National Council of Certified Dementia Practitioners

*Global Leader in Dementia Education and Dementia Certification*

55 Main Street Suite 105

Sparta, NJ 07871 USA

1.973.729.6601. Live Help 1.877.729.8191 Answering Service 1.973.860.2244 Fax

[www.NCCDP.org](http://www.nccdp.org) [NCCDPcorporate@NCCDP.org](mailto:nccdpcorporate@nccdp.org)

**Application for**

**Certified Dementia Trained Correctional Personnel - CDTCP**

“*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 correctional field.” NCCDP*

***Qualifications:***

* Actively employed and in good standing at a correctional facility.
* Minimum of 1- year full time paid experience in a correctional facility.
* High school graduate
* Completed the Correctional Personnel Dementia CPDC curriculum by a CCPDT Trainer.

Two Tracks to Choose from: Please check one:

Track One: \_\_\_\_

* Actively employed and in good standing at a correctional facility.
* Minimum of 1- year full time paid experience in a correctional facility.
* High school graduate
* Completed the Correctional Personnel Dementia CPDC curriculum by a CCPDT Trainer.

Track Two: \_\_\_\_

* Actively employed and in good standing at a correctional facility.
* Minimum of 1- year full time paid experience in a correctional facility.
* College Graduate
* Completed the Correctional Personnel Dementia CPDC curriculum by a CCPDT Trainer.

I have read and understand the general standards and qualifications. Based on my education, experience and other qualifications, I meet the criteria for (Please circle the appropriate option) Option 1 or 2.

* Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***YOU MAY MAIL THIS IN VIA FEDEX, UPS OR SIGNED RECEIPT OR FAX TO THE ABOVE NUMBER. DO NOT SCAN OR EMAIL!***

***Applications must be submitted within 30 days of completing the CPDC Training.***

Once approved your name will be listed on the CDTCP Online registry. We will not list your address. You will also be added to receive the quarterly e-publication which is complimentary.

**General Information:**

PLEASE TYPE OR USE ONLY BLACK INK.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_

Please write the training date \_\_\_\_\_\_\_\_\_\_and training location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your name will appear exactly like this on the NCCDP registry and certification.

List all license (s) or certification(s) if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the names of the governing bodies that issued your license or certification if applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***ATTACH COPY OF ALL LICENCE OR CERTIFICATIONS IF APPLICABLE:***

Are all your credentials current and in good standing? Yes: \_\_\_ No: \_\_\_

*All of your credentials including NCCDP credentials will be listed on the NCCDP registry web site. Only the credentials NCCDP awards will appear on the certification mailed to you.*

Your name ***Only*** will appear on the NCCDP CDTCP registry

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_

Country: USA \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have an international address please use this space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (Area Code): \_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_\_\_\_

Cell Phone: (Area Code): \_\_\_\_- \_\_\_\_-\_\_\_\_\_\_\_\_\_

International Students: Country Code: \_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: (Area Code): \_\_\_-\_\_\_\_-\_\_\_\_\_\_\_

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

**IT IS MANDATORY THAT WE HAVE A PERSONAL E-MAIL ADDRESS. IF YOU DO NOT HAVE A PERSONAL EMAIL ADDRESS, PLEASE CHOOSE A COMPANY SUCH AS YAHOO, GMAIL, AOL, ETC. WE WILL NOT PROCESS YOUR APPLICAION WITHOUT AN E-MAIL ADDRESS. YOU CAN NOT USE A CO WORKER OR A SUPERVISORS E-MAIL ADDRESS.**

*Work Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Last four digits of your driver’s license, passport or state/ country issued ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Employment History: I understand that my supervisor may be contacted: Initial: \_\_\_\_\_\_***

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position / title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Supervisors Name, email and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe duties or responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position / title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Supervisors Name, email and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Duties or responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_

***EDUCATION:***

* *Attach either college transcripts or copy of college degree if applicable:*

What college or university did you graduate from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year you graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree (s) awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a college degree please list:

High school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List dementia topics that you have attended: If None check here: \_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_ Topic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_ Topic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_ Topic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_ Topic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_ Topic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_ Topic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What experience do you have working with elderly people with a diagnosis of Dementia?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Verification of Dementia Training called Correctional Personnel Dementia Training CPDT:

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

Name of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCPDT Number (see class certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Attach the class certificate you received at the conclusion of the course.

**INFORMATION:**

**Terms used In This Document:**

* NCCDP National Council of Certified Dementia Practitioners
* CCPDT Certified Correctional Personnel Dementia Trainer
* CDTCP Certified Dementia Trained Correctional Personnel
* CPDT Certified Personnel Dementia Training curriculum
* CPDT Student Hand Out Notebook

You are applying for certification as CDTCP. In order to be approved and certified as a NCCDP CDTCP, you must attend and complete the 1-day Correctional Personnel Dementia Training course presented by a CCPDT certified trainer.

Please print out **entire** CCPDT application, complete the **entire** application and mail or FAX the **entire** application to NCCDP to be considered for certification.

