

MI-NADONA/LTC Alzheimer's Disease & Dementia Care Seminar: Preparation for Certified Dementia Practitioner (CDP) Certification

A co-provided event with HCAM & MCAL.

Two Seminar Dates:

Friday, February 20, 2015
Henry Center | East Lansing, MI
or

Thursday, August 13, 2015
Holiday Inn | Marquette, MI
or

**Contact HCAM to have this program
offered right in your facility!**

Elevating Quality of Care

On behalf of the MI-Chapter NADONA/LTC in exclusive partnership with HCAM and MCAL, we are proud to offer the opportunity to elevate quality care of our residents with alzheimer's disease or dementia by providing this exceptional "refresher" for long-term care and assisted living professionals to prepare for obtaining their Certified Dementia Practitioner (CDP) credentials.

Purpose

The purpose of this seminar is to provide health care professionals who care for residents with alzheimer's disease or dementia a "refresher" on specialized training and best practices to ensure appropriate, competent and sensitive care. Following the successful completion of this seminar, participants will be one step closer to receiving their Certified Dementia Practitioner (CDP) certification through the National Council of Certified Dementia Practitioners (NCCDP).

Target Audience

Long-term care administrators, assisted living directors, directors of nursing, nurse managers, social workers or health care professionals with direct care responsibilities for residents with alzheimer's disease or dementia and who have at least 3 years experience in a health care setting.

Agenda at a Glance

7:30-8:00 am	Registration
8:00-12:00	Education
12:00-12:45	Provided Luncheon
12:45-5:00	Education
5:00-5:30 pm	Application for NCCDP CDP Certification

Continuing Education

This seminar will provide participants the opportunity to earn up to **8 nurse contact hours**.

Participants may also earn up to **8 contact hours for the following additional professional disciplines:**

- Licensed Nursing Home Administrator
- Licensed Social Worker/Social Service Technician
- Adult Foster Care Licensee/Administrator
- Certified Assisted Living Director

Program participants **MUST** participate in the entire seminar to receive a certificate of completion and contact hours.

NCCDP CDP Certification

Upon the completion of this seminar, participants **MUST** submit their CDP certification application directly to the NCCDP within 30 days of the completion of this seminar. Information on how to apply for CDP certification & the application to do so, will be provided on-site during the seminar.

Please Note: The NCCDP CDP certification fee is **NOT** included in this seminar's registration fee however, participants will be extended the discounted NCCDP CDP certification fee of \$25 (\$75 savings).

NCCDP Certified Trainers

The following 2015 MI-NADONA/LTC Board of Directors have been certified as trainers by the NCCDP and may serve as faculty for this seminar:

Donna Beebe | BSN, RN, C, CDONA, FACDONA, CDP, CADDCT

Bonnie Beulla | RN, CDONA, CDP, CADDCT

Lynae Carson | RN, CDP, CADDCT

Mary Keane | GNP-BC, MSN, RN, CDP, CADDCT

Patty McClees | RN, CDP, CADDCT

The following NCCDP certified trainers have been exclusively contracted by MI-NADONA/LTC and may serve as faculty for this seminar as well:

Vickie Burlew | ADN, RN, LNHA, CDP, CADDCT

Lori Hanover | BSW, CDP, CADDCT

MI-NADONA/LTC

2014 Alzheimer's Disease & Dementia Care Seminar: Preparation for Certified Dementia Practitioner (CDP) Certification

To register now, submit this form with payment by fax to (517) 627-3016 or mail to:
HCAM | 7413 Westshire Drive Lansing, MI 48917

Please check one seminar for which you would like to register for below:

☐ Please register me for Seminar A!

February 20, 2015
Henry Center | East Lansing

*To participate in Seminar A,
registration is required prior to
January 30, 2015.*

☐ Please register me for Seminar B!

August 13, 2015
Holiday Inn | Marquette

*To participate in Seminar B,
registration is required prior to
July 31, 2015.*

Please circle your applicable registration rate below:

NADONA, HCAM &/or MCAL Member Rate: \$219	Prospective Member Rate: \$409
--	---------------------------------------

Registrant Information: Please Print Clearly

Name: _____ Title: _____
Facility/Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email (required): _____

Your confirmation of registration, hotel & additional seminar information will be sent to you by email.

Payment Information: Please Print Clearly

Check One:

☐ Check/Money Order Made Payable to "HCAM" ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Credit Card Number: _____ Expiration Date (month/year): _____
Three-digit Security Code on Back of Card: _____ Billing Zip Code for Credit Card: _____
Cardholder's Name (print): _____
Cardholder's Signature: _____ Date: _____

2015 HCAM | MCAL Registration Policies

Event Confirmation & Program Information

After your registration form has been processed, an event confirmation will be emailed to your attention. Please be sure to include an email address. Additional program information will be sent by e-mail prior to the program.

