**Suicide Prevention Training Course Proposal**

|  |
| --- |
| **Course information:** |
| **Course provider name:** Click here to enter text. |
| **Course name:** Click here to enter text. |
| **Primary contact information for PESB application:** |
| **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 candidates:** |
| **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 all that apply:** |
| [ ]  Approval [ ]  Reapproval |
| **Course Details:** |
| Cost for candidates: 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. | Projected enrollment for this upcoming year: Click or tap here to enter text. |
| Has the course been reviewed and approved by the Department of Health, and on their [Model List](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList)? | [ ]  Yes[ ]  No |
| **Training Frequency:**  |
| How often is the course offered? 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  |
| [ ] Clock hour provider[ ] PESB approved preparation program | [ ] Accredited College/University [ ] DOH approved provider of suicide prevention training |
|  |
| **Course description:**  |
| 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?Click or tap here to enter text. |
| **Which of the following educational staff associate roles does the course serve? (Check all that apply)**  |
| [ ] School Occupational Therapist[ ] School Physical Therapist [ ] School Behavioral Analyst  | [ ] School Nurse[ ] School Speech Language Pathologist/Audiologist[ ] School Social Worker[ ] School Counselor |
| **Evidence of Effectiveness:**The program can be found on the following best practices registries or is offered by a national organization related to school health professionals (check all that apply) |
| [ ] Suicide Prevention Resource Center [ ] National Registry of Evidence-based Programs and Practices[ ] Other (please specify) Click or tap here to enter text. |
| **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. |
| **Describe how your course is designed to meet the needs of adult learners: (Check all that apply)** |
| [ ] Varied course material (text, visual aid, presentation)[ ] Offers Q &A (in person, email, live chat) | [ ] Offers take-away materials [ ] Interactive/engaging[ ] Other: Click or tap here to enter text. |
| **Please include any other relevant course features or comments:** |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Required Content Criteria:****WAC 246-12-630 Training content** | **Topic and time allotted**  | **How do participants demonstrate this competency?**Provide ONLY the assessments/activities used to assess competence on the criteria, ot all assignments and tasks  |
| 1. Training content must be based on current empirical research and known best practices.
 | Click or tap here to enter text. | 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.
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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.

(a) 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; (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. (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; and (iii) Continuity of care when making referrals. (c) Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm by lethal means. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **\*For reapproval only. Describe any modifications you have made to the original course**
 | Click or tap here to enter text. | 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**