

NCCDP National Council of Certified Dementia Practitioners

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Within USA Toll Free 1- 877-729-5191 Answering Service
International Calls 1 973.729.5191 1-973-729-6601 Live Help

www.NCCDP.org NCCDPCORPORATE@NCCDP.org

Name of Association or Corporation: The National Association of Activity Professionals

Date of Training: January 18, 2018

Location of Training: Sam's Town Hotel & Casino, Las Vegas Nevada

Times of Training: 7:00AM to 8:00PM

CADDCT® Certified Alzheimer's Disease and Dementia Care Trainer Certification Seminar®

Seminar Pre-Registration Seminar Form

PLEASE COPY FOR YOUR RECORDS

Thank you for being the best part of the NCCDP

"One person becoming a NCCDP CADDCT Certified Alzheimer's Disease Dementia Care Certified Trainer will impact thousands of health care professionals and front line staff through live dementia education which has a direct impact in the quality of care the staff provide to our elderly." ~ NCCDP Sandra Stimson CEO

You are applying to attend the NCCDP CADDCT seminar. In order to be approved and certified as a NCCDP CADDCT Certified Alzheimer's Disease and Dementia Care Trainer you must attend and complete the entire CADDCT seminar. **YOU DO NOT NEED TO BE A CDP® PRIOR TO ATTENDING THIS SEMINAR**

Please print out entire form and complete the required documents and submit payment to be considered for the CADDCT seminar. If you have questions about your qualifications please email Sandra Stimson at nccdpcorporate@nccdp.org

PLEASE MAIL ENTIRE APPLICATION TO:

Name of Organization: National Association of Activity Professionals

Attention: NAAP

Address: 3604 Wildon St. Eau Claire WI, 54703

Phone Number: 913-748-7288

Email Address: office@naap.info

If you are approved for the CADDCT class, you will be sent a confirmation package via email.

If you are not approved you will receive a full refund by the method in which you paid and the application and supporting documents will not be returned. If you are not approved you will be notified by email.

Be sure to check all pages to insure you have completed all areas and signed all required areas of the CADDCT pre-registration form.

Please make a copy of this completed form for your records. It will not be returned to you.

Upon completion of this seminar you will be awarded the certification designation of NCCDP CADDCT Certified Alzheimer's Disease and Dementia Care Trainer and Certification as CDP® Certified Dementia Practitioner®. You will also receive all training materials in class. If we NCCDP does not receive your homework nor contracts prior to the class date, you **will NOT** receive your class materials on the scheduled class date.

Early Registration Deadline: January 2, 2018 **FINAL DEADLINE: January 18, 2018**

SEMINAR DATE, TIME AND LOCATION:

Location: Sam's Town Hotel & Casino

Address: 5111 Boulder HWY

Las Vegas, NV 89122

Phone: 702-456-7777

Are rooms reserved: Check One: Yes No

Dates and Time:

Date: January 18, 2018

Times: 7:00AM to 8:00PM

Registration and course begins promptly at 7:30 AM

Meals included: Check One: Yes NO

If yes, which meals? Lunch

YOU MUST ATTEND ENTIRE SEMINAR TO BE ISSUED CADDCT CERTIFICATION.

WHO SHOULD ATTEND CADDCT SEMINAR?

CADDCT seminar is recommended for In-service Directors, Nurse Educators, Corporate Trainers, Nurses, Social Workers, Dietitians, Physicians, Activity Directors, CTRS, Psychologists, Psychiatrists, Dementia Unit Managers, Surveyors, Department Heads, Health Care Organization / Company Owners, Administrators, Rehab Directors, OT, PT, Speech, Medical

Directors, AOA Trainer, Ombudsman Trainers Consultants, Pharmacists, Support Group Leaders and Clergy who are responsible for training health care professionals, front line staff and volunteers who work in Nursing Homes, CCRCs, Assisted Living, Adult Day Care, Home Care Agencies, Hospitals, Retirement Homes, Senior Communities, Rehabilitation Centers, Psychiatric Facilities, Senior Centers, Retirement Communities, AOA, State Ombudsman Offices, Associations, Visiting Nurse Agencies and Hospice Agencies. This is also open to college Professors teaching health care courses and Instructors who work for trade schools teaching health care related topics and degrees.

