

## Foundations of Dementia Care

Comprehensive training based on the Alzheimer's Association *Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes*. Based on the best and latest evidence in dementia care research and the experience of direct care experts. This program, teaching person-centered care, helps direct care providers make better connections to residents with dementia, resulting in improved quality of life for both residents and staff.

Program includes training materials and certificate of attendance.

All programs will be held at the Shirley J. Luck Johnstown Senior Service Center

109 East Main Street, Johnstown, NY 12095

2:00 – 4:00 pm (3<sup>rd</sup> Wednesday of each month)

Fee per session: \$25.00\*

Session 1: Dementia Basics  
Wednesday, September 15<sup>th</sup>, 2010

Session 6: Understanding Wandering  
Wednesday, February 16<sup>th</sup>, 2011

Session 2: Communication and Behaviors  
Wednesday, October 20<sup>th</sup>, 2010

Session 7: Reducing Risk of Falls  
Wednesday, March 16<sup>th</sup>, 2011

Session 3: Enhancing Mealtime  
Wednesday, November 17<sup>th</sup>, 2010

Session 8: Promoting Restraint-Free Care  
Wednesday, April 20<sup>th</sup>, 2011

Session 4: Reducing Pain  
Wednesday, December 15<sup>th</sup>, 2010

Session 9: End of Life Care  
Wednesday, May 18<sup>th</sup>, 2011

Session 5: Making Connections  
Wednesday, January 19<sup>th</sup>, 2011

Session 10: Learning to Lead (for Supervisors)  
Wednesday, June 15<sup>th</sup>, 2010

\*Attend 5 Sessions for \$100 (Savings of \$25)

\*Attend 10 Sessions for \$200 (Savings of \$50)

To register please call Jamie at (518) 867-4999 x209 or

Fax form to (518) 867-4997 or mail to Pine West Plaza, Bldg. 4, Suite 405, Washington Ave Ext., Albany, NY 12205

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Will attend (check all that apply): Check enclosed: \_\_\_\_\_ (payable to Alzheimer's Assoc. NENY) Please invoice: \_\_\_\_\_ Total due: \$ \_\_\_\_\_

Session 1 (9/10/09) \_\_\_\_\_ Session 2 (10/8/09) \_\_\_\_\_ Session 3 (11/12/09) \_\_\_\_\_ Session 4 (12/10/09) \_\_\_\_\_ Session 5 (1/14/10) \_\_\_\_\_

Session 6 (2/11/10) \_\_\_\_\_ Session 7 (3/11/10) \_\_\_\_\_ Session 8 (4/8/10) \_\_\_\_\_ Session 9 (5/13/10) \_\_\_\_\_ Session 10 (6/10/10) \_\_\_\_\_