**Suicide Prevention Training Course Proposal**

| **COURSE INFORMATION** |
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| **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:**  | **Check the appropriate box:**  |
| * Approval
* Reapproval
 | * I understand that my organization will need to apply for reapproval of this course per the schedule posted by PESB.
 |
| **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
 |
| 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 a stand-alone course or is within an educator preparation program?** | **Who is eligible to enroll in this course?** |
| * Stand alone course
* Course within a prep program
* Other (Please explain) Click or tap here to enter text.
 | * Only candidates within the preparation program
* Open to everyone
* Enrollment conditions (Please explain) Click or tap here to enter text.
 |
| **How will the training be delivered?** | **How often will participants meet? (Ex. weekly, bi-weekly, over the weekend, etc.). Please describe below.** |
| * In person
* Virtually
	+ Synchronous
	+ Asynchronous
* Hybrid
 | 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. |
| **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. |
| **Please include any other relevant course features or comments:** |
| Click or tap here to enter text. |

**Before completing this section, please refer to the scoring rubric for additional details:** [**Suicide Prevention Training review rubric**](https://www.pesb.wa.gov/suicide-prevention-training-course-review-rubric-october2021/)

| **REQUIRED CONTENT** |
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| **All required content is found in****WAC 246-12-630** ***\*Please be sure to address italicized notes*** | **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.

*\*This includes:** + *course participants*
	+ *educators served by the course participants*
	+ *students served by the course participants.*

*\*Description should reflect principles found within the* [*CCDEI standards*](https://drive.google.com/file/d/1_1nf9XWXJKT_a3lOP169VmVc3U0l1ze0/viewXWXJKT_a3lOP169VmVc3U0l1ze0/view) | Click or tap here to enter text. |

| **REQUIRED CONTENT AND DEMONSTRATION OF COMPETENCY** |
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| **All required content is found in** **WAC 246-12-630** *Content for three-hour training 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, B, and C** | **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. |

| 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. |

| **Signature:** Click or tap here to enter your signature. |
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| **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 Leiani Sherwin at leiani.sherwin@k12.wa.us.

Please submit completed form to Makenzie Dyer at makenzie.dyer@k12.wa.us