International Council of Certified Dementia Practitioners

[www.iccdp.net](http://www.iccdp.net) [iccdpcorporate@iccdp.net](mailto:iccdpcorporate@iccdp.net)

Announcement

***Contest***: In honor of Activity Professional Week January 24th-30th 2021

NCCDP, ICCDP, NAAP and CARD have collaborated to recognize Activity Professionals week as well as the contribution that Activity Professionals and Recreation Therapists make on a daily basis to the quality of life for all they serve.

The contest is open to Activity Professionals and Recreation Therapist in the USA and around the world.

This year has been an especially trying and stressful time and we wanted to bring a little distraction to your day and at the same time offer a fun event.

We held a cart contest several months ago with over 500 entries. The entries were original, well thought out and fun. Many of you wrote to us and requested another contest. In response, we teamed up with other organizations and are happy to announce this contest.

Attached, please find poems that you are welcome to distribute, the contest entry form, information, directions and award description.

**Deadline t**o enter: December 23, 2020. 12:00 pm (Noon) EST. Via email ONLY.

The contest will be judged by NAAP, ICCDP and NCCDP.

We can’t wait to see all your entries;

Lynn Biot Gordon, Chief Operations Officer Sandra M Stimson, Chief Executive Officer

***NCCDP National Council of Certified Dementia Practitioner***

**ICCDP International Council of Certified Dementia Practitioners**

Alisa Tagg, Association Director Amy Laughlin, President

***NAAP National Association of Activity Professionals***

*Dr. Cameron Camp Founder,* ***CARD Center for Applied Research in Dementia***

**From all of us at CARD, NAAP, NCCDP and ICCDP, HAPPY THANKSGIVING.**

International Council of Certified Dementia Practitioners

Web site: [www.iccdp.net](http://www.iccdp.net) Email: [iccdpcorporate@iccdp.net](mailto:iccdpcorporate@iccdp.net)

***Contest Details and Directions:***

***Deadline to enter***: December 23rd 2020 12:00 PM EST.

**MUST USE** ATTACHED ENTRY FORM. ICCDP will not accept any late entries.

***Email*** all entries to [iccdpcorporate@iccdp.net](mailto:iccdpcorporate@iccdp.net)

***SUBJECT LINE:*** Activity Professional Week Contest

***Body of email*** enter: Name of organization, your full name, your title, E-mail address, w phone number and cell number.

***The winner will be announced***: January 3, 2021. Information regarding the winner will be announced in the quarterly e-publication. NAAP will also announce the winner in January 2021. ICCDP will send an email to all entries with the winner’s name.

***Award information:***

* ICCDP / NCCDP Cash award. $500.00 paid to the person submitting the winning entry form
* NAAP: Complimentary association membership for the entire Activity Department, full time and part time staff. Value $75.00 pp.
* CARD: Complimentary 6- hour online Montessori Dementia Care Professional course for the entire Activity Department full time and part time staff. Value $125.00 pp. CEU approved with NCCAP for six CEUs.
* ICCDP: Complimentary CMCDP Certified Montessori Dementia Care Professional certification with ICCDP for the entire Activity Department full time and part time staff. Value $135.00 pp
* NCCDP: Complimentary CDP Certified Dementia Practitioner certification for the entire Activity Department full time and part time staff. The award does not include the NCCDP ADDC course required course for CDP certification. Value: $135.00 pp.
* All prizes must be redeemed by January 25, 2021. Information will be provided to the winner.

**International Council of Certified Dementia Practitioners**

**Web site:** [**www.iccdp.net**](http://www.iccdp.net) **Email:** [**iccdpcorporate@iccdp.net**](mailto:iccdpcorporate@iccdp.net)

**Contest requirements, rules, and directions:**

1. Only one entry per organization.
2. Entries will not be returned. You are giving permission to possibly showcase your entry on the ICCDP / NCCDP / NAAP website, e-publication and other possible press releases.
3. Complete the entry form. The entry form and supporting documents are to be typed. Send entry form, attachments, supporting pictures, videos with your email to [iccdpcorporate@iccdp.net](mailto:iccdpcorporate@iccdp.net).

In the e-mail subject line: Activity Professional Week Contest. In the body of the email list all the attachments, documents, pictures, videos and entry forms. Please put your name on all documents.

