| National Council of Certified Dementia Practitioners55 Main Street Suite 102 Sparta, NJ 07871Office 973.729.6601 Fax 973.860.2244Web Site: [www.nccdp.org](http://www.nccdp.org) Email: nccdpcorporate@nccdp.org |
| --- |
| Certification ForMemory Care HOme Care Commendation (MCHCC)**Overview of Requirements** |

1. The agency is a Home Care or a Home Health Care organization and has provided care for a minimum of one year.
2. The agency has a Home Care policy and procedure manual in place.
3. Implemented a person-centered care approach.
4. The agency has a quality assurance program in place.
5. The agency has an in-service director who is a NCCDP Certified Alzheimer’s Disease Dementia Trainer (CADDCT®) and employed by the Agency and/or a contractor that is a NCCDP Certified Alzheimer’s Disease Dementia Trainer (CADDCT®) in good standing with the NCCDP.
6. At minimum, 50% percent of the Home / Health Care staff (who qualify) are Certified Dementia Practitioners (CDP®) in good standing.
7. All staff working in the Home/ Health Care agency have received the NCCDP Alzheimer’s Disease and Dementia Care Seminar as their initial training (minimum 8 hours).
8. Key staff are certified or licensed in their respective fields (i.e. RN, LPN, CNA, HHA, Social Worker, Activity Professional)
9. Police background checks are conducted on employees and volunteers to screen for violent offenders and sexual predators.
10. Provides support for families, customers and the community.
11. The agency has established ongoing in-services that include other dementia-specific topics such as: sexuality, hydration, death and dying, spirituality, ethics, regulatory issues/updates, etc.
12. The agency completed and submitted the MCHCC application, MCHCC work sheet criteria and the supporting documentation to the NCCDP for review.
13. The NCCDP conducted the virtual conference meeting for compliance of the MCHCC®.
14. During the virtual conference meeting, the NCCDP will determine if 90% of the certification work sheet criteria has been met. If 90% of the criteria has been met, the NCCDP will issue the Memory Care Home Care Commendation certification.
15. Certification is renewed is renewed every 2 years.

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**Instructions for MCHCC Certification:**

For an agency to earn the Certified Memory Care Home Care Commendation credential, the agency must meet the specified general criteria outlined in the application, the detailed specifications in the work sheet criteria and participate in the virtual conference with the NCCDP evaluator. There are three steps; application process, work sheet criteria and participate in a virtual conference with the NCCDP evaluator.

**Step 1:** Download the MCHCC initial application from www.nccdp.org.

Complete the MCHCC initial application, complete the MCHCC application evaluation, enclose the application fee (if paying by check, please make payable to NCCDP) and mail to the NCCDP via a certified signed receipt service such as UPS or FedEx or fax with credit card payment to 1-973-860-2244. Application Fee: $1,500.00. If the application is denied the fee will be refunded less a $750.00 application processing fee.

Once the MCHCC initial application has been received by NCCDP and has been approved, the MCHCC work sheet criteria binder will be sent via FEDEX ground. If the agency loses the work sheet criteria binder, there is a $450.00 replacement fee.

**Step 2:** Once the contact person has received the work sheet criteria, the contact person shall notify NCCDP so a virtual conference meeting will be arranged. The NCCDP evaluator shall review the work sheet criteria notebook with the contact person or designee of your agency.

Upon completion of the virtual conference meeting, the agency will have 6 months to complete the MCHCC work sheet criteria. The agency must meet 90% of the MCHCC work sheet criteria. Please see the MCHCC criteria page.

**Step 3:** The agency will then mail the MCHCC work sheet criteria and supporting documentation via an overnight signed receipt service such as FedEx. The NCCDP is open Monday through Friday only. No weekend packages are accepted.

After the MCHCC work sheet criteria has been completed and the supporting documentation has been submitted, the NCCDP will review. If the packet is in order, the NCCDP will arrange a virtual conference meeting.

**Step 4:** At the time of the virtual conference meeting, if the organization has met the NCCDP’s MCHCC criteria, a certification will be sent via FedEx.

If after completion of the virtual conference meeting, the NCCDP finds that 90% of the criteria has not been met, the agency will have an additional 30 days to complete the criteria. At the end of the 30 days, if the criteria still not been met and the agency has been unsuccessful in meeting the deadline for the certification process the agency’s application packet will become void. The agency’s fees are nonrefundable. The agency will have the opportunity to resubmit the MCHCC application, fees and MCHCC work sheets again. The Agency will need to begin the entire process over again.

**Renewal:**

Certification is renewed every two years. A renewal reminder will be mailed to the contact person listed on the application. It is the agency’s responsibility to notify the NCCDP of a change in the contact person.

The renewal fee is $1500.00 at which time the agency’s current survey must be presented to the NCCDP with payment. A new certification will be issued if the last survey is deficiency-free or shows no incidence of widespread harm to its customers and proof of CDP® training.

Renewal reminder will be sent out from NCCDP 2 months prior to renewal date.

