National Council of Certified Dementia Practitioners

55 Main Street, Suite 102

Sparta NJ 07871

[www.nccdp.org](http://www.nccdp.org) nccdpcorporate@nccdp.org

1.973.729.6601 Live Help 1.877.729.5191 Toll Free Answering Service

**Certified Dementia Practitioner CDP of The Year**

**Nomination Information and Nomination Form**

Founded in 2003, the NCCDP CDP of the Year Award Program honors one individual who is a Certified Dementia Practitioners CDP for their achievement and hard work.

The program has provided individual recognition of those whose outstanding efforts have enabled the nominee to meet challenging standards of dementia care. The nominee will be selected by their peers and or management team because the nominee has provided meritorious examples of dedication, passion and transcendent delivery of the NCCDP Alzheimer’s disease Dementia Care curriculum standards through the nominee delivery of care to patients and their families. This nominee aspires to make a difference in the accomplishments and success of the patients, your customers. The NCCDP recognizes and honors the nominee both achievement and hard work in the field of dementia care.

The NCCDP CDP of the Year award is recognized as one of the Nation’s most prestigious awards in the field of Dementia care. This award provides both the nominator and the nominee the opportunity to be a catalyst that sets the standards for superb and outstanding dementia care.

Unlike other awards programs, the CDP of the Year Award recognizes the impact that the CDP has with the staff, as the use of their dementia education motivates their colleagues to set higher care goals with patient care. Additionally, the Certified Dementia Practitioner is able to meet the challenges of reaching beyond state and federal regulations regarding Dementia education and care. Through the nominees’ excellence in Dementia care, the nominee inspires a lifelong passion for their colleagues continued growth in patient care.

The NCCDP recognizes this stellar achievement.

Information:

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* Cash award of $500.00 and announcement will be in person.
* Deadline to complete is: **November 1st** and Winner to be Announced December 1st
* Email submissions and head shot to nccdpcorporate@nccdp.org. DO NOT MAIL!
* WE DO NOT ACCEPT DROP BOX.
* Nominations documents will not be returned. Please make a copy for your records.
* **YOU MUST PUT IN THE SUBJECT LINE OF THE EMAIL: NOMINATION FOR CDP OF THE YEAR AND THE NOMINEE’S NAME.**
* You must use the enclosed nomination form and submit with the supporting documents which includes reference letters.
* All nominations will be reviewed by the NCCDP awards committee.
* The NCCDP winner will be announced in person. The organization is expected to bring the front line staff and the top management to the presentation. The organization is expected to take pictures and issue a press release. The NCCDP will also issue a press release and place on social media, NCCDP publications and a picture in Times Square.
* The candidate must have a minimum of 5 years’ experience in a health care related setting such as a nursing home, assisted living community, adult day care, home care setting, hospice setting, hospital, rehab center, personal care home, 55 plus community, etc., association or government agency.
* The candidate must be a CDP and a certified or licensed in a health care profession both of which is in good standing.
* The candidate must be a full time employee.
* 5 reference letters from either or coworkers or Department Managers. Three of the letters of reference must include a letter from each; the Administrator, the Director of Nursing and the Activity Director. One letter must come from a patient, if unable to do so, the family may write one on the family member’s behalf.
* The letters of reference must provide specific details and examples of the nominee dedication to the long term care field, leadership qualities, work ethic, professionalism, commitment to quality for her patients and customers she serves, examples of continued education, and how she is a team leader and works as a team not only with her department but other departments. Give examples how the nominee exceeds what is expected of her / him on a day to day basis.

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**Certified Dementia Practitioner CDP of The Year**

***CDP of the Year Nomination Forms***

***Deadline for Submission: November 1st***

***Announcement will be made December 1st***

Scan Nomination to nccdpcorporate@nccdp.org with a head shot.

IN SUBJECTLINE OF EMAIL PLEASE STATE: CDP OF THE YEAR NOMIANTION AND NOMINEES NAME!

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

Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator must be a CDP or CADDCT in good standing.

What is your CDP or CADDCT Number: \_\_\_\_\_\_\_

Name of Organization:

Address of Organization:

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

 Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of organization? Example CCRC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the closest airport? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the closest hotel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCCDP presents the award in person.

Administrator must sign consent: If your nomination is selected, I hereby give permission to release pictures and all information associated with the nomination form to the press, social media and the NCCDP web site. We do not release the winners address or email address.

Date: \_\_\_\_\_\_\_\_\_ Administrators Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nominee Information:

Name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other license or certification are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominating Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Length of employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach Reference Letters as Indicated In the Above Instructions. All Reference Letters Must Be On Company Letter Head and Dated, Signed With the Signers Title. Be sure all pages are numbered.

Attach Head Shot

Email nomination form and head shot no later than November 1st.

**PLEASE PUT IN SUBJECT LINE OF EMAIL: CDP NOMINATION AND THE NOMINEES NAME**.