

## 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>, 2011**

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

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

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**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 (9/15/10) \_\_\_\_\_ Session 2 (10/20/10) \_\_\_\_\_ Session 3 (11/17/10) \_\_\_\_\_ Session 4 (12/15/10) \_\_\_\_\_ Session 5 (1/19/11) \_\_\_\_\_

Session 6 (2/16/11) \_\_\_\_\_ Session 7 (3/16/11) \_\_\_\_\_ Session 8 (4/20/11) \_\_\_\_\_ Session 9 (5/18/11) \_\_\_\_\_ Session 10 (6/15/11) \_\_\_\_\_