Renewal late fee is $750.00.

If the survey shows incidence, or potentiality for widespread harm a conference meeting will be scheduled and a fee of $1500.00 will be incurred. If the agency does not meet the criteria their certification will be voided, and they will start the application process again.

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**Work Sheet Criteria Categories (Step 2)**

**These are the categories in the work sheet criteria notebook that will be mailed after the application process.**

1. Additional In-Services
2. Administrative
3. Administration and Staffing
4. Assessments and Documentation
5. Communications, Feelings and Behaviors
6. Customers’ Rights
7. Dignity
8. End of Life
9. Family, Education and Support
10. Personnel
11. MCHC Policies and Procedures
12. Nursing
13. Physical Restraints
14. Quality Assurance and Performance Improvement and/or QAA
15. Resource Libraries
16. Social Services
17. Spirituality
18. Staff Training
19. Activities / Recreation / Sensory Stimulation

**Additional Information:**

**Pricing:**

Initial application fee $1,500.00

Lost Work sheet Criteria binder $ 450.00

Renewal Fee $1,500.00

Renewal Late fee (additional) $ 750.00

Lost Certificate $ 150.00

**NCCDP Glossary of Terms**

CMCHCC – Certified Memory Care Home Care Commendation

MCHCC- Memory Care Home Care Commendation

Person Centered Care- The service plan and care are based on an individual approach. For more information on Person Centered Care please see <https://www.pioneernetwork.net>

Person Centered Language- Put the person first not the characteristic. (i.e: Clothing Protector instead of bib)

Restraints- Device used to ensure safety by restricting and controlling a person’s movement.

Sensory Programming- Activities involving the use of the five senses. (i.e. hand massages)

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| **CERTIFICATION FOR****MEMORY CARE HOME CARE COMMENDATION (MCHCC)**  |

**Step One: Initial Application**

*This initial application is for Home Care and Home Health Care Organizations.*

* *The agency must be in compliance with state and federal regulations (when applicable) for the recent survey / inspection.*
* *The agency must meet 90% of the MCHCC certification work sheet criteria.*
* *50% of the home care / home health care staff who qualify must be Certified Dementia Practitioners (CDP’s) in good standing.*
* *The Owner, Director, Director of Nursing and Social Worker (if applicable) must be CDP’s*
* *In-service directors and contractors who provide dementia education must be CDP’s and Certified Alzheimer’s Disease Dementia Care Trainers (CADDCT’s) in good standing.*
* *Key Personal must be certified or licensed by their respective organizations.*
* *The Evaluation (Step 1) must be completed and submitted with the MCHCC application.*

*Please see the attachment of the different categories covered in the work sheet criteria. (See page 4) The agency or contact person will not have access to the MCHCC work sheet criteria until the agency has paid for the MCHCC application, MCHCC evaluation and submitted the completed MCHCC application to the NCCDP.*

***Step Two:***

*Once the MCHCC application is approved to move forward with the MCHCC work sheet criteria process, the MCHCC work sheet criteria will be mailed to the contact person in a three-ring binder. All supporting documents prepared by the agency will be placed in the binder.*

*The contact person or designee should then schedule a virtual conference meeting with the NCCDP to review any questions the contact person or designee may have. The Agency will have* 6 months to complete *the work sheet criteria. Once the contact person completes the certification work sheet criteria, the contact person must then mail the completed certification work sheet criteria notebook, with supporting documentation, to the NCCDP for review.*

***Step Three:***

*Once the NCCDP reviews and approves the MCHCC work sheet criteria, a virtual conference meeting shall be set.*

*During the conference meeting, if it is determined that the agency is in 90% compliance with the MCHCC work sheet criteria, a Memory Care Home Care Commendation (MCHCC) certification will be Fed Ex to the agency management. If the agency is not in compliance, a 30-day extension will be granted. After 30 days, if the agency is unable to complete the areas that are not in compliance, the agency application and work sheets will be voided, and the agency will need to resubmit the application, payment and work sheet criteria again.*

*The Memory Care Home Care Commendation (MCHCC) certification indicates that the organization in question has complied with the criteria set by the National Council of Certified Dementia Practitioners for such certification.  It does not indicate that the organization has or will meet the criteria for compliance with governmental requirements.*

*The certification is issued based on the information provided by the organization and a virtual conference with the NCCDP.  At most, the certification indicates that the organization appears to be in compliance with the NCCDP’s criteria for a Memory Care Home Care Commendation (MCHCC) certification on the date of the virtual conference meeting.  There is a renewal process. Accordingly, the NCCDP disclaims all liability for and knowledge of the compliance of the organization with the NCCDP requirements after the date of such virtual conference meeting by the NCCDP to the organization.*

***Section A: Demographics***

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

Is this a sole proprietorship/Agency with multiple locations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of organization (agency) exactly as it is registered with the state/ county agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (no P.O. Boxes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Web address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for the application process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Year the organization opened: \_\_\_\_\_\_\_\_\_\_\_\_

Please list any (health care industry related) awards either the agency or staff have received in the past 24 months:

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

**Section B: Management Staff**

Director’s name and credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DON’s name and credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NOTES:

Please allow 7 days to process your application packet, payment and to receive a response as to whether your agency MCHCC application has been approved to move forward with the certification process (the completion of the work sheet criteria). Please make a copy of the application and supporting documents, as these will not be returned.

