ALZHEIMER’S DISEASE AND DEMENTIA CARE SEMINAR

October 15-16, 2018
Holiday Inn – Kearney
110 2nd Avenue, Kearney, Nebraska, Phone 308-237-5971
This program is a must for all health care professionals who provide services to residents with dementia. There is a continuing need for caregivers who are trained to provide appropriate, competent and sensitive direct care to residents who have dementia. Following successful completion of this program, participants are one step closer to receiving their certified dementia practitioner (CDP®) certification.

OBJECTIVES

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

1. Explain what dementia is and how to adapt approach and communication techniques to successfully care for a person with dementia.
2. Identify common causes of aggressive, repetitive and sundowning behaviors and discuss how to problem solve as an interdisciplinary team.
3. Describe therapeutic and meaningful activity interventions and practice hands-on facilitator techniques.

SCHEDULE: October 15
12:30 p.m. - 1:00 p.m. .....Registration
1:00 p.m. - 2:30 p.m.  .....Introduction to Dementia Approach and Communication Techniques
                        Feelings and Validating Emotions
2:30 p.m. - 2:45 p.m. .......Break
2:45 p.m. - 5:30 p.m. ......Depression and Repetitive Behaviors
                        Paranoia, Hallucinations, Wandering, and Hoarding
                        Aggressive Behaviors, Catastrophic Reactions, Intimacy, and Sexuality
                        Personal Care: Pain, Bathing, Dressing, Toileting, and Nutrition

SCHEDULE: October 16
7:30 a.m. - 9:00 a.m. ......Activities Environment
9:00 a.m. - 9:15 a.m. ......Break
9:15 a.m. - 12:00 p.m. ......Staff and Family Support
                        Diversity and Cultural Competence
                        Spiritual Care

AUDIENCE

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 and stay in the education program the entire time in order to obtain credit. This education program meets the continuing competency requirements of 8.5 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 an approved continuing education program of 8.5 hours for nurses. Approval has been requested from the Dietary Managers Association for 8.5 hours of continuing education credit for dietary managers. Approval has been requested from the American Dietetic Association for 8.5 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.

Nurses: Please bring your nursing license number with you to the training.

Nebraska Health Care Association is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Please provide your feedback on the program by completing the evaluation. A link to the online evaluation will be emailed to registrants. For those who would rather complete a hard copy of the evaluation, paper evaluation forms will be available at the training site.

SPEAKER

Cameo Rogers, CTRS, CDP, CDCM, CADDCT, Life Enrichment Coordinator, Vetter Health Services, Elkhorn, Nebraska.

There is no perceived or identified speaker or planning committee member conflict of interest.
National Certification as a Certified Dementia Practitioner™

For detailed information about national certification, please check the website for the National Council of Certified Dementia Practitioners™ at nccdp.org. Applications for certification will be available at the training location. (The national certification is not handled by NNFA/NALA.)

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
- Must be a college graduate (4 years) with a degree from an accredited college or university or RN, LPN, or LVN.
- Must have a current license or certification in your health care field.
- Must have a minimum of 3 years of experience in a geriatric health-related field.
- Must have completed, at minimum, the 7-hour NCCDP Comprehensive Alzheimer’s Disease and Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Disease and Dementia Care Trainer CADDCT.

Option 2 — Fee: $75
- Must have a GED or high school diploma.
- Must have a current license or certification in your health care field.
- Must have a minimum of 1 year of experience in a geriatric health-related field.
- Must have completed, at minimum, the 7-hour NCCDP Comprehensive Alzheimer’s Disease and Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Disease and Dementia Care Trainer CADDCT.

Option 3 — Fee: $100
- Must have a graduate degree from an accredited college or university.
- Must have a minimum of 5 years of experience in a geriatric health-related field.
- Must have completed, at minimum, the 7-hour NCCDP Comprehensive Alzheimer’s Disease and Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Disease and Dementia Care Trainer CADDCT.

