Alzheimer's Disease and Dementia Care Seminar

Required Course to become a Certified Dementia Practitioners (CDP®)

Date and Location
August 14, 2019
8:00 am – 5:00 pm
Breakfast and registration start at 7:30 am
Handelman Conference Center
7090 Samuel Morse Drive
Suite 400
Columbia, MD 21046

Program
The purpose of this program is to provide healthcare professionals who care for residents with Alzheimer's or dementia specialized training to ensure appropriate, competent and sensitive care. 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
1. Define dementia and Alzheimer's disease, and how to care for a person with dementia
2. Identify common causes of aggressive, repetitive and sundowning behaviors;
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
6. Demonstrate new communication techniques
7. Discuss techniques to handle personal care

CDP Certification
As part of the qualification process for the CDP Certification applicants MUST attend the FULL seven and a half hours of training. Applicants MUST send the application directly to the NCCDP within 45 days of the completion of this course. Information on how to apply will be provided on the day of the course.

The discounted application fee for CDP applicants is $35 per person. Please Note: CDP application is NOT included in this course registration fee.

Target Audience
• Administrators
• Assisted Living Managers
• Directors/Asst. Directors of Nursing
• Nurse Managers
• Unit Managers
• GNAs
• Frontline Staff
• Activity Professionals
• Social Workers
• Home Care Nurses
• Health Care Professionals with direct care responsibilities for resident's with Alzheimer's and dementia and who have at least 3 years experience in a health care setting.

Course Outline
1. Introduction to Alzheimer's Dementia
   a. Diagnosis
   b. Prognosis
   c. Treatment
2. Key Aspects of Disease
   a. Communication and Feelings
   b. Depression and Repetitive Behaviors
   c. Paranoia, Hallucinations, Wandering, and Hoarding
   d. Aggressive Behaviors, Catastrophic Reactions, Intimacy and Sexuality
3. Key Aspects of Care
   a. Activities
   b. Environment – recognize the importance of creating a person centered care setting
4. Personal Care
   a. Pain
   b. Bathing
   c. Dressing
   d. Toileting Nutrition
5. Caregiver Support
   a. Staff and Family Support
   b. Diversity and Cultural Competence
   c. Spiritual Care and End of Life Issue

CE – 7.5
• Administrator
• Assisted Living Managers
• Activity Professionals
• Social Worker

Continuing Education
This program is sponsored by the Beacon Institute. This program is approved for 7.5 credit hours. This program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators. The program is approved by the Office of Health Care Quality (OHCQ) for continuing education credits for assisted living managers. This program is approved by the National Certification Council for Activity Professionals for continuing education for activity professionals. This program is approved by the Maryland Board of Social Worker Examiners for Category I continuing education for social workers in Maryland.
Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.

2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.

3. Registrations and payment must be received no later than five days prior to the workshop.

4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a $100.00 processing fee per registrant, will be honored if requested in writing SEVEN (7) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are CANCELLED. Registrants will be contacted regarding rescheduling arrangements.

REGISTRATION FORM

Alzheimer’s Disease and CDP Course
August 14, 2019

Name ____________________________________________________________

Title _____________________________________________________________

Email Work (REQUIRED) ____________________________________________

NH Administrator # ________________________________________________

NAB CE Registry ID # ______________________________________________

Facility Name _____________________________________________________

Facility Address ____________________________________________________

City/State/Zip _____________________________________________________

Phone ___________________________________________________________

Fax ______________________________________________________________

CREDIT CARD INFORMATION

Name on Card _____________________________________________________

Credit Card Number ________________________________________________

CVV2 Security Code Exp. date _________________________________________

Credit Card Billing Address __________________________________________

City/State/Zip _____________________________________________________

Cardholder Email ___________________________________________________

Signature __________________________________________________________

Register Online by Credit Card or Check

Early Registration Before July 29, 2019
Registration Deadline August 7, 2019

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Check or money order enclosed: AMOUNT $___________

Please charge my credit card: AMOUNT $___________

Mail or Fax registration and payment to:
The Beacon Institute
7090 Samuel Morse Drive, Suite 400
Columbia, MD 20146
Fax 410-381-6061

Questions? 410-381-2401, ext. 240
gordon@beaconinstitute.org