Qualifications: To apply for this seminar and become a NCCDP Certified Alzheimer's Disease and Dementia Care Trainer CADDCT the applicant must meet the following criteria:

1. Certified or licensed in a health care profession or masters level education or PhD.
2. 4 Year college degree or graduate degree from an accredited college *or* RN, LPN, LVN or NP. If you do not have a certification or license but work for a learning institution presenting seminars or courses, you will be accepted.
3. A minimum of 5 years experience in a health-related field / profession *OR* instructor in a learning institution.
4. Minimum of 3 years experience presenting in-services or seminars to health care professionals and front-line staff in a geriatric setting *OR* to students in learning institution. This does not mean you developed the in-service or presentation.

Your application will be reviewed and if you are selected for this seminar you will receive a written confirmation via work email address.

The confirmation packet will contain a letter with two homework assignments which must be completed and returned to NCCDP one week prior to the start of the seminar via scan to nccdpcorporate@nccdp.org or fax to 973-860-2244. The homework consists of a sample brochure and a sample class certificate. Instructions for the homework will be contained in the confirmation letter. The confirmation packet will also contain two contracts which are the license agreement and an instructor agreement. These documents must be signed by a notary and scanned back or faxed to the NCCDP with your homework. You should make a copy of these documents once signed by a notary for your records. The license agreement and instructor agreement deal with intellectual property rights, copy right and trademark concerns for NCCDP curriculum.

WHAT IS INCLUDED:

Curriculum is in Power Point on a Memory Stick, Instructor notebook (Power Point in note format to take notes in class), master hand out student notebook, Text Books, Movie on Sexuality and Staff Concerns (on memory stick), Pre-Test / Post-Test (for staff only), Resources, Sample Brochure, Sample Sign in Sheet, Sample Class Certificate, Information on obtaining CEU approval, Marketing Recommendations and Where to Obtain Databases, Certification as a CDP Certified Dementia Practitioner and Certification as a Certified Alzheimer's Disease and Dementia Care Trainer CADDCT. **The Curriculum Power Point Memory Stick, Instructor Manual of the Power Point in note format, DVD Sexuality video and Text Books may never be copied nor distributed in any format.** All trainers are required to provide a student hand out notebook exactly the way it is provided to you, to each student attending your seminar.

Curriculum includes the following modules:

Introduction to Dementia, Diagnosis, Prognosis, Treatment, Medications, Assessments, Communication, Feelings, Depression, Repetitive Behaviors, Paranoia, Hallucinations, Wandering, Hoarding, Aggressive Behaviors, Catastrophic Reactions, Intimacy and Sexuality, Personal Care, Pain, Bathing, Toileting, Falls, Delirium, Nutrition, Activities, Environment, Staff and Family Support, Diversity and Cultural Competence, Abuse and Neglect, Spiritual Care and End of Life Issues.

Neither laptops nor any other type of recording devices are allowed in class. Cell phones and other electronics are to be turned off.

FEE: \$1900.00

EARLY REGISTRATION FEE: \$1900.00

Deadline to register: **1/2/18**

LATE REGISTRATION FEE (received after 1/2/18): \$2600.00

Type of payment: We accept personal checks, credit cards, cashier checks, money orders and certified checks. If paying by credit card, please complete the attached form. The attendee is not considered registered until payment has been received in full.

Checks: Please make payable to:

MAILING ADDRESS TO MAIL BACK THE CADDCT REGISTRATION FORM AND CONFERENCE BROCHURE REGISTRATION:

The National Association of Activity Professionals
3604 Wildon St.
Eau Claire, WI 54703
office@naap.info
913-748-7288

If this is a last minute registration you can scan to office@naap.info

We recommend sending your packet signed receipt and to utilize a service such as FEDEX or UPS.

