

National Certification Board for Alzheimer Care



CAEd Recertification Package

Outline of Training Options.....	page 2
Table of Training Requirements.....	page 3
Recertification Form.....	page 4
Content Guideline.....	page 8
Mailing and Payment Procedures.....	page 9

Recertification Requirements for CAEd: 12 Training Hours

Training may relate to any topic area listed on the NCBCA Educator 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

▶ Develop and teach a course or presentation

You may use a course or presentation you have developed and taught/presented. Credit for each class may be used only once to meet recertification requirements. Credit hours should reflect the number of hours used to teach the class or present your materials. A maximum of 6 hours total for all classes listed can be used to meet our training requirements.

▶ Publication of article

Articles must be a minimum of 750 words. You will receive 1 credit hour for each article published. You may submit up to 3 articles.

Supporting Documentation for Your Submissions

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
Courses Taught:	Outline of Course and Materials Used
Publications:	Copy of Article

Table of Training Requirements

You will be required to provide the following information on your recertification form.

Please reference this table while completing your form.

Training Requirements	Online Training ▼	Employer or Community Based Class ▼	Conference ▼	Develop and Teach a Course ▼	Publication of an Article ▼
Name ►	Name of Course	Name of Course	Name of Conference	Name of Course or Presentation	Title of Article
Location ►	Website	Name of facility where training took place	City/State where conference was held	Name of facility where course was taught	Where article was published
Dates ►	Month/Year training completed	Month/Year training completed	Month/Year conference was held	Month/Year when course was taught	Month/Year of publication
Number of Hours ►	Determined by Training Provider	Determined by Training Provider	3 hours per ½ day 6 hours per 1 day	Hours used to teach the class Maximum of 6 hours allowed	1 hour per article Maximum of 3 hours allowed
Contact Name ►	N/A	Person to verify	N/A	N/A	N/A
Phone Number ►	N/A	Phone number for person listed above	N/A	N/A	N/A

NCBAC Recertification Form for CAEd (12 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 Course Taught Publication

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

2. Training Type: Online Class Conference Course Taught Publication

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

NCBAC Recertification Form for CAEd (12 Training Hours Required)

3. Training Type: **Online** **Class** **Conference** **Course Taught** **Publication**

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

4. Training Type: **Online** **Class** **Conference** **Course Taught** **Publication**

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

NCBAC Recertification Form for CAEd (12 Training Hours Required)

5. Training Type: **Online** **Class** **Conference** **Course Taught** **Publication**

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

6. Training Type: **Online** **Class** **Conference** **Course Taught** **Publication**

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

NCBAC Recertification Form for CAEd (12 Training Hours Required)

7. Training Type: **Online** **Class** **Conference** **Course Taught** **Publication**

Name of Course _____

Location _____

Dates (Month/Year) _____

of Hours _____

Contact Name _____

Phone Number _____

8. Training Type: **Online** **Class** **Conference** **Course Taught** **Publication**

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 12 hours required.
Be sure to include all the information required as outlined above.

Content Guideline for the Certified Alzheimer Educator (CAEd)

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

IX. Adult learning theory & techniques

- A. Theories of adult learning
- B. Self directed learning
 1. Participative decision making
- C. Experiential learning
 1. Integrate past w/ current learning
 2. Learn by example/doing
- D. Reflective learning
- E. Instructional strategies
 1. Discussion
 2. Lecture
 3. Case study
 4. Small group
 5. Role play
 6. Visual aids
 7. Handouts
- F. Types of adults learners/styles
- G. Learning barriers
 1. Culture
 2. Language
 - Vocabulary
 - English as a second language
 3. Previous experience
 4. Limited time/appropriate amount of time
- H. Evaluation
 1. Learning
 2. Performance evaluation
- I. Coaching & mentoring

*Better Care
Through
Understanding*

Please mail your payment of \$65
along with your completed form listing 12 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