Option 4 — Fee: $100
- This option is only for the following professions: agency owners, admissions directors, marketing directors, assistant administrators, activity and recreation professionals, clergy, volunteer coordinators, social workers, inservice directors, dementia unit managers, and long-term care consultants. Additionally, home care assistants, personal care assistants, nursing assistants and geriatric nursing assistants, and executive directors.
- In the case of home health aides, personal care assistants, executive directors, and administrators, you must submit proof (a certificate) that you completed the state-required course for that profession. If there is no state-required course, you must submit proof (a letter from your administrator) that you completed training by your agency to be proficient at your job.
- If your state long-term care regulations do not require a certification or license for your profession/title, you must submit proof (a letter from your administrator) stating there is no state regulation requiring a license or certification for your profession/position.
- Must attach to this application a letter from your administrator which states that you are employed by the facility or home care agency and qualified under your state requirements to hold the title and position for which you are employed.
- Must have a minimum of 3 years of experience in a geriatric health-related field.
- Must have completed, at minimum, the 7-hour NCCDP Comprehensive Alzheimer’s Disease and Dementia Care Curriculum taught by an approved NCCDP Certified Alzheimer’s Dementia Instructor.

The National Council of Certified Dementia Practitioners (NCCDP) also offers a discount to attendees attending a NCCDP/ICCDP Alzheimer’s Disease and Dementia Care seminar at a state or national conference. Ask your NCCDP Certified Alzheimer’s Disease and Dementia Care Trainer® CADDCT about this.
REGISTRATION INFORMATION

PRE-REGISTRATION is encouraged. Registration at the door will be accepted only if space permits.

An invoice will be emailed. If you wish to confirm your registration, call the NNFA/NALA office (402-435-3551).

All NNFA/NALA Personal Associate Members, Business Associate Members, and Student Members; NHPCA members; LPNAN members; and non-members – fees must be paid in advance and must accompany the registration form.

Online Registration – Go to nehca.org
To register by mail, fax or email, use the attached registration form.

REGISTRATION FEES

Member* on/before Sept. 28 .............$172 per person
Member* after Sept. 28 .....................$197 per person
Non-Member on/before Sept. 28 ......$344 per person
Non-Member after Sept. 28 ...............$369 per person

*Member rates apply to NNFA, NALA, LPNAN, and NHPCA members.

Registration includes breaks and handouts.

Substitution, cancellation, and refund policies can be found at nehca.org.

HOTEL ROOM BLOCK

For the October 15-16, 2018, Alzheimer’s Disease and Dementia Care Seminar, a block of sleeping rooms is available for the night of October 15 at the hotel listed below. To secure accommodations of your choice, please make reservations as soon as possible. Ask for the Nebraska Health Care Association Group Rate!

HOLIDAY INN • Phone 308-237-5971
110 2nd Avenue, Kearney, Nebraska 68847
Rate: $104.95 per night • Release Date: Sept. 14, 2018

REGISTRATION FORM
ALZHEIMER’S DISEASE AND DEMENTIA CARE SEMINAR
October 15-16, 2018 – Kearney
Registrations Accepted Online or by Mail, Fax, Phone, or Email
NNFA/NALA, 1200 Libra Dr Ste 100, Lincoln NE 68512-9628
nehca.org • fax 402-475-6289 • phone 402-435-3551
education@nehca.org

Please print clearly!
To register more than one person, duplicate this form as necessary.

Facility ______________________________________________________
Phone ______________________________________________________
Address _____________________________________________________
City________________________ State _________ Zip __________

Membership Status:  □ Member  □ Non-Member
Membership Type:    □ NNFA  □ NALA  □ Other

Name________________________________________________________
Title _________________________________________________________
Email _________________________________________ Fee $ ______

All Nurses: Nursing License #____________________

By participating in this activity, you grant NNFA/NALA the right to release your contact information to a sponsor/commercial interest organization. If you do not wish to have your name, mailing address, and email address released, please check the box below.

□ I do not wish to have my name, mailing address, and/or email address released.

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

If you have special dietary restrictions or requests, notify us at least five days prior to the event.

Billing Information: □ Check Enclosed □ Cash
                     □ Credit □ Invoice**

Cardholder’s Name (PRINT) ______________________________________
Credit Card # _______________________________ CVC # _______
Expiration Date _____________________________
Cardholder’s Billing Address, City, State, Zip _________________________

Cardholder’s Email ________________________
Signature ____________________________________
Your signature on the line above will authorize this transaction. ↑

**See Registration Information