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

Do not fax in this form

The CDP application and CDP Certification is open to health care professionals and front line staff who qualify and are living in the United States. For international persons please see [www.iccdp.net](http://www.iccdp.net/).

**Application for Certification as Certified Dementia Practitioner® (CDP®)**

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.

Applications must be submitted within 30 days upon completing the NCCDP Alzheimer's Disease and Dementia Care Course taught by an approved NCCDP Instructor. If you are unable to submit within the deadline, please contact the NCCDP for further instructions. **Send entire application when applying for CDP®.**

### DO NOT FAX THIS APPLICATION. IT MUST BE MAILED TO THE NCCDP. We

**recommend sending via a service such as FedEx, UPS or by certified signed receipt if you are using the USA Postal Service or a service outside the USA.**

Once approved, your name will be added to the NCCDP CDP online Registry. We will not list your address. You will be added to the NCCDP Newsletter which is complimentary and is emailed to your several times a year.

Name: Last: Middle: First:

*Certified Dementia Practitioners Are The Beacon of Inspiration*

If you have a Masters or PhD (No Certification or License Required):

### CERTIFICATIONS & LICENSE:

Note: Senior referral companies’ employees who are applying for CDP certification, must possess a license or certification such as CSA Certified Senior Advisor.

Please check all professions and certifications / license or registrations that apply to you:

In-service Director: Corporate Trainer:

Trainer / Educator for Trade School University Accredited 4-year College Community College: Dementia Unit Manager:

Owner: CEO: President: Vice President: Regional Position: Executive Director: Dementia Certifications: please list and list the governing bodies that your dementia certification is through i.e., NCCDP, Alzheimer’s Foundation of America, Alzheimer’s Association, Etc.

Activity Assistant / Aide or Director:

Administrator: Other certification / license other than a nursing home or assisted living: Admissions:

Admissions for a health care setting:   
Adult Protective Services:   
Aging Life Care Professionals: Alzheimer’s Coach or Dementia Coach: Alzheimer's / Dementia Unit Manager: Aroma Therapist:

Art Therapist:

Assistant Administrators: Audiologist:

Bereavement Coordinator:

Care Navigator and Hospice Liaison:

Certified Activity Professionals (ADC, AAC, ACC, AC-BC or AP-BC):

Certified and Licensed Dietitians:

Certified and Licensed Nutritionist:   
Certified Addiction Counselor (CACII): \_\_\_\_\_\_\_  
Certified Aging Service Professional CASP:   
Certified Assisted Living Administrators:   
Certified Case Managers:   
Certified Co-Occurring Disorders Professional (CCDP) Certified and Licensed:

Certified Consultants: Certified Dietary Manager:

Certified Director of Assisted Living: Certified Discharge Planners: Certified EMT’s:

Certified Guardian (working in Health care setting): Certified Geriatric Care Managers:

Certified Home Health Aide:

Certified and / or Licensed Social Workers: Certified Medical Assistants:

Certified Medication Aide: Certified Med Tech:   
Certified Music Practitioner:   
Certified Nursing Assistants: \_\_\_\_\_\_\_

Certified Nursing Home Administrator CNHA: Certified Occupational Therapy Assistant: Certified Older Adult Peer Specialist Training: \_\_\_\_

Certified Personal Care Assistant:

Certified Physical Therapy Assistant:

Certified Senior Adviser (CSA):

Certified Therapeutic Recreation Therapists: CTRS: Chiropractor:

Clergy for a health care setting: Concierge:

Court Appointed Guardians: Dental Hygienist:

Dentist:

Direct Support Professional DSP Discharge Planner:   
Elder Attorney:

Eldercare Advisors and Alzheimer's Coach Elder Care Lawyer:

Elder Care Manager: Geriatric Nursing Assistants: Geriatric Screen Specialist:

Guardian (approved by your state court): Health Service Executive:

Instructor: Specialty   
International Certified Co-occurring Disorders Professional-Diplomate (ICCDP-D): \_\_\_

Liaison Hospice and Home Care:

Licensed Hospital Administrators:

Licensed Marriage Family Therapist:

Licensed Nursing Home Administrators:

Licensed Pharmacists: Life Care Manager:

Life Enrichment Coordinator

LPC Licensed Professional Counselor:

LMFT is Licensed Marriage and Family Therapist: Marketing for a health care setting:

Marketing for a health care setting: Massage Therapist:

MDS Coordinator: Medicaid Specialist: Medical Director:

