

National Council of Certified Dementia Practitioners

55 Main Street, Suite 102

Sparta, NJ 07871-1909 USA

Toll Free 1.877.729.5191 Local / International 1.973.729.5191

[www.nccdp.org](http://www.nccdp.org)

[NCCDPCORPORATE@NCCDP.org](mailto:NCCDPCORPORATE@NCCDP.org)

CFR-DT Certified First Responder-Dementia Trained

***CFR-DT Application***

Please mail within 30 days of the class. Please allow 4 to 6 weeks to process.

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

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers license or state issued identification: \_\_\_\_\_

First Responder Company Name: \_\_\_\_\_

Your position: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Payment information:

Fee: \$75.00.

You will receive a renewal notice to renew in two years. The renewal fee is \$75.00

There is a \$35.00 returned check fee

If paying by check please make payable to NCCDP

Please mail to: NCCDP 55 Main Street, Suite 102 Sparta NJ 07871-1909 USA

Credit Card Information:

Please check one: Type of Card: Visa  Master Card  AX  Discover

Name on Card: \_\_\_\_\_

Number on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Address where the credit card bill is mailed to: \_\_\_\_\_

\_\_\_\_\_

I hereby give permission for the NCCDP / to charge my card in the amount of \$75.00.

Signature: \_\_\_\_\_

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

Email address to send receipt to: \_\_\_\_\_

The CFR-DT certification ***does not*** authorize you to use the NCCDP / ICCDP Training materials to teach other First Responders. If you are interested in doing this please complete the CFRDT application located on the site.

Initial here: \_\_\_\_\_

**ATTACH A COPY OF THE CERTIFICATE OF ATTENDANCE PROVIDED TO YOU IN THE FIRST RESPONDER ALZHEIMER'S DISEASE AND DEMENTIA CARE CLASS.**

**Please tell us how you heard about NCCDP : Please check all that apply.**

- Received a NCCDP Fax about an upcoming seminar
- Received a FAX OR BROCHURE from an approved NCCDP trainer about an upcoming seminar

- Read about it in a newspaper, magazine, online social network 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 Face Book

- NCCDP Twitter

- Friend / Co Worker

- Board member: Which Association? \_\_\_\_\_

- Association state, national conference or International Conference. Which Conference? \_\_\_\_\_

- I heard about you because of NCCDP Alzheimer's disease and dementia Staff Education Week press release.

- Other? Please

explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I don't remember

**PLEASE RETURN ALL PAGES OF THE CDP APPLICATION.**