



Missouri Health Care Association



September 7, 2017

MHCA Office

236 Metro Drive

Jefferson City, MO 65109

573.893.2060

**Registration Deadline is
August 24, 2017**

Registration is limited to the
first 30 attendees

Seminar:

8:00 am - 4:30 pm

7.0 Patient Care hours

Cost:

\$185 per person

*fee includes:

- student notebook
- completion certification
- CDP application to submit to NCCDP
- box lunch.

Sponsored by the National Council of Certified Dementia Practitioners, this is the required seminar for those pursuing certification who qualify as CDP/Certified Dementia Practitioner or for those who just want to enhance their dementia education.

To see if you qualify for CDP:

www.NCCDP.org

Questions?

Michelle Walters

Director of Education,

Meetings, & Events

Missouri Health Care Assoc.

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573.893.2060

Cindy Wrigley

Executive Director

Missouri Assoc. of Nursing

Home Administrators

cindyw@mlnha.org

573.634.5345

Alzheimer's Disease/ Dementia Care Seminar

Course Goals and Objectives:

- To provide fundamental education on dementia and dementia care
- To enhance the quality of life of dementia patients through educating care providers
- Foster sensitivity & respect for the dementia client
- To teach communication techniques
- To provide sensitive approaches for assisting patients with activities of daily living

Participants will:

- Have an understanding of dementia
- Identify common causes of aggressive, repetitive and sun downing behaviors in older adults
- Describe behavioral/care interventions that may be used to prevent, reduce or eliminate difficult care situations
- Describe challenges related to caregiver stress and utilize stress reduction techniques
- Learn alternative activity interventions that are success oriented and failure free
- Receive certificate of attendance in seminar

Instructor: Johnna Lowther CADDCT, CDCM, CDP, OP, AD



Johnna Lowther is a Certified Alzheimer's Disease and Dementia Trainer, Certified Dementia Practitioner, Certified Assisted Living Home Operator and Certified Activity Director. With over 16 years of experience working in Assisted Living, Long-Term Care and Skilled Nursing Communities, she is a consultant and health educator with Tutera Senior Living and Healthcare, developing and implementing programs that improve daily living for those battling dementia. In addition to partnering with healthcare staff, she also

consults with families in supportive services that meet the unique needs of loved ones who are also on this journey and is published author of *Through the Eyes of Dementia: A Pocket Guide to Caregiving*, available now on Amazon. For more information: JohnnaL@tutera.com or visit www.johnnalowther.com.

Cancellation Policy: *MHCA reserves the right to cancel seminar based on insufficient enrollment. Registrants who need to cancel must provide MHCA with notice in writing no later than 48 hours prior to the seminar, cancellations are refundable less a \$75.00 administrative charge. Substitutions may be made at any time.*

So that MHCA may assure compliance with the Americans with Disabilities Act, anyone with special needs please notify MHCA at least seven (7) days prior to the start of the seminar. Due to varying room temperatures we recommend that you dress accordingly and wear layers.

This session has been approved for 7.0 Patient Care CEUs. MHCA is an approved training agency for the MO Board of Nursing Home Administrators - TA-002-917



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Alzheimer's Disease/Dementia Care Seminar Registration Page

Register online! www.mohealthcare.com

Facility: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Confirmations will be emailed to this address

Please list below the names of all persons registering:

Name: _____

Name: _____

Name: _____

Payment Information: Payment in full is required before the Application for Certification as Certified Dementia Practitioner is submitted

Check Enclosed Visa MasterCard Bill Me

American Express 3.5% service charge applies

Credit Card Information: _____

Expiration Date: / 3-Digit Security Code: _____

Authorizing Signature: _____

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