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| **Live Online Request** | |
| 1. **Program Information** | |
| **Program Name:**  *.* | |
| **Program Type and Number (#):** ☐ Traditional Program:  *# .*  ☐ Home Care Aide Alternative “Bridge” Program:  *# .*  ☐ Medical Assistant Alternative “Bridge” Program:  *# .* | |
| **Program Director Name:**  *.* | **Date submitting request:**   *.* |
| 1. **Instructions** | |
| **Please complete and submit this application to be considered for ongoing approval to use a Live Online format to teach classroom/theory content.** | |
| 1. Provide your **plan for using a variety of interactive approaches** for presenting and discussing content online; include activities that provide students an opportunity to reinforce learning and apply knowledge in the online environment:  *.* | |
| 1. **Provide your plan for evaluation** (how will knowledge be evaluated in this format?): *.* 2. Specifically, if not answered above, please indicate **how you will assure each student's identity in terms of testing** (i.e., testing integrity, doing one’s own work)?  *.* 3. **If you do not have software technology to assure students' identity for online testing**, then please check “Yes” here to attest you will implement testing (quizzes, exams) in person when students come for skills lab:   ☐ **Yes, I will give students all quizzes/tests in person when they come in for skills labs.** | |
| **Program Director Attestation and Signature** | |
| 1. **I attest that** **all usual and required content will be delivered** **to students and that one (1) instructor shall teach no more than twenty (20) students at one time in a live online class.**   **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:**  *.*  **Please print, sign, and return via email to:** [**WABONEducation@doh.wa.gov**](mailto:WABONEducation@doh.wa.gov)**.** | |