Cancellation Policy: You must cancel in writing via certified signed receipt mail or email that is confirmed received by 1/2/18 and received no later than 1/2/18 There is a \$50.00 cancellation fee. On the scheduled date of the class there are no cancellations or replacements or refunds. REFUNDS WILL BE PROVIDED BY the National Association of Activity Professionals. If you do not show up for the class or cancel within 7 days of the seminar there are no refunds.

NCCDP Liability: NCCDP reserves the right to cancel a seminar due to unforeseen emergencies, weather conditions and cancellations of travel by airline, death, illness and or insufficient registrations. NCCDP will not be held responsible or liable for lost wages or any fees or penalties associated with travel costs, travel changes or cancellation incurred by you in regards to hotel,

air, car rental or any other means of transportation or travel arrangements. Should this seminar be cancelled due to insufficient registrations NCCDP will contact the National Association of Activity Professionals and they will contact you two weeks prior to the seminar. If cancelled due to any emergency, the NCCDP staff will make every effort to contact the National Association of Activity Professionals who will contact you via email, phone and text. Cancellation will also be posted on www.naap.info

Renewal: You are asked to renew your certification every two years. You will be sent a renewal notice two months prior to your anniversary. You are asked to renew online or you can download directly from the website the CADDCT renewal (includes CDP® renewal forms). You will need 10 CEU's or 10 CE's to renew. We accept any health care related topic from any source such as webinar, magazine CEU's, online universities (NCCDP) Alzheimer's Care Guide Publication, live seminars and college classes and in-services. You will need a certificate of attendance as proof you attended the seminar *OR* if you have taught the seminar at least once per year, we will accept this in lieu of additional CEU's. As of 2016 the renewal fee is \$100.00.

Updates: NCCDP updates the curriculum every two years or as needed. NCCDP sends out an e-newsletter several times a year and there is an announcement in the newsletter when the curriculum is updated. You are required to purchase the updated curriculum and to discontinue old materials. As of 2016 and subject to change, the price is \$25.00 for the PowerPoint curriculum download. The PowerPoint Curriculum will be emailed to you. A new instructor notebook is \$28.00. A new master student handout notebook is \$28.00. Prices of notebooks subject to change based on printer's fees. If we elect to use another video or book, the name and price will be posted. It will not be mandatory to purchase the new video but we will recommend that you order a copy and discontinue using the current video.

We also recommend you download NCCDP Alzheimer's Disease and Dementia Care Staff Education Week Feb 14-21 FREE staff in-services and toolkit available for download November 1st to March 15th and utilize the in-services throughout the year in your ongoing dementia education series.

You cannot arrive late or leave early and there are no exceptions. If you need to leave early, you will need to complete and pay for the entire seminar again. We do not guarantee a seat for you at the next training. If you need to repeat the class, seating will be based on availability. Depending on the situation you will need to pay again. The discounted rate offered to you at the conference or corporation is subject to change and may be much higher.

We will review in class your homework which is the sample brochure and sample certificate, corporate / association conference CDP applications, discounts, class materials and trainer materials.

YOU MUST ALSO BRING TWO FORMS OF ID, YOUR WORK ID AS WELL AS A NON EXPIRED DRIVER'S LICENSE OR PASSPORT. We do not allow lap tops or any kind of recording devices in class unless special arrangements have been made prior to the class.

ONE DAY TRAINING:

7:00 AM	Registration (Is breakfast provided or on their own)
7:30-8:00 AM	Meeting with Trainers
8:00 AM-12:00 PM and 1:00-5:00 PM	NCCDP staff presents the Alzheimer’s Disease and Dementia Care curriculum, review of handout notebook, Resources and CDP® application
12:00-1:00 PM	Lunch Break (provided)
5:00-6:00 PM	Dinner Break (on your own)
6:00-7:30 PM	Questions, Marketing your seminar, where to obtain databases, how to obtain CEU’s approval and governing bodies, certification procedure, completion of the CDP® application, sample brochure, sample certificate, sample sign in sheet, certification as a CDP® and Certified Alzheimer’s Disease and Dementia Care Trainer CADDCT and collection of evaluations.