We recommend sending your packet signed receipt via US Post Office or utilize a service such as FEDEX or UPS signed receipt or UPS or Postal Service Certified Mail please, note the office is not open on weekends.

If, you are approved for the CDTCP certification you will receive your certification in the mail.

If you are ***not*** approved and you paid by check a refund check will be sent to you. If you are paying by credit card the payment will not be processed unless you are approved for the seminar. The application and supporting documents will ***not*** be returned. If you are not approved you will be notified by mail or email. Refunds may take up 4 to 6 weeks to process.

Be sure to check all pages to insure you have completed all areas and signed all required areas of the application.

***CFO asks CEO, “What happens if we invest in developing our people and then they leave us?”*  
  
*CEO: “What happens if we don’t, and they stay?”* *~Peter Baeklund***

* ***I acknowledge that the information provided in this application is true and accurate:***
* **Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK HERE**: I have attached the following:

\_\_\_\_ Copy of the certificate of class attendance for the CPDT seminar.

\_\_\_ Copy of your license or certification except for Nurses: Nurses will provide a copy of   
 your license from the state registry that shows you are in good standing. If you do not

have a license or certification please explain why? Certification and license must be

current.

\_\_\_ Copy of your degree or transcripts from an accredited college. If you have a masters and

or PhD, we will need copy of one of the degrees. 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, Physical Therapist, CTRS, etc., then we do not need

a copy of your degree.

\_\_\_ Resume which shows employment for the last five years.

\_\_\_ Code of Ethics is signed: Be sure to check all areas of this application and sign / initial

where indicated.

\_\_\_ Payment: Cashier’s check, Money order, Check or Credit card. For checks, please make

payable to the NCCDP.

If your application is denied, your application nor supporting documents will not be returned to you. Please make copies of the application and supporting documents for your records.

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

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

**Price:**

$135.00 USD

***Corporate discounts available for multiple applications. Please request the rate sheet from NCCDP***.

**Type of payment**: We accept personal checks, cashier checks, certified checks made payable to the NCCDP and credit cards, If, you are from outside of the United States, we accept only credit card payments. Payment is in USD.

Mailing Address: NCCDP 55 Main Street, Suite 102, Sparta NJ 07871-1909 USA

**FEES:**

There is a $35.00 returned check fee for bounced checks.

If you require a bill to be sent to your corporation, please email us at [NCCDPCORPORATE@NCCDP.org](mailto:NCCDPCORPORATE@NCCDP.org) stating your name, company name, person’s name applying for certification and title of the certification which is CPD-DT. The bill will be emailed to you.

**Renewal:** You are asked to renew your CDTCP certification every two years. You will be sent via email a renewal notices two months prior to your anniversary date. You are asked to renew on line. Once you renew, a new certification will be emailed to you. It is important that you notify us of email address changes. Or you can download directly from the web site, the CDTCP renewal application and mail in or fax in. There is an additional fee to receive a hard copy in the mail. As of December 16, 2019, the renewal fee is $135.00 and is subject to change.

**NCCDP Alzheimer’s Disease and Dementia Care Staff Education Week**

**February 14th to the 21st**

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

**Code of Ethics**  
  
National Council of Certified Dementia Practitioners  
Code of Ethics for Certified Correctional Personnel -Dementia Trained CDTCP

1. The CDTCP provides services to the health care profession or correctional institution with respect and dignity to the Dementia Elderly person.
2. The CDTCP recognizes and respects the elderly person diagnosed with Dementia individuality.
3. The CDTCP 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 CDTCP maintains competence in his chosen profession.
5. The CDTCP will report to the National Council of Certified Dementia Practitioners any acts by a CDTCP or CCPDT that is illegal or unethical.
6. The CDTCP assumes absolute responsibility for your own individual actions.
7. The CDTCP will stay current with certifications with the National Council of Certified Dementia Practitioners.
8. The CDTCP insures the privacy of the Dementia elderly person and applies all HIPPA Regulations.
9. The CDTCP works to implement innovative ideas to the health care setting or correctional institution that may help a Dementia elderly person with a diagnosis of Dementia.
10. The CDTCP works to ensure that quality of life is provided for the elderly persons residing in your setting.
11. The CDTCP networks with other health care professionals or correctional personnel, attends Dementia / Alzheimer’s Seminars, Conventions, Support Groups and Ethics Committees as needed.
12. The CDTCP respects the elderly persons with a diagnosis of Dementia customs, religious beliefs, and philosophy.
13. The CDTCP is truthful and avoids providing false or misleading Information.
14. The CDTCP 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 CDTCP understands that its certification with the National Council of Certified

Dementia Practitioners does not in any way confer upon the CDTCP any type of licensure as health care provider or correctional personnel.  
  
**Your Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE MAKE A COPY OF THE APPLICATION FOR YOUR RECORDS.**

**Notary:**

I, the applicant, certify that I am qualified to make this application for approval for the CDTCP certification. I understand that if any of the statements contained in this application and accompanying documents is false or if I fail to comply with this agreement, the NCCDP certification as a CCD-PT 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:

Commonly Asked Questions:

**Who Should Attend CPDT Correctional Personnel Dementia Training:**

All correctional personnel.

