

National Certification Board for Alzheimer Care

Certified Alzheimer Caregiver (CAC) Examination Application Form

Contact Information

Application Date _____

Prefix: Mr. Ms. Mrs. Dr.

First Name Middle Name Last Name Suffix

Home Address: _____
Street Address

City State (2-letter Abbreviation) Zip Code

Are you currently employed in Dementia Care? Yes No

If you selected yes, please provide your current employer's name and address.

Current Employer _____

Work
Address: _____
Street Address

City State (2-letter Abbreviation) Zip Code

Preferred Mailing Address: Home Work Preferred Phone Number _____
111-111-1111

Email: _____

Demographic Information

Gender: Female Male Date of Birth (Month/Day/Year) _____

Years in Dementia Care Practice:

less than 1 1 – 2 3 – 5 6 - 10 11 - 20 over 20

Practice Setting: Please check your current or most recent dementia care work place.

- | | |
|--|---|
| <input type="checkbox"/> Unpaid Family Caregiver / Volunteer Caregiver | <input type="checkbox"/> Assisted Living Facility |
| <input type="checkbox"/> Paid In-Home Caregiver | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing Home | |

Eligibility Information

1. Education and Dementia Care Experience: (Experience = 25 hours/ week of paid or unpaid dementia care work)

Note: Total experience does not have to be earned in consecutive months of work.

Please select one response to indicate your level of qualification

- Minimum of one year of experience
- Minimum of six months of experience + CNA, LPN or RN

2. I attest that I have had 15 hours of Dementia Care Training within two years this application date. Yes

3. Recommendation – The following person has had direct contact with my work experience and will attest to that experience as well as my qualifications and character.

Name: _____ Phone #: _____

Personal Testaments

Do you require special accommodations under the Americans With Disabilities Act of 1990? Yes No

If yes, a letter and supporting documentation must accompany this application when it is submitted. Please refer to the candidate handbook for more information. All applications are handled on an individual basis.

I would like my name to appear on the NCBAC registry. Yes No

Caregiver Pledge: As a Certified Alzheimer Caregiver, I pledge that I will

- Respect the unique humanity of each individual with whom I work
- React quickly and professionally to the physical needs of my clients
- Maintain the dignity of the person under my care to the greatest extent possible
- Continue to learn new skills and strategies to assist my clients
- Respond compassionately to the fears and uncertainties expressed by my clients

I make this pledge Yes No

Statement of Acknowledgment

I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies and procedures promulgated by NCBAC, including all policies regarding examination irregularities, cheating and cancellation of scores. I acknowledge that I have reviewed the Examination Content Outline and that I have education and training in the content subject areas. I acknowledge and agree that I am prohibited from transmitting information about NCBAC examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible cheating by myself or others may result in my scores being cancelled in accordance with NCBAC policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is non-refundable and non-transferable.

Signature _____ Date: _____