ACKNOWLEDGEMENT STATEMENT:

I UNDERSTAND THAT ALL TRAINING MATERIALS ARE THE PROPERTY OF THE NCCDP AND ARE COPY RIGHT PROTECTED BY THE NCCDP. I MAY NEVER COPY NOR DISTRIBUTE IN ANY FORM THE CURRICULUM POWER POINT THAT I RECEIVED EITHER ON MEMORY STICK OR EMAIL DOWNLOAD, THE INSTRUCTOR MANUAL, LOOSE HAND OUTS, TEXT BOOKS, ANSWERS TO THE TESTS OR MOVIE. REGARDLESS OF WHO PAYS FOR THE SEMINAR. I AM THE ONLY ONE WHO CAN TOUCH OR UTILIZE THE TRAINING MATERIALS. I UNDERSTAND I AM NOT AUTHORIZED TO CONDUCT THE CADDCT OR TRAIN THE TRAINER OR CDCM SEMINAR TO BE NCCDP CADDCT ALZHEIMER’S DISEASE AND DEMENTIA CERTIFIEDTRAINER OR CDCM CERTIFIED DEMENTIA CARE MANAGER. I UNDERSTAND I MAY NOT ALTER OR CHANGE THE CURRICULUM OR MASTER STUDENT HANDOUT NOTEBOOK IN ANY WAY.

APPLICANTS SIGNATURE: _____

YOU ARE REQUIRED TO PROVIDE THE NCCDP STUDENT HAND OUT NOTEBOOK IN A 3 RING BINDER TO ALL STUDENTS. I UNDERSTAND I WILL PROVIDE A STUDENT HANDOUT NOTEBOOK TO ALL STUDENTS EXACTLY THE WAY IT WAS PROVIDED TO ME IN THE CADDCT SEMINAR. I UNDERSTAND I CAN NOT ALTER THE STUDENT HAND OUT NOTEBOOK IN ANY WAY.

I UNDERSTAND THAT I AM NEVER ALLOWED TO COLLECT CDP APPLICATIONS NOR FEES ASSOCIATED WITH THE CDP APPLICATION.

I UNDERSTAND THAT I AM NOT AUTHORIZED TO TELL ANY STUDENT THAT THEY ARE CERTIFIED AS A CDP® JUST BECAUSE THEY ATTENDED THE ALZHEIMER’S DISEASE AND DEMENTIA CARE SEMINAR.

I understand I will need a personal lap top computer with a DVD player, a screen, extension cords, speakers and a projector in order to play the curriculum power point memory stick or

curriculum email download and play the video for my future seminars. **Do not** bring laptop or projector to the CADDCT class. As of 2016 the DVD is provided to you on a memory stick.

Please sign here: _____ **DATE:** _____

Print name: _____

CHECK HERE: I have attached the following:

- A Sample in-service or seminar you have presented. You did not need to develop or have a hand in the creation of the seminar or in-service.
- Copy of your license or certification except for Nursing: Nurses will provide a copy of your license information from the state registry that shows you are in good standing.
- Copy of your degree or transcripts from an accredited college. Nurses are not required to show this. If, you have a license that requires completion of a 4-year degree in order to obtain your license such as LNHA, then we do not need a copy of your degree.
- Resume which shows employment for the last five years.
- Code of Ethics Signed: Be sure to check all areas of this form and sign/ initial where indicated.
- Payment: Cashier's check, Money order or Check or Credit card made payable to the Association or corporation sponsoring this seminar. **DO NOT SEND MONEY NOR YOUR APPLICATION TO THE NCCDP!**

**Send to: The National Association of Activity Professionals
3604 Wildon St.
Eau Claire, WI
54703**

PLEASE PRINT OR TYPE THIS INFORMATION.