1. ***Create an activity*** that demonstrates; what the **Activity Department and or Activity professional provides**. This can be for example; from an emotional and physical standpoint, incorporating words such as fun, intellectually stimulating, etc. or incorporate all the different types of categories of events such as intergenerational programs, pet therapy, trips, etc. For example; you could use a Christmas tree and design clay figures as skiers, holding signs that demonstrate this. This project can be depicted in any season. You decide the theme, program or project that best represents the Activity Profession, Activity Professional and Recreation Therapist. The project can be in any genre such as art, music, intellectually stimulating, drama, etc. It may be that you include all the other departments in this project. The ideas are endless.
2. Must include an original poem or song for your project that is specifically about the Activity Professional, or Activity profession and Recreation Therapist, etc. This is ***not*** about a specific person. This is about the entire profession and all that the activity professional provides. The poem or song, does not need to go with the visual project. See attachment and examples of poems. There is no length requirement for the song or poem. But obviously, one page or less is recommended.
3. Your project must include pictures or videos.
4. You must identify the names of people shown in the pictures or videos.
5. Must show the resident, client, or customer participating in the project.
6. Must have photo release for all residents, clients and employees depicted.
7. Must include a list of the items needed, time involved, and cost of the project.
8. Project title.
9. Submit by the deadline of December 23, 2020 12:00 PM EST.
10. Your administrator must sign off on the entry.
11. We will need your company photo consent form of all people shown in the pictures.
12. MOST IMPORTANT; Include a picture of your activity department with their names and titles listed from left to right. Must include each person’s email address.

**International Council of Certified Dementia Practitioners**

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Announces Contest for Activity Professionals and Recreation Therapists

Entry Form: YOU MUST USE THIS FORM. All entries must be typed.

**DEADLINE:**All entries must be submitted no later than December 23rd 2020 12:00 PM EST.

**SUBMIT ENTRIES** VIA Email ONLY[**iccdpcorporate@iccdp.net**](mailto:iccdpcorporate@iccdp.net)

**Important: Subject Line of email:** Activity Professional Week Contest

**Body of email**: Your Name, Title, email address, company name, work phone and cell number.

**Body of email:** Include the name of all attachments **and this entry form.**

**Your name** must be on all attachments**.**

**Include permission** company consent forms: Permission to photograph all pictures depicting residents, clients, activity staff, etc.

**All documents and photos become the property of the ICCDP and will not be returned.**

The administrator acknowledges that the Activity staff are entering a national contest.

Administrators Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrators Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_

**Person submitting the entry: If selected, the check is payable to the person listed here.**

**Your Name**: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What professional organizations do you belong to? i.e., ATRA, NCCDP, NCCAP, NAAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List your credentials:** i.e. ADC, AAC CTRS, AAC CDP CMDCP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of your organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Web Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your e-mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Personal e-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one**: CCRC \_\_\_ Nursing Home \_\_ Assisted Living \_\_\_ Adult Day Care \_\_\_ Psychiatric Hospital \_\_\_ Rehabilitation \_\_\_ Hospital \_\_\_ Hospice Stand Alone \_\_\_\_\_ Home Care Agency \_

Other: \_\_\_\_ if other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List your staff’s name, titles and email address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What is the name of your project?**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What genre? i.e., Art\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the supplies needed for your project?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **approximate time to complete project:** \_\_\_\_\_\_\_\_\_\_\_

**Describe how a person with a diagnosis of Dementia was able to assist you?**

Example: Poster: Able to view the items, select items and place pictures on poster board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe how this project was success-oriented, failure-free, purposeful and enjoyable therapeutic activity for the resident/client?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Attach a photo of the resident or client assisting with the project: Identify the photo and who is depicted in the photo. Label pictures by name or letter, such as A, B, C. LIMIT OF 5 pictures.***

***List all names shown in each photo in the email.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Attach a photo of the finished project.***

***Describe your project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Attach a poem or song about the activity profession, activity professionals or recreation therapist****.*

***Upload the video*** *of staff, residents, and clients singing the song or the reading poem.*

*MUST BE AN ORIGINAL SONG OR POEM. If it is an original song, the words can be put to any music already available. This is NOT about a specific person.*

***Photo Releases / Permission:***

All residents/clients/employees/volunteers, shown in the photo must sign below giving permission to post the picture in an e-publication, social media, book, web site or press release: Write their name and sign below the line.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a company photo signed consent form for all residents/ clients and employees.

**Statement:**

Your Name: Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the originator of this idea and I have not knowingly plagiarized this idea. I understand that this entry will not be returned to me and all documents, pictures, videos, becomes the property of the ICCDP / NCCDP. The entry may be used in future articles, books, e-publication, social media, and press release or posted on the ICCDP, NCCDP and or NAAP website.

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

RETURN THIS ENTIRE ENTRY FORM WITH YOUR SUPPORTING DOCUMENTS, PICTURES, VIDEO, AND COMPANYH PERMISSION TO PHOTOGRAPH FORMS. ETC.

Did the administrator sign your document?

Please feel free to use additional paper. If you need extra space please put your name at the top of the document.

**Did you know? International Council of Certified Dementia Practitioners**

Did you know that members of NAAP, ATRA, NCCDP and many other associations, receive a huge discount for the ICCDP Montessori Dementia specific CMDCP Certified Montessori Dementia Care Professional certification and a six-hour online self-paced course? The six-hour online course was developed by Dr. Cameron Camp founder of Center for Applied Research in Dementia. The course focus is person-centered care, dignity, respect, infantilization and independence. Allowing the elder to do as much as they can for themselves. The online course gives a lot of activity program examples.

Association member’s price is $70.00 USD and nonmember’s price is $260.00 USD.