If the agency MCHCC application and work sheet criteria is approved and the virtual conference meeting is in compliance, your agency will be presented with the Memory Care Home Care Commendation certification. The MCHCC certification is issued for two years. Every two years your agency will need to renew your MCHCC certification. A reminder will be sent to the contact person or designee. The name of your organization will be listed on the NCCDP web site.

Signature — Owner/Applicant (or authorized representative) — The owner/applicant or authorized representative must attest that the information included in this application, including all agency’s forms and related compliance history, is true and correct. The application must be notarized and include the notary's signature and seal or stamp.

Contact person. Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Director’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Notary name and seal:

**National Council of Certified Dementia Practitioners**

**55 Main Street Suite 102 Sparta, NJ 07871**

**www.nccdp.org nccdpcorporate@nccdp.org**

**973.729.6601**

**Credit Card Authorization Form**

Please submit this form with your application.

Questions? Please meeting 1.973.729.6601 or email questions ONLY to nccdpcorporate@nccdp.org. In the subject line for email correspondence please type MCHCC Question.

If you require an invoice, please email nccdpcorporate@nccdp.org

Date: \_\_\_\_\_\_\_\_ Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the form and sign if you wish to charge the full amount to your credit card.

Type of Card: Circle One: Visa Master Card American Express Discover

Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSV: \_\_\_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_

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

What is this charge for? Check all that apply:

Memory Care Home Care Commendation Application: $1500.00 \_\_\_\_\_\_ Initial\_\_\_\_\_\_\_

I hereby give permission to charge my card in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of the person authorizing this charge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will email you a receipt: Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Certification forMemory Care Home Care Commendation® (MCHCC®) |

**Initial Application Evaluation**

**Please complete and return with your application packet**.

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

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please rate the following questions using a scoring system of 1 to 5. (5 = excellent, 1 = poor.) We ask that you provide an explanation for each question. If you need more space to answer any of the evaluation questions, please use additional paper. Your comments are very important to the NCCDP and we strive to continuously improve our standards within regards to our Memory Care Home Care Commendation, educational practices and dementia certifications

1. Please rate the value of the MCHCC certification to your organization: Rate: 1 to 10 \_\_\_\_\_\_

Please explain:

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

1. Please rate the application form and ease of completion: Rate 1 to 10 \_\_\_\_\_\_

Please explain:

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

1. Rate your overall experience with your interaction with the NCCDP team: Rate 1 to 10 \_\_\_\_

Please explain:

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

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

4. How much time did it take the contact person to complete the Step 1of the application process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What suggestions do you have for Step 1, the application? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we have your permission to post your comments from the evaluation form on the NCCDP web site on the page titled Evaluations and Testimonials?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_ please initial: \_\_\_\_\_\_\_\_

Thank you for taking the time to provide valuable insight in to the certification process.

Step 2

Complete Work sheet Criteria

Work sheet Criteria will be mailed

once the initial application is approved.

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| --- |
| **Certification for** **Memory Care Home Care Commendation (MCHCC)** |

**Step 3:**

**How to prepare for the virtual conference meeting:**

1. Once the MCHCC work sheet criteria is approved the NCCDP will contact the Agency’s contact person or designee to schedule the virtual conference meeting.

2. The NCCDP will offer the agency 6 separate dates to choose from. The NCCDP will make every effort to try and accommodate both the NCCDP’s and the agency’s schedules.

3. The NCCDP will review policy manuals, QA reports, satisfaction surveys and all documentation listed in the work sheet criteria workbook.

1. Throughout the conference meeting the NCCDP evaluator will request any missing supporting documentation. The missing documentation needs to be provided to the NCCDP staff on the day of the virtual conference meeting. (All of the items are listed in the workbook criteria.)
2. At the end of the virtual conference meeting the NCCDP member will send the agency the MCHCC certification or provide a list of missing documentation or systems to implement. A 30-day time frame will be allowed for the completion of the missing documentation and /or systems to be implemented before a certification will be issued. The certification will be mailed to the contact person. The agency is allowed to issue a press release.

The Memory Care Home Care Commendation (MCHCC) certification indicates that the organization in question has complied with the criteria set by the National Council of Certified Dementia Practitioners for such certification. It does not indicate that the organization has or will meet the criteria for compliance with governmental requirements.

The certification is based on information provided by the organization and a one-time virtual conference meeting by the NCCDP. At most, the certification indicates that the organization appeared to be in compliance with the NCCDP’s criteria for a Memory Care Home Care Commendation (MCHCC) certification on the date of the meeting. There is a renewal process online.