Michigan Certified Pharmacy Technician/Medication Aide: Mobile: Dentistry, Hygienist, Optometrist:

Movement Disorder Case Manager: Music Therapist:

Navigators: \_\_\_\_

Nurses: NP RN LPN LVN Indicate which: Nurse Assessment Coordinator: Occupational Therapist: Specialty:

Office on Aging: Indicate your position: Older Adult Enhanced Certified Peer Specialist: \_\_\_\_\_\_\_\_\_

Ombudsman:   
Pharmacist Consultant: \_\_\_\_\_\_   
Physical Therapist:

Physicians and Specialty: \_\_\_\_   
Private Consultant:

Professional Patient Advocate: Professional Guardians Guardianship: Psychologist:

Psychiatrist:

QAPI Certified:

Qualified Intellectual Disability Provider: Resident Service Coordinators (HUD): Respiratory Therapist:

Self-Protection Trainer: Service Coordinators:

Social Worker with no license or certification: Special Needs Consultant:

Specialty Care Coordinator:   
Speech Therapist: \_\_\_\_\_\_

Surveyor state or Federal: Universal Worker: State: Federal:

Universal Service Worker: \_\_\_\_\_\_  
Validation Therapy Trained: Other

In my state I am not required to be certified or licensed to hold my position: What is your position?

In my country I am not required to be certified or license to hold my position: What is your position?

OTHER: Please, list your profession to be considered for certification.

There are 4 Options for CDP® Certification. Please read the following options carefully and check which criteria your qualifications meet. All options require completion of the NCCDP Alzheimer’s Disease and Dementia Care Live Seminar. If you have not completed the seminar, please go back to the web site and click on seminars to find a seminar and NCCDP approved trainer near you.

### General Standards for Option 1: Check:

* + RN/LPN/ LVN/NP **or** College Graduate (4-yrs) with a degree from an Accredited College or University. Attach copy of college Diploma (not nurses).

Nurse License # Licensed through which state agency Expiration date:

* + Health Care Professionals: Must have current license or certification in a health care field. Attach copy.
  + Must have a minimum of 1 year of experience in a geriatric health care related field.
  + Must have completed the 7-hour NCCDP Comprehensive Alzheimer’s Disease Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Instructor. Attach copy of the class certificate provided to you at the conclusion of the live seminar.

### General Standards for Option 2 Check:

* + GED or High School Diploma.
  + Must have current license or certification in a health care field. Attach Copy of Certification or License
  + Must have a minimum of 1 year of experience in a geriatric health care related field.
  + Must have completed the 7-hour NCCDP Comprehensive Alzheimer’s Disease Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Disease & Dementia Instructor. Attach copy of the class certificate provided to you at the seminar.

### General Standards for Option 3 Check:

* + Graduate degree from an accredited College or University. Attach Copy of Diploma
  + Must have a minimum of 1 year of experience in a geriatric health care related field / setting.
  + Must have completed the 7-hour NCCDP Comprehensive Alzheimer’s Disease & Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Disease Dementia Care Instructor.

Attach copy of the class certificate provided to you in the seminar.

### General Standards for Option 4 (No licenses or certifications) Check:

*The NCCDP recognizes most accrediting bodies and also recognizes that some state regulations, federal regulations and country regulations for long term care facilities, assisted living facilities, CCRC, Independent Living Communities, adult day care, hospitals, psychiatric facilities, home care agencies and hospice agencies do not require certification or license for certain professions.*

* This option is only for the following professions: Agency Owners, Admissions Directors, Bereavement Coordinator, Marketing Directors, Activity & Recreation Professionals, Clergy, Volunteer Coordinators, Social Workers, In-Service Directors, Assistant Administrators, Dementia Unit Managers, Consultants, Home Care Assistants, Personal Care Assistants, Nursing Assistants, Trainers / Educators (Trade Schools, Two Year Colleges and 4 Year Universities). There may be other professions where certification or license is not required to hold your position. Please check with the NCCDP if you do not see your profession listed.
* Must have a minimum of 1 year of experience in geriatric health care related field or training institution.
  + 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 / country regulations do not require or indicate a certification or license for your profession/title, please attach a copy of the state or country regulation that indicates the criteria/qualifications for your profession/title. If there is nothing in the state / country regulations pertaining to your profession than 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 at minimum 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 4**

# Sign and Date:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# 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.

|  |  |  |
| --- | --- | --- |
| 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 |  |  |

Date of Birth: Month Date Year

Male: Female

Last 4 digits of your driver’s license or state issued identification:

### 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

Other Indicate:

What is your current position/title?