If your national, state or regional association is not listed on the ICCDP web site, we are happy to list the association. Please have the Executive Director, contact [iccdpcorporate@iccdp.net](mailto:iccdpcorporate@iccdp.net) and request that the association name be added to the association member discount list.

Ask ICCDP about the corporate group (10 or more) discounts.

The six-hour online course is CEU approved for six CEU’s with NCTRC, NCCDP, NAB, NCCAP, OHIO OT Board, CEU Network for Nurses and many other organizations. See [www.iccdp.net](http://www.iccdp.net) International Council of Certified Dementia Practitioners and select CMDCP.

**Did you know? National Association of Activity Professionals**

Did you know that NAAP is open to all therapeutic recreation specialists, activity professionals, activity assistants and activity directors! Administrators, nurses and nursing assistants are also welcome to join. The main web site is <https://naap.info/>

You do not need to be a member of NAAP to participate in the contest but if you wish to join NAAP, and participate in all that they offer the membership, the link is <https://naap.info/forms/membership-form/>

Don’t miss the NAAP April 5th-8th 2022 conference. The theme is 10,000 possibilities. The link is <https://naap.info/naap-annual-conference/>

See NAAP’s website which lists the contacts by each state to find an Activity Association meeting near you. Anyone can attend the local activity meetings. <https://naap.info/contact/state-contacts/>

**Did you know? National Council of Certified Dementia Practitioners**

Did you know that the NCCDP CDP credential is now required by many employers? In some states, the state regulations require that at minimum one CDP is on duty per shift. NCCDP offers the required 8-hour ADDC Alzheimer’s Disease and Dementia Care curriculum either in person or via ZOOM. This is the required course for those pursuing this resume-worthy certification. Many Activity Directors are also CADDCT Certified Alzheimer’s Disease Dementia Care Trainers. This is a great way to earn extra income. Activity Directors are seasoned professionals and have a wealth of knowledge which makes for an excellent trainer.

See [www.nccdp.org](http://www.nccdp.org) for information. National Council of Certified Dementia Practitioners.

**Feel free to distribute. Permission to copy is granted.**

**We Are Activity Professionals**

Big hearts, huge bright smiles and enormous compassion,  
Creative, innovative and dynamic personalities.  
We are blessed to have found this profession!

We Are Activity Professionals!  
We don’t know how to say “no”! We aim to please at a personal sacrifice.  
Long days, hectic schedules and stressful events.  
We love all of this!  
  
We Are Activity Professionals!  
Regulatory changes, tougher surveys and changing populations.  
As a group like no other, we evolve, learn and adapt.  
We are a tough group and can handle this like no other profession!  
  
We Are Activity Professionals!  
They say, “I could never do what you do” and you know what,  
They are right!  
“They could never do all that you do!”  
  
We Are Activity Professionals!  
Phones ringing, many interruptions and endless demands.  
But we demand more ourselves and ask for little in return.  
No one can handle all that we do in one day!  
  
We Are Activity Professionals!  
Humanity, compassion, humor and strong moral work ethics,  
We are the memory creators and the heart of every community.  
We are the photo albums filled with new memories!  
  
We Are Activity Professionals!

By, Sandra Stimson ADC CDP CADDCT CDCM CALA CMDCP CFRDT CPCHCP CFRDT

CEO National Council of Certified Dementia Practitioners

International Council of Certified Dementia Practitioners

**Thank You!**Thank you for all that you do to improve the quality of life for those who matter the   
most, your residents! They appreciate it!

* Thank you for all your creativity. The residents are thankful.
* Thank you for the extra effort you put into each day.
* Thank you for helping out in the dining rooms for meal programs. They need you!   
  The nursing staff does appreciate it!
* Thank you for all the special trips and community events. They love being a part of   
  the community.
* Thank you for all the effort you put into your volunteer program, it definitely does not   
  happen without you!
* Thank you for smiling even when you don't feel like it.
* Thank you for spending time with those residents who cannot come out of their   
  rooms. They especially appreciate pet visits.
* Thank you for a great survey. It takes your entire team and a dynamic program.
* Thank you for giving all of yourself.
* Thank you for filling the resident's days with meaningful activities.
* Thank you for pushing so hard to get extra special programs approved. The extra   
  the effort paid off!
* Thank you for all the extra hours you put into planning and implementing elaborate   
  events. It was appreciated!
* Thank you for attending seminars and association meetings, even when sometimes   
  you have to use vacation days.
* Thank you for supporting other activity professionals.
* Thank you for taking a chance and trying something new.
* Thank you for dressing up for all those holidays.
* Thank you for all the hugs and love you give to them.
* Thank you for developing all the children's programs.
* Thank you for all the spiritual programs, because it means more to them at this point   
  in their life.
* But most of all, **thank you** for dedicating your life to this very special profession,   
  Activity Professionals! We can't imagine any facility without you!

By, Sandra Stimson CEO NCCDP, ADC CDP CADDCT CDCM CALA CMDCP CFRDT CPCHCP CFRDT