

Take the path to certification for
Certified Dementia Practitioner

This course is required for those pursuing CDP and who qualify through the National Council of Certified Dementia Practitioners and the International Council of Dementia Care Practitioners.

Date of Seminar: Upon Request
Location: Facility of choice

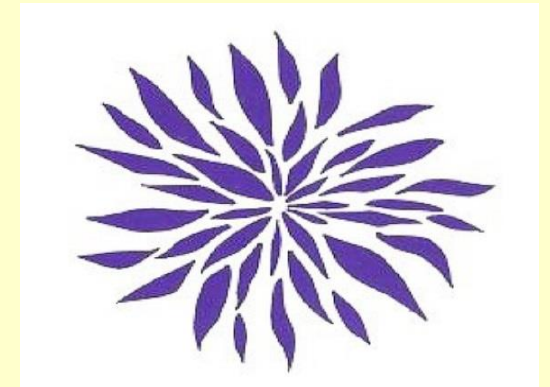
Instructor: June Pearce Novatney, Ph.D., CADDCT

Age Line
4350 Rocky River Drive
Cleveland, OH 44135

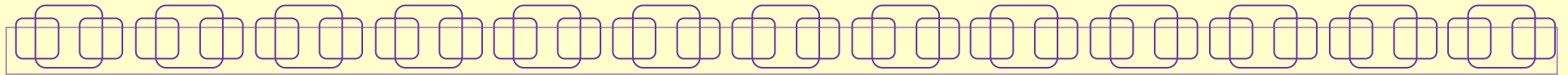


Alzheimer's Disease & Dementia Care

Age Line Home Health
&
Adult Day Center



Phone: 216.941.9990
Web site: www.age-line.com



Alzheimer's disease & Dementia Care

Seminar curriculum includes:

Diagnosis, Prognosis, Treatment, Communication, Feelings, Depression, Repetitive Behavior, Paranoia, Hallucinations, Wandering, Hoarding Aggressive Behaviors, Catastrophic Reactions, Intimacy, Sexuality\Personal Care Pain, Nutrition, Activities, Environment, Staff and Family Support, Diversity and Cultural Competence, Spiritual Care and End of Life issues

Approved for 8 Adult Day Habitation; Investigative Agent; Service & Support Administrator DODD #1600689-1

CEUs also available for Nursing and Activity Professionals.

Target Audience

All health care professionals, front line staff, CNAs, home health aides, activity professionals, social workers, nurses, rehab professionals, administrators Dementia Unit Managers and or Supervisors who provide direct supervision of a dementia unit. Anyone who works with dementia clients in all health care and home care settings.

This is the required 'live' seminar for those pursuing certification as a CDP and who qualify for CDP. Or just come for the education. You will receive a hand out notebook in a 3 ring binder with tabs. A CDP application will be provided to you in class. You will have 30 days to submit your application to NCCDP for consideration for CDP certification if you qualify. Or just come for the education.

Cancellation fee: \$75

Take the path for Certified Dementia Practitioner!

Name _____

Address _____

Phone _____

E-mail _____

Method of Payment

Check

Cashier's Check

Master Card/Visa

Credit Card No. _____

Expiration _____

SC

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