



# NTG Regional Trainer Application

## NTG Affiliated Regional Trainer Application Packet

The NTG is pleased to announce the opening of the Train-the-Trainer Dementia Capable Care of Adults with Intellectual Disabilities & Dementia application process. We are utilizing the application process as we expect a large number of applicants and we want to assure that those who attend the Train-the Trainer will be able to disseminate this needed and valued information. Please do take the time to fill out the application if you feel you have the time and capacity to share this training within your region.

In order to attend the one day Regional Trainer Workshop you must have attended the two day Fundamentals of Dementia Capable Care for Adults with ID and Dementia workshop and successfully complete the on-line test for certificate of completion.

Please complete the entire form and submit the form via email to Nina Bennett at [NinaBennettNTG@gmail.com](mailto:NinaBennettNTG@gmail.com).

Upon completion of the workshop you will be recognized as an NTG affiliated Regional Trainer. You will also receive all training materials on a USB drive and information on the quarterly meetings on-line.

If you would like more information on using the NTG Dementia Capable Curriculum as a Regional Trainer please contact NTG Curriculum Committee Co-chairs, Dr. Kathleen Bishop ([bisbur1@earthlink.net](mailto:bisbur1@earthlink.net)) or Kathryn Pears, MPPM ([dementiacare@gwi.net](mailto:dementiacare@gwi.net)) for more information.

### What is Included:

As a recognized NTG affiliated Regional Trainer you will receive a USB Memory Stick containing the NTG branded and copyrighted Power Point slides, Trainer Manual, Class Handouts and Exercises, Resources, Class Evaluation Sheet, Sample Marketing Flyer, Sample Sign in Sheet, Sample Class Certificate of Completion. **The Curriculum Power Point on USB Memory Stick, Trainer Manual, Handouts are for the exclusive use of NTG affiliated Regional Trainers and may not be copied nor distributed.**

In addition, Regional Trainers will be assigned an NTG Master Trainer who will mentor them in the use of the curriculum. Quarterly webinars will also be held to keep Regional Trainers up-to-date on advances in knowledge relating to ID and dementia, new resources, and as a means of sharing ideas and success stories.

## Workshop Schedule:

8:30 AM to 9:00 AM	Registration
9:00 AM to 9:30 AM	Review Trainer Agreement and Fair Use Agreement, class materials and trainer materials.
9:30 AM to 12:00 PM	NTG Lead and Master Trainers review the NTG Dementia Capable Care curriculum.
12:00 P.M. to 1:00 P.M.	Working lunch - includes questions and answers.
1:00 P.M. to 3:00 PM.	Continued review of curriculum.
3:00 PM to 4:00 PM	Administrative procedures – sign in sheets, submitting completed evaluations, marketing your workshops, etc.
4:00 PM to 4:30 PM	Questions and Answers. Closing remarks.

### Curriculum Modules:

- Introduction to Aging and ID
- Understanding Dementia in Adults with ID: What is dementia? How does it present differently in adults with ID?
- Early Detection and Screening for Dementia...Challenges & Resources.
- Obtaining a Diagnosis
- Health Care Advocacy for Adults with ID and Dementia
- Understanding Challenging Behavior in ID and Dementia
- Non-pharmacologic Interventions for Behavior
- Communication Tips and Strategies
- Adapting the Physical Environment
- ID and Dementia Capable Residences
- Stage-based Considerations
- Bridging the Aging and Intellectual Disability Networks

# Application

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

## PERSONAL INFORMATION

Name: *Please print clearly.*

Last \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

*Please list your name exactly as you would like it to appear on your Regional Trainer Certificate of Completion and NTG Regional Trainer list which appears on our website.*

List all license, certifications or registrations credentials that you hold? Example: RN, OTR

\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

International Students Only: Please use this space if you need extra space for your

address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (     ) - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (     ) - \_\_\_\_\_ - \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

## EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Employment Location (Address):

Employer Type: Ex. Group Home, ICF-MR, Nursing Home, State Agency, Home Care

\_\_\_\_\_

Your Occupation:

Your Position / Title: \_\_\_\_\_

Work Phone: (     ) - \_\_\_\_\_ - \_\_\_\_\_

Employer Web Address: \_\_\_\_\_

**TRAINER INFORMATION**

I have attended the two day Fundamentals of Dementia Care Workshop:  Yes  No

If no, which workshop are you planning to attend? \_\_\_\_\_ Date: \_\_\_\_\_

Location and date: \_\_\_\_\_

Have you completed the online post-workshop test?  Yes  No

**EDUCATION/EXPERIENCE**

Name of college(s) attended and degree

\_\_\_\_\_

Year(s) You Graduated: \_\_\_\_\_

Degree (s) Awarded:

\_\_\_\_\_

What kind and level of trainings do you currently conduct?

Under whose auspice do you conduct trainings?

What trainings/workshops have you given in the past year?

How many persons generally are in attendance at your trainings?

Are you responsible for organizing and presenting at the trainings, or do others organize, or do you usually present with other trainers/persons?

How would you characterize your comfort level training on material/information that you have been unfamiliar with?

If you require any special accommodations to do your trainings/workshops, what are they?

Does your employer have any restrictions on the type of materials you may use in trainings/workshops?

If you became a NTG regional trainer, what support would be offered by your employer?

What would be the geographic area that you would cover with your NTG trainings/workshops?

Please explain why you want to become a regional trainer including experience in the ID and/or dementia field: \_\_\_\_\_

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If you become a NTG certified regional trainer, would you agree to maintain your certification by securing at minimum 8 continuing education hours over two years in topic areas related to intellectual disability and dementia?

If you become a NTG certified regional trainer, would you agree to participate in the quarterly NTG trainer webinars/conference calls?

Who or what organization will support your attendance at the trainer workshop?

Please provide any additional information that will help the NTG determine your current ability to conduct the training if accepted:

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**Thank you for your interest in the NTG Train-the Trainer. We look forward to hearing from you and working with you.**