"While certification promotes and maintains quality, it does not license, confer a right or privilege upon or otherwise define the qualifications of anyone in the healthcare field."

Name: Last _____ First: _____ Middle Initial: _____

YOUR NAME WILL APPEAR EXACTLY LIKE THIS ON YOUR NCCDP CERTIFICATIONS.

List all license, certifications or registration credentials that you hold? Example: CTRS, LCSW, RN _____

Your name and credentials will appear on the NCCDP web site under instructor and CDP registries.

Home Address:

City: _____ State: _____ Zip Code: _____

Country: _____

International Students Only: Please use this space if you need extra space for your address

Home Phone: Area Code: (_____) - _____ - _____

Cell Phone: Area Code: (_____) - _____ - _____

Personal Email Address:

Emergency Contact Name:

Emergency Contact Phone Number: Area Code (____) - _____ - _____

Employment Information

Company Name:

What type of business? Ex. Nursing Home, Hospice, Home Care, Private Management

Your Position / Title:

Your Supervisor's name and phone number and email address?

I understand that my supervisor may be contacted to verify employment? Initial here: _____

Company Address: Your confirmation will be mailed to this address:

City: _____ State: _____ Zip Code: _____

Work Phone: Area Code: (____) - _____ - _____

Your work email:

Company Web Address: _____

Are you part of a chain or franchise, if so what is the corporate name?

What college did you graduate from (highest level)? Under graduate Masters PhD

Year You Graduated: _____

Degree (s) Awarded:

Credentials: List all your licenses, certifications, registrations, etc. List the name of the governing body that awarded you the license, certification, registration, etc. List the state that holds your license, certification or registration. List the Expiration Date. Include other Alzheimer's / dementia certifications also.

ATTACH a copy of at least one license, certification or registration credential.

Example: ADC- NCCAP – TN- 2016

ALL OF THESE CREDENTIALS WILL APPEAR AFTER YOUR NAME ON THE INSTRUCTOR AND CDP REGISTRY LOCATED ON THE NCCDP WEB SITE. :

Please describe your current position duties:

Please list in-services or seminars that you have presented live:

Date: _____ Topic: _____

Date: _____ Topic: _____

Date: _____ Topic: _____

ATTACH A SAMPLE SEMINAR OR IN-SERVICE THAT YOU HAVE PRESENTED LIVE.

This can be a packaged program or curriculum you presented. List title, author and provide agenda or outline.

What experience do you have working with dementia patients?

What other Alzheimer's disease and dementia seminars have you attended?

Date: _____ Topic: _____

Date: _____ Topic: _____

Date: _____ Topic: _____

Date: _____ Topic: _____

ACKNOWLEDGEMENT THAT I WILL RECEIVE NCCDP LICENSE AGREEMENT NCCDP INSTRUCTOR AGREEMENT UPON ACCEPTANCE INTO THE CADDCT SEMINAR:

Please note that each trainer is required to sign a NCCDP License Agreement and NCCDP Instructor Agreement prior to starting the class. Both documents require a notary. The NCCDP Instructor Agreement and NCCDP License Agreement will be emailed to each applicant upon receiving the CADDCT pre-registration seminar form, approval of applicant and processing of full payment.

The NCCDP License Agreement deals with NCCDP intellectual property and specifically states that none of the training materials can be copied in any format, how the class can be taught, etc. The NCCDP Instructor Agreement also deals with intellectual property, copy right issues, conduct, expectations of the trainer, handout notebooks requirement, CDP applications, advertising your classes, etc. The trainer is allowed to copy the Student handout notebook but it must be copied in its entirety, exactly the way it is provided to the trainer and cannot be changed or modified in any way.

