**NCCDP National Council of Certified Dementia Practitioners**

55 Main Street Suite 102  
Sparta, NJ 07871-1909 USA

Within USA Toll Free 1- 877-729-5191   
International Calls 1 973.729.5191   
[www.nccdp.org](http://www.nccdp.org)  
NCCDPCORPORATE@NCCDP.org

Do not fax in this form

**CDP Renewal Application for Retirees**

Thank you for being the best part of the NCCDP

PLEASE PRINT OR TYPE ON FORM. IF HAND WRITING, USE BLACK OR BLUE INK ONLY. PLEASE NOTE THAT THE APPLICATION PROCESS TAKES APPROXIMATELY 6- 8 WEEKS FROM THE DATE YOUR APPLICATION WAS RECEIVED TO RETURN A NEW CERTIFICATION TO YOU.

NCCDP does not require continuing education if you are renewing under the retiree option.

|  |
| --- |
| 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."*

|  |  |
| --- | --- |
| First Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Middle Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Last Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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.

|  |  |
| --- | --- |
| Home Phone Number (USA code is 1): | Country Code (\_) Area Code (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: | Month: \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_ |
| Last 4 digits for your driver’s license or state issued identification: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date You Retired: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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
8. Dementia Practitioners.
9. The CDP ensures the privacy of the dementia client and applies all HIPPA Regulations.
10. The CDP works to implement innovative ideas to the health care setting that may help a dementia client.
11. The CDP works to ensure that quality of life is provided for the Dementia Clients residing in your health care setting.
12. The CDP networks with other health care professionals, attends Dementia / Alzheimer’s
13. Seminars, Conventions, Support Groups and Ethics Committees.
14. The CDP respects the Dementia Clients customs, religious beliefs, and philosophy.
15. The CDP is truthful and avoids providing false or misleading information.
16. 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.
17. 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

*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.*

Make sure to include this document signed with your application.

These documents will be kept on file and will NOT BE RETURNED TO YOU!

Please pay with a check or money order payable to the NCCDP or Credit Card.

**Amount:**   
Retiree fee: $35.00 USD   
CDP Pin: $12.00 USD

We strongly recommend that you use a service that requires a signature at the destination point.

**Mail to:**   
NCCDP  
55 Main Street, Suite 102  
Sparta, NJ 07871 USA

Returned Check Fee, there is a $35.00 fee for returned check as of 2019. If your certification is mailed to you prior to the check bouncing, your certification will be revoked until the application fee is paid.

**Payment Information:**

PLEASE DO NOT STAPLE OR TAPE CHECKS TO THE APPLICATION.

You may pay by check, cashier’s check, money order or certified check payable to NCCDP. Returned check fee is $35.00

If paying by credit card please complete the following information:  
  
**Credit Card Information**

Please fill out this form & sign if you wish to charge the full amount to your credit card:

|  |  |
| --- | --- |
| Type of Card: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Circle One: | VISA MASTERCARD AMEX DISCOVER |
| Name as it appears on Card: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number on Card: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expiration Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Billing address of credit card: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Zip Code: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Country: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Check all that apply:**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ | Retiree fee $35.00 | |
| \_\_\_\_ | CDP pin $12.00 - Will be mailed with your CDP Certification. | |
|  | The shipping fee is included. | |
|  | Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Billing Address:** | |  |
| Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Zip code: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EMAIL ADDRESS  (required if paying by credit card): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby give permission for NCCDP to charge the amount of $ \_\_\_\_\_\_\_\_\_ to my credit card.

|  |  |
| --- | --- |
| Print your name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Updated June 28, 2019