Length of Employment: Month and Year: To

If you have worked at this company for less than three years, please attach your resume or attach with another piece of paper your work history.

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

Supervisor Name and phone number: 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:

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:

High School: Name Year Graduated: GED: Year Obtained:

College/University:

City / State/ Country: Dates Attended: From (month/yr) to (month/yr)

Major: Degree(s) Awarded: Date of graduation:

Masters: Degree Awarded: Year graduated: Name of College or University:

### 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 by an Approved NCCDP Instructor (ATTACH COPIES of seminar Certificate provided to you in class.

1. Date of seminar Location: City State

Country:

1. Instructor Name and Instructor Number Example. NCCDP 31467. See certificate from class.

Ex: Sandra Stimson NCCDP 12345

### If you do not see a NCCDP number on your certificate, notify your instructor to contact the NCCDP (1-877-729-5191 or 1 9737295191 or nccdpcorporate@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.

Was this seminar presented at a state, national, country or international conference? Circle One

Yes No who was your trainer?

If yes, what was the name of the association or conference?

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

If yes, please explain.

NCCDP **Notarization Instructions**:

The applicant personally appeared and stated upon oath and by signing their name on this

day month of year that the information contained therein is true and correct.

I, the applicant, attest that all the information I have provided in this document is correct and true.

Name of Applicant: Last Middle First Signature of Applicant:

Notary Public in and for the State of

Signature of Notary:

Name of Notary:

Phone Number:

Commission Expires:

Place Notarization Seal Here.

# 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 ensures 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 ensure 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/

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 verify that you have included all of the required documentation in order for your application to be considered complete.

* A check made out to NCCDP Or Credit Card
* Information Below.

Amount: $145.00

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 2013. If your certification is mailed to you prior to the check bouncing, your certification will be revoked until the application fee is paid.

Please check which option you are applying for:

* **Options 1:** Attach copy of your **current** certification or license. Nurses, Physicians, Pharmacists please print from a state registry. **Do not mail your application with an expired license or certification.**
* Copy of your diploma from a 4-year university. This does not apply to Nurses, Physician and Pharmacists.
* A copy of your NCCDP Alzheimer’s disease and Dementia Care seminar certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction, instructor NCCDP number. Or include the association conference certificate for state, national and international conferences. The certificate may not be more than one year old. If more than one year old, please contact the NCCDP office.
* Application Notarized.
* Application signed. Ethics statement signed.
* Payment: $145.00
* $22.00 CDP® Pin optional
* **Option 2 only**. Copy of your license or certification
* A copy of your NCCDP Alzheimer’s disease and Dementia Care seminar certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction, instructor NCCDP number. Or include the association conference certificate of attendance for the state, national and international conferences. The certificate may not be more than one-years old. If more than one-years old, please contact the NCCDP office for instructions on applying for CDP®.
  + Signature on Application is designated areas. Ethics statement page signed.
  + Application Notarized.
  + Payment: $145.00
  + $22.00 CDP® Pin optional
  + **Option 3:** Copy of Masters or PhD diploma
  + A copy of your NCCDP Alzheimer’s disease and Dementia Care seminar certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction, instructor NCCDP number. Or include the association conference certificate for state, national and international conferences. The certificate may not be more than one years-old. If more than one-years old, please contact the NCCDP office.
  + Signature on Application is designated areas. Ethics statement page signed.
  + Application Notarized
  + Payment: $145.00
  + $22.00 CDP® Pin optional

### Option 4:

* + A letter from your administrator stating that in your state or country you are not required to be certified or licensed to hold your current position. Must be on company letter head.
  + For Home Health Aides, Personal Care Assistants, Senior Companions please include a copy of the certificate of the state, country or agency training you completed for ADL care.
  + A copy of your NCCDP Alzheimer’s disease and Dementia Care seminar certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction, instructor NCCDP number. Or include the association conference certificate for state, national and international conferences. The certificate may not be more than one years-old. If more than one-years old, please contact the NCCDP office.
  + Signature on Application in designated areas. Ethics statement page signed.
  + Application Notarized
  + Payment: $145.00
  + $22.00 CDP Pin optional

### Grandfather Option:

* + If, you have a dementia certification from another accrediting body you are not required to take the NCCDP Alzheimer's disease and Dementia Care seminar as long as you meet the qualifications. Please see NCCDP web site certification tab and click on CDP and Grandfather CDP application.

