

ALZ-W

NEBRASKA HEALTH CARE LEARNING CENTER
NEBRASKA ASSISTED LIVING ASSOCIATION
3900 NW 12th St Ste 100
Lincoln NE 68521-3037

COMPREHENSIVE ALZHEIMER'S DEMENTIA TRAINING 2010

Sponsored by Health Care Information Systems & Medi-Bill Systems

MARCH 30-31 – LINCOLN, NEBRASKA

Country Inn & Suites (South Side, Lower Level, Nebraska Ballroom)

5353 North 27th Street — Phone: (402) 476-5353



NHCA/NALA Continuing Education

Serving Those Who Serve



COMPREHENSIVE ALZHEIMER'S DEMENTIA TRAINING

Program Content

This program is for ALL health care professionals who are providing services to residents with dementia. It has been predicted that in 2020 80% of the residential population will suffer from some type of dementia. Will you and your staff be prepared for this health care crisis? A national certification as a Certified Dementia Practitioner is now available. **This program is approved by NCCDP to meet the criteria for national certification.** (See national certification information on next page.)

Program Objectives

Upon completion of this training, participants will be able to:

1. Explain dementia and caring for a person with dementia;
2. Identify common causes of aggressive, repetitive, and sundowning behaviors in adults;
3. Describe behavioral/care interventions that may be used to prevent or reduce difficult care situations;
4. Describe challenges related to caregiver stress and utilize stress reduction techniques;
5. Describe alternative activity interventions that are success oriented and failure free;
6. Demonstrate new communication techniques; and
7. Discuss techniques to handle personal care.

Who Should Attend

This program is appropriate for direct care staff, nurses, social services, activities, dietary, administrators, directors, and managers in **nursing facilities and assisted living facilities.**

Continuing Education Credit

Participants must attend both days in order to obtain credit.

This education program meets the continuing competency requirements of 8 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. This program is appropriate for the educational requirement for assisted living administrators. This program meets the criteria of a peer approved continuing education program of 8 hours for nurses. Approval has been requested from the Dietary Managers Association (DMA) for 8 hours of continuing education credit for dietary managers. Approval has been requested from the American Dietetic Association for 8 hours of continuing education credit for dietitians and dietary techs. This program meets the criteria of an approved continuing education program for social work. This program is appropriate continuing education for activity coordinators. This program may be utilized to fulfill the federal requirements of continuing education for nursing assistants.

Speaker

Rita Spak, M.S., C.T.R.S., A.C.C., C.D.P.

Rita Spak, M.S., C.T.R.S., A.C.C., C.D.P., has nearly 30 years experience in long term care and is a frequent presenter at national and international conferences. Mrs. Spak has published a series of training manuals for activity professionals and is one of the few nationally-certified trainers for the certified dementia practitioner program.

Schedule: Day 1

- 9:30 am - 10:00 am Registration
10:00 am - 11:00 am..... Introduction to Dementia
Normal Aging
Reversible/Nonreversible
Dementias
Diagnostic Tests
Prognosis
11:00 am - 11:15 am..... Break
11:15 am - 12:15 pm..... Risks/Precautions
Prevention
Treatment/Medication
Summary
12:15 pm - 1:15 pm Lunch (provided)
1:15 pm - 2:30 pm Communication Strategies
Feelings and Repetitive Behaviors
2:30 pm - 2:45 pm Break
2:45 pm - 4:00 pm Intimacy and Sexuality
Depression and Alzheimer's
Disease
Personal Care

Schedule: Day 2

- 8:00 am - 9:30 am Activities that Work
Activities for Various Stages
Dementia Unit Activities
Environmental Tips
9:30 am - 9:45 am Break
9:45 am - 12:30 pm Caring for the Caretaker
End-of-Life Concerns
Summary

A letter of confirmation will be faxed and is necessary for admission to the training!

Please bring a sweater or jacket to ensure your comfort at the workshop.

COMPREHENSIVE ALZHEIMER'S DEMENTIA TRAINING

National Certification as a Certified Dementia Practitioner™

For detailed information about national certification, please check the following Web site for the National Council of Certified Dementia Practitioners™: <http://www.nccdp.org/certification.htm>

Applications for certification will be available at the training location.

(NHCA/NALA does not handle the national certification.)

Options to Follow for Certification

There are four Options for CDP®. Please read the following options carefully to see which criteria your qualifications meet.

Option 1 — Fee: \$100

You must:

- Be a college graduate with a degree from an accredited college or university.
- Have a current license or certification in your health care field.
- Have a minimum of three years of experience in a geriatric health-related field.
- Have completed at minimum the seven-hour NCCDP Comprehensive Dementia Curriculum taught by an approved NCCDP Certified Instructor.