Trainers do not collect the CDP applications nor do the trainers approve CDP certification. Only the NCCDP can approve applicants who are applying for the distinguished designation and certification of Certified Dementia Practitioner. Further, anyone can take the NCCDP Alzheimer's Disease and Dementia Care seminar by an approved NCCDP Alzheimer's Disease and Dementia Care Instructor but not all students qualify for CDP certification.

The agreements do not require the trainers to pay a fee to the NCCDP for the NCCDP Alzheimer's Disease and Dementia Care seminars that the trainer presents. Some trainers elect to only teach for their facility or agency, while others advertise and teach private seminars where the student pays the NCCDP approved certified Alzheimer's Disease and Dementia Care **trainer directly**. You are required to advertise at no charge on NCCDP web site.

If you want to discuss or preview the agreements prior to mailing in your documents and payment, please contact NCCDP for more information.

I understand that the license agreement and instructor agreement will be e-mailed to me and the documents must be signed by me and a notary. I understand I must e-mail these documents to the NCCDP and be received by the NCCDP prior to the class date.

Signature: _____ **Date:** _____

How did you hear about this seminar? Please be detailed.

What is Your Responsibility?

The student completing the CADDCT course will be issued the Instructor ID Number, certification as a Certified Alzheimer's Disease and Dementia Care Trainer CADDCT and Certification as a CDP Certified Dementia Practitioner. Please note regardless of who is paying for the course, the trainer owns the materials and the materials can only be used by the approved trainer. The certification will be valid for two years, from the date of the CADDCT Program. You must renew your CADDCT and CDP online every two years. You will not be able to order new supplies unless you are in good standing with your CADDCT.

The instructors will log into the instructor only portion of the website within 7 days of completing the class and create a login and password. Once approved the instructor will create an ad and list which states you wish to be advertised in. This is done through the instructor only section and you will create your own ad. It is required and your responsibility to list all seminar or in-services you are teaching which is the NCCDP Alzheimer's Disease and Dementia Care seminar on the seminar calendar page. It is your responsibility to develop databases, market the seminar, find a teaching space, collect seminar fees and provide a student handout notebook to students as well as collect evaluations, collect sign in sheets and provide a certificate of attendance for the Alzheimer's Disease and Dementia Care seminar. You will never advertise that you are teaching a Certified Dementia Practitioner seminar.

It is your responsibility to insure you have the most up to date NCCDP curriculum and student handout notebook.

It is your responsibility to provide a NCCDP Alzheimer's Disease and Dementia Care student handout notebook to the students attending the seminar exactly the way it has been provided to you. You understand you cannot make changes of any kind to the NCCDP student handout notebook. You may order the student handout notebooks in bulk through the NCCDP or you may utilize another printer.

I have read and understand the cancellation policy, refund policy and NCCDP liability clause with regards to cancellation. I understand that the license agreement and instructor agreement will be mailed to me prior to the start of the class and must be filled out, signed by me and a notary and must be brought to the class. I understand that I also will receive a confirmation letter with two homework assignments which must be completed and brought to class. This is a sample brochure and a sample certificate.

Signature

Date

Code of Ethics

National Council of Certified Dementia Practitioners®

Code of Ethics for Certified Dementia Practitioners® (CDP®)

1. The CDP provides services to the health care profession with respect and dignity to the Dementia Client.
2. The CDP recognizes and respects the Dementia Client individuality.
3. The CDP participates in ongoing education and stays current with regards to Dementia issues and the National Council of Certified Dementia Practitioners Body of Knowledge.
4. The CDP maintains competence in his chosen profession.
5. The CDP will report to the National Council of Certified Dementia Practitioners any acts by a Certified Dementia Practitioner that is illegal or unethical.
6. The CDP assumes absolute responsibility for your own individual actions.
7. The CDP will stay current with certifications with the National Council of Certified Dementia Practitioners.
8. The CDP insures the privacy of the Dementia Client and applies all HIPAA Regulations.
9. The CDP works to implement innovative ideas to the health care setting that may help a Dementia Client.
10. The CDP works to insure that quality of life is provided for the Dementia Clients residing in your health care setting.
11. The CDP networks with other health care professionals, attends Dementia / Alzheimer's Seminars, Conventions, Support Groups and Ethics Committees.
12. The CDP respects the Dementia Client's customs, religious beliefs, and philosophy.
13. The CDP is truthful and avoids providing false or misleading Information.
14. The CDP will not use the National Council of Certified Dementia Practitioners on any brochure or advertising without the express permission of this organization and in no way benefit directly or indirectly at the expense of the National Council of Certified Dementia Practitioners.
15. The CDP understands that its certification with the National Council of Certified Dementia Practitioners does not in any way confer upon the CDP any type of licensure as a health care provider.

