



## Application for Direct Care Worker Train-the-Trainer Certification

Thank you for your interest in Genesee Health System's (GHS) Train the Trainer for the Direct Care Worker (DCW) Curriculum. Only employees of residential or day/work program providers who have contracts with Genesee Health System will be considered. To be considered for this training, please submit this application and all required attachments **prior to March 15, 2024 by 5:00 PM**. If the form is not received prior to this date, the applicant will be considered for the next scheduled training. Payment is due on the first day of class via check or money order.

In order to complete the GHS certification as a DCW trainer the applicant must be able to attend the entire 3-day program with completion of after-class assignments. If a participant misses, is late or leaves the training early, a certificate of completion will **not** be granted. GHS reserves the right to refund monies to corporation sponsors whose applicant(s) are not meeting the requirements of the program based on conduct, lack of participation, or absenteeism toward the fulfillment of class requirements.

### **Required Attachments:**

1. Completed Transcripts of a MDHHS Approved Curriculum.

The curriculum must have included the following areas (either by name or in content, if the content is under a different name, please include the name that matches the module:

- a. Your Role as a Direct Care Worker
  - b. Behavior Modification / Working With People
  - c. Person Centered Planning
  - d. Medications
  - e. Health
  - f. Recipient Rights
  - g. Nutrition
  - h. Environmental Emergencies
2. Proof of work as a Direct Care Worker for at least 6 months.
    - a. Documentation (proof of employment duration) must be within the last 24 months which can include, but is not limited to:
      - i. Evaluations
      - ii. Letter from employer: director/owner.
  3. Letter of recommendation from Employer on Agency letterhead or signed by Agency
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**Application for Genesee Health System’s DCW Train-the-Trainer**

*Please type or print:*

**Applicant’s Name:**

**Agency Name:**

**Direct Supervisor:**

**Agency Mailing Address/City/State/Zip:**

**Contact Phone Number:**

**Contact Email Address:**

**How long has the applicant been working as a direct care worker?**

**The following has been attached to this application:**

- Training Transcripts and/or Certificates
- Proof of employment as a DCW/DSP
- Letter of Recommendation

**Payment:**

- **Check or Money Order for \$300 made out to Genesee Health System, to be given on the first day of class.**

It is understood that it is required that the applicant attend the entire training, complete all after-class assignments and participate in the class in order to receive a certification for train-the-trainer.

I have read and understood the terms and conditions and will ensure that the applicant follows these guidelines.

Signed: \_\_\_\_\_ Date:

***Disclaimer:*** You and or any third party may not post, transmit, disclose, distribute, alter or utilize this form in whole or in part for purposes other than for registration for the Train-the-Trainer course and without prior permission from the GHS training Department. We will work diligently and take reasonable steps to keep this application available, correct, and complete. However, we make no guarantee and we do not accept liability incidental or consequential damages, or responsibility without limitation, and lost revenues or opportunity that may result to you or any third party as a result of the utilization of this form. You and/or your employer remain responsible for obtaining training as designated or described by Michigan State law or statute and/or PIHP contract and/or policy.