

International Council of Certified Dementia Practitioners

www.iccdp.net iccdpcorporate@iccdp.net

Announcement: Contest for Activity Professionals and Recreation Therapists

July 2nd 2020

For the past several months, we have been following your blogs, twitter, Facebook and LinkedIn groups, and reading the inspiring ways that Activity Professionals and Recreation Therapist have found creative ways to provide room visits and activities for social distancing.

We have witnessed the amazing and often times emotional messages and photos you have posted to each other and we are all forever changed. One activity that has caught our eye are the unique carts. They are often colorful, themed, seasonal, powerful, uplifting, joyful and often times funny. We want to capture your ideas and award your commitment to continuously provide fulfilling days for your residents and customers. You will be judged on originality and success-oriented cart. We don't especially like the word Cart, so feel free to use another word to describe your room visit mobile activity.

Contest is now open!!!

- ✚ Deadline to submit your entry is **August 1st, 2020**
- ✚ Award: \$1,000.00. Payable to the person submitting the entry form.
- ✚ Winner will be announced: August 3rd 2020.
- ✚ Must use the entry form and e-mailed **ONLY** to iccdpcorporate@iccdp.net.
- ✚ All entries become the property of the ICCDP and will not be returned. ICCDP may use the entries in articles, post to the NCCDP / ICCDP web site, social media, publications, press release or e publication and future books.
- ✚ All entries must be your own original idea.
- ✚ You must provide permission to photograph form if a resident is shown in the photo and your administrator must sign that document.
- ✚ All employees in the pictures must provide permission to print.
- ✚ All entries must be emailed in with the name of the cart, names of the people shown in the photo, name of your organization with directions on how to create the cart.
- ✚ A photo of the cart must accompany the entry.
- ✚ The cart be any category or theme such as; horticulture, religions, holidays, intergenerational, animals, crafts, building, country, music, food, etc.
- ✚ Any medium can be used and include music if you like. Totally up to you.
- ✚ Can be a previous idea. *Let your imagination soar!*

Lynn Biot Gordon LCSW CADDCT CDP CDCM CDSGF

Chief Operations Officer

Sandra Stimson ADC CALA CDP CMDCP CADDCT COTP CDCM CFRDT CDSGF

Chief Executive Officer

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Announces Contest for Activity Professionals
and Recreation Therapists

DEADLINE: All entries must be submitted no later than August 1st 2020 5 PM EST.

SUBMIT ENTRIES VIA Email ONLY iccdpcorporate@iccdp.net

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

Date: _____

Your Name: Last: _____ First: _____

What professional organizations do you belong to? i.e., ATRA, NAAP: _____

Credentials: i.e. ADC, CTRS, AAC CDP CMDCP _____

Name of your organization: _____

Address: _____

Web Address: _____

Your email Address: _____ **Personal email:** _____

Work Number: _____ **Cell Number:** _____

Check one: CCRC ___ Nursing Home ___ Assisted Living ___ Adult Day Care ___ Psychiatric Hospital ___ Rehabilitation ___ Hospital ___ Hospice Stand Alone _____

Theme name: _____

What season is this for: _____

List supplies are needed: _____

Cost: _____ **Approximate time to assemble:** _____

Describe how a person with a diagnosis of Dementia is able to utilize the cart:

Example: Ice cream Cart: Able to view the items, select items and make their own sundaes.

List goals and outcomes:

1. Goal:
Outcome:
2. Goal:
Outcome:

Describe how this is a success oriented, failure free and enjoyable therapeutic activity.

What senses are utilized: _____

Attach a photo: write your name and facility name on back of picture.

List all names shown in photo

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

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

You do not need a photo that includes a resident or customer but if you choose to do so, include a Permission to Photo signed consent form. Your administrator must also sign the form.

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 becomes the property of the ICCDP. The entry may be used in future articles, book, e publication, social media or posted on the ICCDP or NCCDP web site.

Sign: _____ **Date:** _____

Write your name: _____

Administrator must also sign the document:

_____ **Date:** _____

Administrator name _____

RETURN ALL FORMS.

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 that members of NAAP, ATRA and many other associations, receive a huge discount for the Montessori certification CMDCP Certified Montessori Dementia Care Professional and six hour online self- paced course developed by Dr. Cameron Camp founder of Center for Applied Research in Dementia? Association members price \$70.00 and nonmembers \$260.00. If your association is not listed, we are happy to list the association. Just have the Executive Director contact iccdpcorporate@iccdp.net and request association added to the member discount list. Ask ICCDP about the corporate group discounts.