

AFA Dementia Care Partner Certification Renewal Form

Name:	Title:
Company:	
Company Address:	
	Company Email:
Home Address:	
	Personal Email:
	Company Address Home Address
Renewal Options: (Select ONE)	
1. My one-year certification as	an AFA Dementia Care Partner is expiring. I would like to renew. Cost: \$50
expiring. I would like to purs	an AFA Dementia Care Provider or AFA Dementia Care Specialist is ue certification as an AFA Dementia Care Partner (see below). Cost: \$125 are DVD set and opportunity for certification.
Specialists are expiring. I wo below). Cost: \$125 for first	ar qualifications as AFA Dementia Care Providers or AFA Dementia Care ald like them to pursue certification as AFA Dementia Care Partners (see rainee, \$95 each additional trainee are DVD set and opportunity for certification for all trainees.

ATTENTION AFA QUALIFIED DEMENTIA CARE PROVIDERS AND SPECIALISTS:

Beginning September 1, 2015, AFA will be phasing out its *Qualified Dementia Care Provider* (QDCP) and *Qualified Dementia Care Specialist* (QDCS) credentials, as we no longer offer the corresponding training programs. QDCPs and QDCS' who wish to maintain credentialed through AFA will be required to participate in AFA's new *AFA Partners in Care* DVD training program and complete the *AFA Partners in Care* certification exam. Following successful completion of this program, any previously received QDCP or QDCS qualification will become null. Unlike the QDCP and QDCS qualifications, the *AFA Dementia Care Partner* certification is renewable annually.

Continuing Education Requirement:

To renew your certification as an AFA Dementia Care Partner, you must demonstrate completion of 8 hours of formal education during the previous year. **Note: This requirement** does not apply to renewal options 2 or 3.

Program Title	Date	Presented by (Organization)	Topic Description	Format & Hours

Payment:

Note: ONLY for those pursuing renewal options 2 or 3 (AFA Dementia Care Partner certification)

The above costs do not include shipping or state sales tax. Please incorporate shipping and relevant sales tax into your order total.

- *Shipping \$6.10*
- Sales tax required on shipments to New York State residents: 8.625%

Check enclosed for the amount of	of \$	
Please make check payable to th	<mark>e Alzheimer's Foundation</mark>	of America
Charge my credit card for the am	nount of \$	
American ExpressDi	scoverMastercard _	Visa
Cardholder's Name		
Card Number:		Expiration Date:

Please return your renewal form and payment to:

Alzheimer's Foundation of America
Attn: Kristen Cribbs, Deputy Director, Educational Services
322 8th Avenue, 7th Floor, New York, NY 10001
Phone: 866-232-8484 Fax: 646-638-1546