



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:	
<i>Note: if the course is approved, this contact information will appear on our PESB website.</i>	
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.

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Training frequency:	
How often is the course offered? <i>(For example, is this course offered three times a year, or offered on demand?)</i> Click or tap here to enter text.	
Which of the following applies to your organization? (Check all that apply) <i>Providers are not required to be one of the following types of organizations</i>	
Washington state clock hour provider PESB approved preparation program Accredited college/university	DOH approved provider of suicide prevention training <i>(Note: DOH providers are approved PESB providers and are not required to apply.)</i> 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](#)

REQUIRED CONTENT	
All required content is found in WAC 246-12-630 <i>*Please be sure to address italicized notes</i>	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 .	Click or tap here to enter text.
2. Training must reflect sensitivity and relevance to the cultures and backgrounds of the relevant client or patient populations. <i>*This includes:</i> <ul style="list-style-type: none"> ○ <i>course participants</i> 	Click or tap here to enter text.



- *educators served by the course participants*
- *students served by the course participants.*

**Description should reflect principles found within the [CCDEI standards](#)*

REQUIRED CONTENT AND DEMONSTRATION OF COMPETENCY

<p>All required content is found in WAC 246-12-630</p> <p><i>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.</i></p>	<p>Indicate whether you meet the minimum required time for A, B, and C</p>	<p>Provide a detailed description of the content in this course that meets each criterion with 2-3 examples.</p>	<p>Provide a detailed description of how participants demonstrate this competency. Please provide 2-3 examples.</p>
<p>A. A minimum of seventy minutes on screening for suicide risk. Content must include:</p> <p>(i) When and how to screen a client or patient for acute and chronic suicide risk and protective factors against suicide; <i>(Note: This includes educators and students.)</i></p> <p>(ii) Appropriate screening tools</p>	<p>Seventy minutes requirement met?</p> <p>Yes</p> <p>No</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>



<p>tailored for specific ages and populations if applicable; and (iii) Strategies for screening and appropriate use of information gained through screening.</p>			
<p>B. A minimum of thirty minutes on referral. Content shall include: (I) How to identify and select an appropriate resource; (ii) Best practices for connecting a client or patient to a referral; <i>(Note: This includes educators and students.)</i> (iii) Continuity of care when making referrals.</p>	<p>Thirty-minute requirement met?</p> <p>Yes No</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>C. If adding additional content to total three hours, describe the content.</p>	<p>Three-hour requirement met?</p> <p>Yes No</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>

For reapproval only, describe any modifications made to the original course, including modifications based on current policy and best practices.

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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.

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