Your Name: (Print) _____ Date: _____

Your Signature _____

Notary:

I, the applicant, certify that I am qualified to make this application for approval for the CADDCT class. I understand that if any of the statements or information contained in this application and accompanying documents is false or if I fail to comply with this agreement, the NCCDP approval as a Certified Alzheimer's Disease and Dementia Care Trainer CADDCT may be terminated and future approval may be denied.

Signature of Instructor:

Date:

This document must be notarized attesting that the person signing and completing this document is the person completing this document. Only sign in front of a notary.

NCCDP Notarization Instructions:

The applicant personally appeared and stated upon oath this

_____ Day of _____ Month _____ Year

That the information contained therein is true and correct.

Notary Public in and for the state of:

Signature of Notary:

Name of Notary:

Notary Phone Number:

Commission Expires;

Place Notarization Seal Here:

While certification promotes and maintains quality, it does not license, confer a right or privilege upon or otherwise define the qualifications of anyone in the healthcare field.

COMMONLY ASKED QUESTIONS

When is the CADDCT class offered?

The dates and locations are posted in several places on the web site.

1. CADDCT registration form
2. Seminars by NCCDP staff tab. This tab on the home page will take you to a seminar calendar and there you will find CADDCT seminars that are offered nationwide. This updated daily. If you do not see the CADDCT seminar, please check back with the NCCDP or contact us. The link to seminar page is <http://www.NCCDP.org/calendarix>.

Can the NCCDP bring the CADDCT seminar to your corporate office and provide a group CADDCT training?

Yes, we can bring the CADDCT, CDCM Certified Dementia Care Manager (Dementia Unit Managers) and the Alzheimer's disease and dementia care seminars to you. This is a cost effective way to train many staff educators V.S. the time lost and cost involved with travel. We will work with you to provide a cost effective program to fit your needs.

Why would this benefit my company to have a corporate (group) CADDCT seminar and offer this to all my nurse educators?

1. The most important aspect is being confident that all of your nurse educators are presenting the exact same way and using up to date comprehensive materials for your line staff and health care professionals.
2. This shows the public as well as your staff that your company is committed to Alzheimer's Disease and Dementia Care LIVE training by a certified Alzheimer's Disease and Dementia instructor.
3. That you are committed to reducing incidents of abuse and neglect and only through ongoing LIVE / Interactive training is this going to happen.
4. That you want to exceed the minimum state requirements for dementia education and offer more education.
5. That you as a corporation send a clear and loud message to your nurse educators the value your company places on comprehensive Alzheimer's disease and dementia care education program. This in turns filters down to your line staff.
6. That your company recognizes that video and e-learning is not the always the best way to present comprehensive Alzheimer's disease and dementia care education to your line staff. Your current method may save you time but it is not always the best way in insuring your staff

understands your commitment to protecting your resident's from abuse and neglect through education.

7. This is a huge marketing potential for you to let the public know your nurse educators are Certified Trainers by the National Council of Certified Dementia Practitioners, as well as letting the public know that your line staff received top notch training. Your corporation will be recognized on the web site.

To discuss the benefits of corporate training, please contact us either through email or call us directly for information. nccdpcorporate@nccdp.org or 877-729-5191 answering service. 1-973.729.6601 Live Help Monday to Friday 9:00 A.M. to 5:00 P.M. EST

PLEASE SEND BACK THIS ENTIRE DOCUMENT WHEN APPLYING FOR PRE-REGISTRATION FOR CADDCT SEMINAR.