Payment & Applicable Rate

All registration fees are due at the time of registration. We accept Visa, MasterCard, American Express or Discover. We will also accept a check or money order payable to HCAM. Incorrect rates will be adjusted to reflect the correct applicable rate and automatically charged accordingly.

Cancellation & Refund Policy

All refund requests must be made in writing by e-mail to the attention of Bethany Rademacher at BethanyRademacher1@hcam.org. Telephone cancellations will NOT be accepted. Individual registration fees, less a 25% processing fee, will be refunded

for cancellations received in writing prior to the registration deadline indicated for each seminar. Cancellations received after the applicable registration deadline by seminar and no-show registrants, will not receive a refund nor a credit to a future program.

Dietary Restrictions and/or Special Accommodations

Individuals with special dietary restrictions, or those who require special accommodations to fully participate in this conference, should contact HCAM in writing by e-mail to BethanyRademacher@hcam.org at the time of registration, detailing their request or restriction.

Questions

Should you have questions, please contact Bethany Rademacher by phone at (517) 622-6193 or by e-mail at BethanyRademacher@hcam.org.

Section I: In-Facility Training Agreement

- A. Facility/Community Name: YOU FACILITY NAME
- B. Facility Point of Contact: TBD
- C. Date of In-Facility Training: TBD
- D. Time of In-Facility Training: 8:00 am est to 5:30 pm est
- E. Location of In-Facility Training: YOUR FACILITY
- F. MI-NADONA/LTC CADDCT Trainer: TBD
- G. HCAM Staff Support Person: Lea Osborne, HCAM Director of Education & Partnerships or designee

Section II: In-Facility Training Terms & Conditions

H. In-Facility Training Cost:

MI-NADONA/LTC in exclusive partnership with HCAM, will provide this training for up to (10) qualified, pre-identified facility staff at the all inclusive rate of **\$2950 (lower peninsula)/\$3,250 (upper peninsula)** to be paid in full at the time this In-Facility Training Agreement is signed and submitted to HCAM. Additional facility staff may register to participate in this in-facility training at the rate of \$199 per person and MUST be registered at least 2 weeks prior to the training date. To register additional facility staff, please contact Lea Osborne directly at (517) 622-6189 or LeaOsborne@hcam.org.

I. Facility Commitments:

Meeting Space & A/V Requirements: The facility is responsible for providing a meeting space large enough to accommodate 10 facility staff participants, CADDCT trainer, HCAM staff person, electrical access to plug in laptop & projector (provided by HCAM), table to place provided laptop & projector, a projection screen OR an LCD TV and HDMI cord to display the PowerPoint.

Food & Beverages: The facility is responsible for providing all-day refreshments, snacks, breakfast & lunch for all in-facility training participants indicated in Section III and also for the CADDCT trainer and HCAM staff person. HCAM will coordinate the scheduling of breakfast and lunch with the facility point of contact once this agreement and payment have been received by HCAM.

In-Facility Cancellation & Refund Policy: HCAM on behalf of MI-NADONA/LTC will NOT provide a refund and/or credit of the training cost or a portion thereof, should this training need to be cancelled for any reason by the facility, with one exception. The one exception is that the training may be rescheduled within the same calendar year with no penalty if the facility's annual standard survey falls on the date of the training.

Commitment to Training Participants: By signing and submitting this training agreement, the facility agrees to NOT disrupt the training participants during the training to promote their success and participation in the training for its entirety.

Section III: In-Facility Training Participants

J. Please indicate the (10) qualified, facility staff who will be participating in this training below:

PLEASE PRINT LEDGIBLY!!

Name	Title	Email Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Section IV: Payment Information

K. Payment in full **MUST** be made by credit card or check made payable to "HCAM" at the time this training agreement is submitted to HCAM to confirm this in-facility training. To make payment by credit card, please contact Lea Osborne directly.

Section V: Acceptance of In-Facility Training Agreement

L. By signing and submitting this In-Facility Training Agreement to HCAM, I expressly accept and agree to all terms and conditions stated in this training agreement, including the cancellation & refund policy

Signature of Point of Contact:_____ Date:_____

To schedule this CDP certification training in your facility now, please contact:

**Lea Osborne, Director of Education & Partnerships
Health Care Association of Michigan (HCAM)**

Direct Phone: (517) 622-6189 | Fax: (517) 627-3016 | Email: LeaOsborne@hcam.org