

National Certification Board for Alzheimer Care



CAC Recertification Package

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Recertification Requirements for CAC: 6 Training Hours

Training may relate to any topic area listed on the NCBAC Caregiver Content Guideline.

▶ On-line training

The training site/provider must issue you a certificate. Please note that multiple courses from one website provider must be listed separately.

▶ Participation in employer sponsored training or community based program

You may include any formal training (1) offered by an employer or (2) completed/attended in your community.

▶ Conferences

You may include any conferences related to aging or eldercare that you have attended. Please list your hours as follows: 3 hours per ½ day or 6 hours per full day

Note: You **do not** have to include any supporting documentation with your form. However, you may be asked in future random audits to provide the following:

Online Courses:	Copy of Certificate
Conferences:	Proof of Registration

You will be required to provide the following information for training credit.

Training Requirements	<u>Online Training</u> ▼	Employer or Community Based <u>Class</u> ▼	<u>Conference</u> ▼
Name ▶	Name of Course	Name of Course	Name of Conference
Location ▶	Website	Name of facility where training took place	City/State where conference was held
Dates ▶	Month/Year training completed	Month/Year training completed	Month/Year conference was held
Number of Hours ▶	Determined by Training Provider	Determined by Training Provider	3 hours per ½ day 6 hours per full day
Contact Name ▶	N/A	Person to verify your participation	N/A
Phone # ▶	N/A	For person listed above	N/A

NCBAC Recertification Form for CAC (6 Training Hours Required)

Name: _____

ID*: _____

***If you don't remember your ID #, please call us at 877-710-2070 or email us at info@ncbac.net**



Please refer to the table of requirements when completing this form.

1. Training Type: **Online** **Class** **Conference**

Name of Course _____

Location _____

Dates (Month/Year) _____ # of Hours _____

Contact Name _____ Phone Number _____

2. Training Type: **Online** **Class** **Conference**

Name of Course _____

Location _____

Dates (Month/Year) _____ # of Hours _____

Contact Name _____ Phone Number _____

3. Training Type: **Online** **Class** **Conference**

Name of Course _____

Location _____

Dates (Month/Year) _____ # of Hours _____

Contact Name _____ Phone Number _____

Please use additional sheets if you need to submit additional training to meet the 6 hours required.
Be sure to include all the information required as outlined above.

Content Guideline for the Certified Alzheimer Caregiver (CAC)

I. Knowledge of Disease

- A. Definitions of the Disease
 - 1. Delirium
 - 2. Delusions
 - 3. Hallucinations
- B. Stages
 - 1. What will happen, what to expect
 - 2. End of life issues
- C. Umbrella of dementias
 - 1. Reversible dementias
 - Hydroencephaly
 - Endocrine disorders
 - Drug/alcohol induced dementias
 - Malnutrition/dehydration
 - 2. Irreversible dementias
 - Pick's/frontal lobe
 - Vascular
 - Lewy Body
 - Drug/alcohol induced dementias
 - Creutzfeld-Jakob Disease
 - 3. Dementia vs delusions
 - 4. Other dementias

II. Communication

- A. With patient
 - 1. Strategies
 - Orientation
 - Validation
 - Redirection
 - Simple sentences
 - Cueing
 - 2. Assessment - changes in ability
 - 3. Infantilization
 - 4. Empathy
 - 5. Nonverbal
 - Eye contact
 - Touch
 - Body language
 - 6. Cultural/language differences
- B. With family
 - 1. Strategies
 - Reframing
 - Understanding family dynamics
 - 2. Cultural /language differences
- C. With medical professionals
 - 1. Documentation
 - 2. Appropriate notification

III. Patient Rights

- A. Ethics
- B. Legal issues
- C. Dignity/respect (independence & autonomy)
- D. End of life
- E. Confidentiality & HIPPA

IV. Behavior

- A. Behavior Assessment
 - 1. Identify presenting symptoms
 - 2. Individual triggers
 - 3. Behavior meaning/underlying cause
- B. Recognition of triggers
 - 1. Pain
 - 2. Food
 - 3. Change in general
 - 4. Medications
 - 5. Physical status
 - 6. Environment e.g. lighting, noise
 - 7. Communication
- C. Behavioral Issues
 - 1. Agitation
 - 2. Combative/aggressive
 - 3. Elopement
 - 4. Wandering
 - 5. Sundowning
 - 6. Withdrawal
 - 7. Sexuality
 - 8. Hoarding
 - 9. Resistance
 - 10. Repetition
 - 11. Delusions & hallucinations
- D. Strategies/prevention/intervention

V. Activities

- A. Promoting independence & Autonomy
- B. Activities of Daily Living
 - 1. Elimination
 - 2. Eating/Nutrition
 - 3. Mobility
 - 4. Bathing/Oral Care
 - 5. Dressing
- C. Leisure Activities
 - 1. Life Skills
 - 2. Religious/Spiritual
 - 3. Hobbies
 - 4. Exercise
 - 5. Music/Art/Dance
 - 6. Reminiscence
 - 7. Pets

VI. Health

- A. Medications
- B. Skin care
- C. Pain
- D. Health Assessment - change in condition
- E. Nutrition & hydration

VII. Caregiver Needs

- A. Self governance
- B. Boundaries
- C. Evolving caregiver needs over lifetime of the disease
- D. Grief
- E. Support services
- F. Burnout

VIII. Safety

- A. Caregiver safety
- B. Potential toxic substances
- C. Safety hazards
- D. First aid
- E. Balance autonomy with safety

*Better Care
Through
Understanding*

Mailing and Payment Procedures

Please mail your payment of \$35
along with your completed form listing 6 hours of training to:

NCBAC
Attn: Recertification
500 N. Michigan Avenue
Suite 300
Chicago, IL 60611

We can only accept payment by check.

For your safety, we will **not** accept payment by credit card via mail services.

Please send a personal, company or certified check.

For questions, please contact us at

Toll Free: 877-710-2070
Email: info@ncbac.net