**Suicide Prevention Training Course Proposal**

| **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:** | **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** | |
| --- | --- |
| **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. | |
| --- | --- |
| **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](mailto:leiani.sherwin@k12.wa.us).

Please submit completed form to Makenzie Dyer at [makenzie.dyer@k12.wa.us](mailto:makenzie.dyer@k12.wa.us)