The CDP® application fee is $145.00. Once approved the CDP® certification will be renewed online every two years and the fee is $145.00.

### 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 $45.00

### 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:

Country: Zip Code

### Circle all that apply:

Option $145.00

CDP pin $22.00 Will be mailed with your CDP Certification. The shipping fee is included.

Total $

Corporate Discount Form:

The Corporate discount **does NOT apply** to individual applications unless the corporation is paying for a group of applications. The training must have taken place at the corporation facilities. There is a $30.00 group shipping fee. The discount form must be signed by the trainer and attached to the applications. The fee is $35.00 pp.

Association Discount Form:

If using an association discount form please attach the signed form. The fee is $35.00.

### 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 $ card.

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your credit card bill will show a charge from the National Council of Certified Dementia Practitioners. Your CDP application will be sent via United States postal service.

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# BE SURE TO MAKE A COPY OF THE ENTIRE APPLICATION AND KEEP FOR YOUR RECORDS.

## If you are not approved for certification your payment will be returned to you but your application will be kept on file and supporting documents will not be returned to you.

**How to Appeal**

If you are not awarded a certification and you wish to appeal, please write a letter to: NCCDP

Executive Appeal

55 Main Street, Suite 102

Sparta, NJ 07871-1909 USA

You must send a typed letter that includes: Email address, your name, address and phone number, reason for denial and why you are appealing the decision. The NCCDP Executive Appeal Committee will reach a decision after reviewing your application. All decisions reached by the Executive Appeal committee are final.

Please allow 6 to 8 weeks to process.

### Seminar Evaluation

**This form must come with your CDP® application**

**Please take the time to complete an evaluation of your experience in the Alzheimer’s disease and Dementia Care Seminar. Your opinions and recommendations are important and will be kept confidential. It is important that we have your name and that information will be kept in the strictest of confidence and will not be shared with the instructor unless you ask us to share your opinions with the instructor.**

**Please return the class evaluation with your application.**

**Was your class: ln-person \_\_\_\_\_ live/online\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Today’s Date:** |  |
| **Your Name:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Class Location:** |  |
| **Date of Class:** |  |
| **Title of your seminar:** |  |
| **Instructor’s Names:** |  |

**Please circle one**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Rate the speakers knowledge of the topic:** | **Excellent** | **Very Good** | **Fair** | **Poor** |
| **2. Power Point used were:** | **Excellent** | **Very Good** | **Fair** | **Poor** |
| **3. Ability to hold your attention:** | **Excellent** | **Very Good** | **Fair** | **Poor** |
| **4. Handouts related to the topic** | **Excellent** | **Very Good** | **Fair** | **Poor** |

**Please describe what type of handouts you received?**

**Were you given the handout notebook as a 3-ring binder or spiral version with tabs? Yes No**

**Were you shown the NCCDP Intimacy & Aging Video? Yes No**

**What other videos were you shown?**

**Comments:**

**May we use your comments in upcoming promotional pieces and/or our website? Yes No**

What other topics would you like to see included?

### 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.

# International Council of Certified Dementia Practitioners

## 55 Main Street Suite 102 Sparta, NJ. 07871 USA

[www.iccdp.net](http://www.iccdp.net/) [iccdpcorporate@iccdp.net](mailto:iccdpcorporate@iccdp.net)

To: International Students: Outside of the United States of America

NCCDP sister company is the International Council of Certified Dementia Practitioners.

If you live outside of the United States of America and are applying for the Certified Dementia Practitioner CDP certification, please go to [www.iccdp.net](http://www.iccdp.net/) for information.

### Steps to CDP certification:

Step 1: Go to [www.iccdp.net](http://www.iccdp.net/) Step 2: Click CDP

Step 3: Click grandfather option and complete the online CDP application.

Step 4: Load the class certificate provided to you in the Alzheimer’s disease Dementia Care seminar.

Upon completing the application and paying the fee of $250.00 USD, your CDP certification will be emailed to you.

### Renewal is every two years:

You will receive an e-mail reminder notice. If your e-mail address changes, please update your records immediately.

You will need 10 contact hours to renew. These are available ONLY through the ICCDP Online Learning Powered by NetCE. These must be completed before your expiration date to avoid a late fee.

The application fee to renew is $250.00 USD payable to ICCDP. The 10-hour course fee is $50.00. USD Payable to NetCe.

Once you complete the online renewal CDP application a link will be sent to you to complete the 10- hour online course. Upon completing the 10 hours, your new CDP certification will be emailed to you.