

MI-NADONA/LTC Alzheimer's Disease & Dementia Care Seminar: Preparation for Certified Dementia Practitioner (CDP) Certification

A co-provided event with HCAM & MCAL.

Seminar Date:

Friday, August 8, 2014
7:30 am - 5:30 pm est
H Hotel | Midland, MI

Elevating Quality of Care

On behalf of the MI-Chapter NADONA/LTC in exclusive partnership with HCAM and MCAL, we are proud to offer the opportunity to elevate quality care of our residents with alzheimer's disease or dementia by providing this exceptional "refresher" for long-term care and assisted living professionals to prepare for obtaining their Certified Dementia Practitioner (CDP) credentials.

Purpose

The purpose of this seminar is to provide health care professionals who care for residents with alzheimer's disease or dementia a "refresher" on specialized training and best practices to ensure appropriate, competent and sensitive care. Following the successful completion of this seminar, participants will be one step closer to receiving their Certified Dementia Practitioner (CDP) certification through the National Council of Certified Dementia Practitioners (NCCDP).

Target Audience

Long-term care administrators, assisted living directors, directors of nursing, nurse managers, social workers or health care professionals with direct care responsibilities for residents with alzheimer's disease or dementia and who have at least 3 years experience in a health care setting.

Agenda at a Glance

7:30-8:00 am	Registration
8:00-12:00	Education
12:00-12:45	Provided Luncheon
12:45-5:00	Education
5:00-5:30 pm	Application for NCCDP CDP Certification

Continuing Education

This seminar will provide participants the opportunity to earn up to **8 nurse contact hours**.

Participants may also earn up to **8 contact hours for the following additional professional disciplines:**

- Licensed Nursing Home Administrator
- Licensed Social Worker/Social Service Technician
- Adult Foster Care Licensee/Administrator
- Certified Assisted Living Director

Program participants MUST participate in the entire seminar to receive a certificate of completion and contact hours.

NCCDP CDP Certification

Upon the completion of this seminar, participants MUST submit their CDP certification application directly to the NCCDP within 30 days of the completion of this seminar. Information on how to apply for CDP certification & the application to do so, will be provided on-site during the seminar.

Please Note: The NCCDP CDP certification fee is NOT included in this seminar's registration fee however, participants will be extended the discounted NCCDP CDP certification fee of \$25 (\$75 savings).

NCCDP Certified Trainers

The following 2014 MI-NADONA/LTC Board of Directors have been certified as trainers by the NCCDP and may serve as faculty for this seminar:

Donna Beebe | BSN, RN, C, CDONA, FACDONA, CDP, CADDCT

Bonnie Beulla | RN, CDONA, CDP, CADDCT

Lynae Carson | RN, CDP, CADDCT

Mary Keane | GNP-BC, MSN, RN, CDP, CADDCT

Patty McClees | RN, CDP, CADDCT

The following NCCDP certified trainers have been exclusively contracted by MI-NADONA/LTC and may serve as faculty for this seminar as well:

Vickie Burlew | ADN, RN, LNHA, CDP, CADDCT

Lori Hanover | BSW, CDP, CADDCT

MI-NADONA/LTC

2014 Alzheimer's Disease & Dementia Care Seminar: Preparation for Certified Dementia Practitioner (CDP) Certification

To register now, submit this form with payment by fax to (517) 627-3016 or mail to:
HCAM | 7413 Westshire Drive Lansing, MI 48917

Please check one seminar for which you would like to register for below:

_____ **Please register me for this seminar!**

Friday, August 8, 2014
H Hotel | Midland, MI
Registration is required prior to July 18, 2014.

Please circle your applicable registration rate below:

NADONA, HCAM &/or MCAL Member Rate: \$199	Prospective Member Rate: \$399
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Registrant Information: Please Print Clearly

Name: _____ Title: _____

Facility/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (required): _____

Your confirmation of registration, hotel & additional seminar information will be sent to you by email.

Payment Information: Please Print Clearly

Check One:

_____ Check/Money Order Made Payable to "HCAM" _____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card Number: _____ Expiration Date (month/year): _____

Three-digit Security Code on Back of Card: _____ Billing Zip Code for Credit Card: _____

Cardholder's Name (print): _____

Cardholder's Signature: _____ Date: _____

2014 HCAM | MCAL Registration Policies

<p><u>Event Confirmation & Program Information</u> After your registration form has been processed, an event confirmation will be emailed to your attention. Please be sure to include an email address. Additional program information will be sent by e-mail prior to the program.</p> <p><u>Payment & Applicable Rate</u> All registration fees are due at the time of registration. We accept Visa, MasterCard, American Express or Discover. We will also accept a check or money order payable to HCAM. Incorrect rates will be adjusted to reflect the correct applicable rate and automatically charged accordingly.</p> <p><u>Cancellation & Refund Policy</u> All refund requests must be made in writing by e-mail to the attention of Bethany Rademacher at BethanyRademacher@hcam.org. Telephone cancellations will NOT be accepted. Individual registration fees, less a 25% processing fee, will be refunded for cancellations received in</p>	<p>writing prior to the registration deadline indicated for each seminar. Cancellations received after the applicable registration deadline by seminar and no-show registrants, will not receive a refund nor a credit to a future program.</p> <p><u>Dietary Restrictions and/or Special Accommodations</u> Individuals with special dietary restrictions, or those who require special accommodations to fully participate in this conference, should contact HCAM in writing by e-mail to BethanyRademacher@hcam.org at the time of registration, detailing their request or restriction. Please indicate whether the dietary restriction is a preference, allergy or life-threatening allergy. It is the responsibility of each participant to notify banquet staff of their dietary request at each meal on-site.</p> <p><u>Questions</u> Should you have questions, please contact Bethany Rademacher by phone at (517) 622-6193 or by e-mail at BethanyRademacher@hcam.org.</p>
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