**Who should apply for CDTCP certification?**

All correctional personnel who qualify.

**Does the application have to be signed by a notary?**

Yes, the application must be signed by a notary and returned to NCCDP. Please make a copy of the application for your records.

**When and where is the CPDT training?**

The dates and locations are arranged by your correctional facility or association.

Generally, this is a private training booked directly by your supervisor at the correctional facility.

**Can NCCDP bring the CCPDT trainer class and or CPDT training to your correctional facility personnel or Association state or national members.?**

 Yes, this is a cost-effective way to train many staff educators and personnel 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 Certified Correctional Personnel Dementia Trainer?**

 1. The most important aspect of certification is being confident as a correctional facility hat all of the educators are presenting up to date comprehensive Alzheimer’s Disease and Dementia Care curriculum to your correctional personnel.

2. This shows the public as well as your correctional personnel hat your company is committed to Alzheimer’s Disease and Dementia Care LIVE training by a certified CCPDT instructor. Once the staff has completed the training and IF they qualify for CDTCP certification the staff may submit their application to the NCCDP per the fee noted on the application or the company may elect to invest not only raining CCPDT but also the Correctional Personnel Dementia Training to your correctional personnel and the CDTCP certification at a discounted group rate.

3. That you are committed to reducing incidents of abuse and neglect and only through ongoing LIVE / Interactive training is this going to happen. The NCCDP curriculum is designed to keep the professional engaged and interactive so your staff want to learn.

4. That you want to exceed the minimum state requirements for Dementia education and offer more education.

5. That as a corporation you are sending a clear and loud message to your educators and correctional personnel the value your correctional facility places on comprehensive Alzheimer’s Disease and Dementia care education program.  This in turns filters down to your correctional 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 the elderly with a dementia diagnosis from abuse and neglect through education. This is the old method and disappearing. More and more companies are in favor of live interactive training. Which has proven to be more effective than e-learning. In the end, this is a cost-effective curriculum that will save you money and aide in the delivery of care.

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

Associations wishing to bring the CCPDT trainer seminar or the CPDT seminar (required for those pursuing CDTCP who qualify, to your next state or national conference are able to offer your members a reduced rate for the CCPDT training and CDTCP certification. At the same time, the NCCDP will also provide the Correctional Personnel Dementia Training seminar to your members who do not wish to become trainers but would want the CDTCP certification or just want the education. They may submit their CDTCP application to the NCCDP at a reduced rate of $35.00 pp vs $135.00 pp association discounted rate. Please contact NCCDP to discuss association rates for the CCPDT Trainer seminar, CPDT training seminar and CDTCP certification or correctional personnel.

To discuss the benefits of corporate training and or association conference training, please contact us either through email or call us directly for information.

Thank you;

Lynn Biot Gordon MSW LCSW CADDCT CDP CCPDT

Chief Operations Officer

Sandra Stimson CALA AC-BC ADC CADDCT CDP CCPDT CDCM CDSGF CMDCP COTP

Chief Executive Officer

**Why become a certified CCPDT Certified Correctional Personnel Dementia Trainer?**

 1. A national certification provides the Instructor potential career opportunities and corporate advancement as a certified **CCPDT Certified Correctional Personnel Dementia Trainer.**

2. A certified CCPDT 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 correctional personnel and the elderly person with a diagnosis of Dementia.

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 correctional 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 to correctional personnel 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 correctional personnel. We recommend that this course is taught for 8 hours.

9. The trainer is confident in skill set.

10. For those who work outside a correctional institution, 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 correctional setting, 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.

“Thank you for being the best part of the NCCDP”

**GENERALLY, YOUR COMPANY WILL BE PAYING FOR THE CERTIFICATION.**

**CREDIT CARD, Money Order or Check Refund Policy:**

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD NAME: CHECK ONE: \_\_VISA \_\_ MASTERCARD \_\_\_AX \_\_\_DISCOVER

NAME ON CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CSV #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total amount to charge: \_\_\_\_\_\_\_$135.00\_\_\_\_\_\_\_\_

I HEREBY GIVE PERMISSION FOR NCCDP TO CHARGE MY CARD IN THE AMOUNT OF $\_\_\_\_135.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SIGNATURE OF CARD HOLDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS WHERE THE CREDIT CARD BILL IS 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 IF YOU REQUEST IT.

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tell us how you heard about us? Please check.**

**\_\_\_ I HEARD ABOUT THIS CERTIFICATION AND COURSE FROM THE CORRETIONAL FACILTIY. What is the name of the correctional facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Received a NCCDP Fax about an upcoming seminar  
  
Read about it in a newspaper, magazine or blog. Please indicate the name:   
  
Heard about it in seminar or association. Which association? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Searched the Internet

\_\_\_\_\_ Received the NCCDP newsletter

NCCDP LinkedIn. If LinkedIn which group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCCDP Facebook

NCCDP Twitter

Friend / Co Worker

Board member and what is the name of the organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association state or national conference.  Which conference?

I 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