**General Information:**

**Please TYPE This ONLINE or Print Clearly in Black INK.**

Today’s Date: \_

“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: Middle: First:

Certifications, License or Registrations designations that appear after your name:

This will appear on the web site on the CDP® registry. Example: RN, CNA, GNA Geriatric Nursing Assistant, ADC, etc.

Home Address: Apartment:

City: \_ State: Zip Code:

Country: Home Email Address:

YOUR PERSONAL EMAIL ADDRESS IS MANDATORY. If you do not have a personal email address, please go to any company of your choosing such as AOL, YAHOO, GMAIL, etc., and create a free account. Most email providers offer a complimentary email account. Please note: The NCCDP will not process your application without a personal email address. You cannot use your supervisor or another coworker’s email address.

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| Home Phone Number: Country Code ( | ) Area Code ( | ) -  |
| If USA country code is 1 |  |  |
| Cell Phone Number: Country Code ( | ) Area Code ( | ) -  |
| If USA country code is 1 |  |  |

**EMPLOYMENT HISTORY**

Name of Organization/Employer: Please check one: Assisted Living Nursing Home CCRC Hospital

Adult Day Care Hospice Home Care Agency Retirement Home

Management Company Government Agency Rehab Center Physician / NP Office Pharmacy Company Dietitian Company Private Practice Indicate Profession

Association

Private Consultant

University

Trade School

Independent Living Communities

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Other Indicate:

What is your current position/title:

Length of Employment: Month/Year: To

Please check one: Full time: Part Time: Volunteer:

Supervisor Name: Supervisor email address:

Work Address:

City: State: Zip Code:

Country: Work Email Address: Company Web Address: Work Phone Number: Country Code ( ) Area Code ( ) - Describe your duties:

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Are you a Self Employed Consultant? YES NO , If yes

Name of Consulting Agency: Address: City: State: Zip Code: Country: Phone Number: Area Code Country Code ( ) ( ) - How long have you been consulting? What are the total hours of consulting service per year?

Describe your consulting business and clientele you serve?

**EDUCATION:**

What is the highest level of education you have completed?

GED \_\_\_\_\_\_\_

HIGH SCHOOL\_\_\_\_\_\_\_

ASSOCIATES DEGREE/CERTIFICATE\_\_\_\_\_\_\_

BACHELOR’S DEGREE\_\_\_\_\_\_\_

MASTER’S DEGREE\_\_\_\_\_\_\_\_

DOCTORATE \_\_\_\_\_\_\_\_

OTHER \_\_\_\_\_\_\_

Please explain if other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated Jan 1 2023

**VERIFICATION OF DEMENTIA TRAINING/ WORK EXPERIENCE**

What experience do you have in working with patients / clients diagnosed with dementia or Alzheimer’s disease?

NCCDP Alzheimer’s Disease & Dementia Care Seminar Training [ADDC Seminar] by an Approved NCCDP Instructor (ATTACH COPIES of seminar Certificate provided to you in class)

1. Date of seminar Location: City State
2. Instructor Name and Instructor Number Example. NCCDP 31467. See certificate from class.

Ex: Patrick Smith NCCDP 12345

**If you do not see a NCCDP number on your certificate, notify your instructor to contact the NCCDP (1-973-729-6601 or nccdpoffice@nccdp.org). The instructor number should appear on the class certificate provided to you at the end of the class. If you attended a state, national or country conference where the NCCDP Alzheimer’s disease and Dementia Care Curriculum was presented and the trainer did not provide you a certificate attach the conference certificate.**

Have you ever been convicted of a felony? Please check one. Yes No

If yes, please explain.

Updated Jan 1 2023

**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 HIPPA 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 Clients 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:

**The Ethics Statement must be signed and included with your application.**

Please keep a copy of the entire application for your records

Updated Jan 1 2023

* + Must have completed the 7 hour NCCDP Comprehensive Alzheimer’s Disease Dementia Care Curriculum taught by an approved NCCDP Alzheimer’s Dementia Certified Instructor. Attach copy of certificate provided to you in the seminar.
* \*For Nursing Assistants (Aides), Personal Care Assistants (Aides) and Home Health Assistants (Aides) Senior Companions, the applicant must have completed a state / country required course and attach the certificate of completion for that course. The course is either taught by your state or country or by the agency where you work. If your state / country does not require a state / country approved course, attach a certificate or letter signed by your Administrator on company letter head stating you have completed the company training. If you took a state or country required course please attach the certificate of attendance.
* Must attach to this application a letter from your administrator which states that you are employed by the facility or agency and qualified under your state or country requirements to hold the title and position for which you are employed.
* If your state regulations do not require or indicate a certification or license for your profession/title, please attach a copy of the state regulation that indicates the criteria/qualifications for your profession/title. If there is nothing in the state regulations pertaining to your profession, then attach a letter from your administrator or owner that indicates this.

For all options the certification is for two years. At which time, you will need to renew your certification online. To apply for continued certification, you will need to complete 10 hours of continuing education in any health care related topic. Please refer to the Education Criteria. You will receive a notice in the mail (2 months prior to the deadline) of your deadline for renewal. At the time of renewal we will not ask for proof of continued education unless you are selected for audit.

We respect all professions. All staff should complete the NCCDP Alzheimer’s Disease and Dementia Care Curriculum but the following professions **will not** be considered for CDP® certification: Bus Drivers, Security Guards, Maintenance Workers, House Keepers, Laundry Workers, Bed Makers, Unit Ward Clerks, Business Office Staff, Human Resources Staff, Schedulers, Receptionist, Secretaries, Administrative Assistants, Dietary Aides, Kitchen Staff, Transporters, Medical Records Staff, Central Supply Staff and others.

**I have read and understand the general standards requirement.**

**Based on my education, experience, and other qualifications, I meet the criteria for Option (**please circle the appropriate option**) 1 2 3**

**Sign and Date:**

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**Updated**

**National Council of Certified Dementia Practitioners**

**Program Evaluation**

Name of Presentation: Location:

Trainer Name: Date:

Name: Signature:

License/Certifications: Email address:

**Speaker:** Absolutely Somewhat
Demonstrated Knowledge & expertise of subject 5 4 3 2 1
Presented in a clear & organized manner 5 4 3 2 1
Was well prepared 5 4 3 2 1
Maintained my Interest 5 4 3 2 1
Effectively presented program content 5 4 3 2 1

**The Facility:**

Location of meeting was accessible 5 4 3 2 1
Room/space was appropriately 5 4 3 2 1

Absolutely. Somewhat

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Are you planning on submitting your CDP® application? Yes No

If not, please explain why.

What, specifically, did you learn at the seminar and how will apply this knowledge to your practice/career?

Please comment on any aspect of the seminar that displeased you.

May we use your comments in upcoming promotional pieces and/or our website? Yes No Do you have any suggestions for seminar topics we could offer in the future?

Revised 1/2023

**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 an association. Which association?
* Searched the Internet
* Heard about it in a class. Which class?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Friend / Co Worker
* Board member
* National or International Conference. Which Conference? \_\_\_\_\_\_\_
* NCCDP Alzheimer's Disease and Dementia Staff Education Week press release.
* Other? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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