Option 2 — Fee: \$75

You must:

- Have a GED or high school diploma.
- Have a current license or certification in your health care field.
- Have a minimum of four years of experience in a geriatric health-related field.
- Have completed at minimum the seven-hour NCCDP Comprehensive Dementia Curriculum taught by an approved NCCDP Certified Instructor.

Option 3 — Fee: \$100

You must:

- Have a graduate degree from an accredited college or university.
- Have a minimum of five years of experience in a geriatric health-related field.

(Option 3 continued at top of next column)

(Option 3 continued)

- Have completed at minimum the seven-hour NCCDP Comprehensive Dementia Curriculum taught by an approved NCCDP Certified Instructor.

Option 4 — Fee: \$100

(No licenses, certifications, or degrees)

The NCCDP recognizes most accrediting bodies and also recognizes that some state regulations for long term care facilities do not require certification or license for certain professions.

- This option is only for the following professions: Admissions Directors, Marketing Directors, Activities, Clergy, Volunteer Coordinators, Social Workers, In-Service Directors, and Long Term Care Consultants.
- You must have a minimum of five years of experience in a geriatric health-related field.
- You must have completed at minimum the seven-hour NCCDP Comprehensive Dementia Curriculum taught by an approved NCCDP Certified Instructor.
- You must attach to this application a letter from your facility administrator which states that you are employed by the facility and qualified under your state requirements to hold the title and position for which you are employed.
- If your state long term care regulations do not require or indicate a certification or license for your profession/title, please attach a copy of the state regulation that indicates the criteria/qualifications for your profession/title.

HOTEL ROOM BLOCK

A block of sleeping rooms is available for the evenings of March 29 and 30, 2010, at the:

Country Inn & Suites

5353 North 27th Street, Lincoln, Nebraska 68521

Phone: (402) 476-5353 or (800) 456-4000

Rate: \$74 per night

Release Date: March 2, 2010

TAPING—CELLULAR PHONES—PAGERS

Material presented at this training is the property of the speaker or Nebraska Health Care Association. Therefore, taping of the training is not allowed. NHCA also asks that all cellular phones and pagers be turned off during education training sessions.

TAX DEDUCTION FOR EDUCATION EXPENSES

Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and cost of travel, meals and lodging) undertaken to: (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.



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Registration Information

REGISTRATION FEE FOR THE 2-DAY TRAINING:

	<u>Member</u>	<u>Non-Member</u>
Administrator/Manager/Owner.....	\$290	\$580
Staff/Student.....	\$175	\$350

Member rates are for NHCA, NALA, NHPCP, and LPNAN members.

Registration fee includes breaks, lunch,
and handout materials.

If you hold a Nebraska Nursing Home Administrator's License and/or you are the administrator, manager, director, or owner of a nursing facility or assisted living facility, you must register as an Administrator.

REGISTRATION IS ACCEPTED BY MAIL, FAX, OR ONLINE!

No phone registrations will be accepted.

All Personal Associate Members, Student Members, Business Associate Members, NHPCP Members, LPNAN Members, and non-members—fees must be paid in advance and must accompany the registration form. If you are not a member of NHCA, NALA, NHPCP, or LPNAN, please pay the non-member fee.

NO REFUND UPON CANCELLATION—Due to advanced commitment by registrants to 2 days, it will not be possible to refund registration fees upon cancellation. A facility may elect to send an alternate but only to the full 2 days.

REGISTRATION FORM

Comprehensive Alzheimer's Dementia Training — March 30-31, 2010 — Lincoln NE

Registrations accepted by Mail, Fax, or Online!

Mail: NHCA/NALA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037

Fax: (402) 475-6289 Online: www.nehca.org Phone number for information only: (402) 435-3551

Facility: _____

Phone: _____ Fax (confirmation letter will be faxed): _____


Mailing Address: _____ City: _____ State: _____ Zip: _____

Membership Status: Member Non-Member

(For NHCA Office Use Only: ACCT ID _____)

Billing Information: Check Enclosed Cash

Credit Card Bill

 If you have a disability that requires special needs, please attach a written description of your needs.

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.

Cardholder's Name (PRINT): _____

Credit Card #: _____

Expiration Date: _____

Cardholder's Billing Address, City, State, Zip: _____

Signature: _____

Your signature on the line above will authorize this transaction. ↑

Check for Admin Hours Check Nursing Facility or Assisted Living Registration

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**Please print
or type clearly!**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Title _____	Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Title _____	Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Title _____	Amount _____

Total Amount _____

Signature of Administrator

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