Why become a certified NCCDP Alzheimer's Disease and Dementia Care Trainer CADDCT?

1. A national certification provides the Instructor potential career opportunities and corporate advancement as a Certified Alzheimer's Disease and Dementia Care Trainer CADDCT.
2. A certified instructor shows your level of dedication and commitment to not only furthering your education but the value you place on education and also your commitment to the health care industry (line staff) and the dementia patients.
3. Assurance in providing state of the art and up to date NCCDP dementia education materials.
4. Certainty in knowing you are providing dementia topics that have seldom been addressed in health care settings. For example, a topic such as sexuality and intimacy is often times a taboo topic and not addressed. You will have the confidence to present materials addressing this topic.
4. Faith that you have an effective method to present to your students.
5. Conviction that you have gained additional knowledge in dementia care in areas that is not always covered or addressed in traditional seminars, trends, methods, etc.
7. Confidence to provide effective teaching methods for health care professionals and front line staff that address topics such as communication, hallucinations, sexuality, repetitive behaviors, wandering, death and dying, etc.
8. Pride that you have met NCCDP national and international standards and generally far exceed the dementia education requirements by state, federal regulations and international standards that may be mandated for health care professionals. This seminar is taught for health care professionals in a minimum of 8 to 12 hours but can be expanded and adapted to present for 20 hours or more, if your country, state or federal requirements requires this.
9. The trainer is confident in skill set.
10. For those who work outside a health care setting, you have the confidence to provide private seminars. Or as you approach retirement, this is an excellent way to earn additional income.
11. If you work in a health care setting or learning institution, this designation and certification will provide additional reasons for career advancement and pay increases which is never a guarantee but certainly you have positioned yourself for career advancement.

CREDIT CARD INFORMATION:

Once we charge, there is a \$50.00 cancellation fee. On the day of the class, if we have not received written cancellation per the statement in this document, there is no refund. You must cancel in writing via mail or email by 1/2/18 to be issued a partial refund.

EARLY REGISTRATION: \$ _____ PAYMENT RECEIVED (DATE).

LATE REGISTRATION: \$ _____ PAYMENT RECEIVED After (DATE).

CREDIT CARD NAME: CHECK ONE: VISA MASTERCARD AX DISCOVER

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CSV: Security Code _____

THE PERSON WHOSE NAME IS ON THE CARD IS REQUIRED TO SIGN THIS FORM.

I HEREBY GIVE PERMISSION TO CHARGE MY CARD IN THE AMOUNT OF

\$ _____.

SIGNATURE OF CARD HOLDER

DATE: _____

ADDRESS WHERE THE CREDIT CARD BILL IS NORMALLY MAILED TO:

NAME: _____

COMPANY NAME IF NEEDED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS (required if paying by credit card): _____

WE WILL EMAIL YOU A RECEIPT.

NAME OF PERSON ATTENDING THE SEMINAR: _____

CHECK INFORMATION: Please make checks to and mail to: NAAP-3604 Wildon St.-Eau Claire, WI 54703

Please tell us how you heard about NCCDP?

- Received a NCCDP Fax about an upcoming seminar
- Received a Fax about an upcoming CADDCT or CDCM seminar
- Read about it in a newspaper, magazine or blog. Please indicate the name:
- Heard about it in class or association. Which association?
- Searched the Internet
- Received NCCDP newsletter
- NCCDP LinkedIn. If LinkedIn which group?
- NCCDP FaceBook
- NCCDP Twitter
- Friend / Co Worker
- Board member
- Association state or national conference. Which conference?
- Heard about you because of NCCDP Alzheimer's Disease and Dementia Staff Education Week
- Other? Please explain:
- I don't remember

"Leaders don't create followers, they create more leaders"

Tom Peters