us)**.**