



Indiana Health Care Foundation

2019 Indiana Health Care Foundation

Certified Alzheimer's Disease and Dementia Care Trainer Certification (CADDCT) Scholarship

Indiana Health Care Foundation (IHCF) applauds individuals who are dedicated to advancing their career through continued education. IHCF is accepting scholarship applications from individuals pursuing educational training for Dementia Care Trainer Certification, Tuesday, May 21 at the Renaissance Indianapolis North (11925 N. Meridian Street, Carmel, IN 46032). For details about the 2019 CADDCT course content and requirements for certification, visit <http://www.nccdp.org/train.htm>. The scholarship recipient will be required to formally apply for acceptance to the CADDCT program offered by the National Council of Certified Dementia Practitioners separately from this scholarship application by March 15, 2019. Scholarship funds will be dispersed to the NCCDP on the recipients behalf once they have been formally accepted.

To be considered for an Indiana Health Care Foundation Scholarship, the applicant must:

- Be certified or licensed in a health care profession OR/ Master level education or PhD.
- Have a four-year college degree or graduate degree from an accredited college or RN, LPN, LVN or NP.
- Have a minimum of 5 years experience in a health-related field/profession/educator in a learning institution.
- Minimum of one (1) year of experience presenting in-services or seminars to health care professional and front-line staff in a geriatric setting OR presenting health care curriculum to students enrolled in a health care profession at a learning institution.
- Apply for acceptance at least 60 days prior, and agree to attend the CADDCT Course provided by the ICCDP International Council of Certified Dementia Practitioners in partnership with IHCA/INCAL in Indianapolis, IN on May 21, 2019. [Click here](#) to learn more about the course.
- Demonstrate a passion to work with the elderly and/or disabled populations, through work experience and documentation in your application essay.
- Return the completed supplemental CADDCT/NCCDP application by the 5pm EST February 15, 2019.
- Agree to a phone interview if and when requested by IHCF
 - **Transcripts should be included to verify education indicated on the application.**
 - **Essay should include, but not be limited to, your passion, experience, desire for the certification, the impact this certification will have in your healthcare career goals, reason for wanting/needing the scholarship, and why you deserve to receive it**
 - **Letters of recommendation should include at least one from a current direct supervisor.**
 - **Provide proof of active U.S. unrestricted license or certification in one of the qualifying areas.**
 - **Sample copy of an in-service or seminar you have presented (you did not need to develop or have a hand in the creation of the in-service or seminar, but you must have presented it in its entirety)**

Individuals related to a member of the IHCF Board of Directors are ineligible.

IHCF requires the following supplemental information to be submitted with the completed application form and received by February 15, 2019. All applications will be submitted online. Failure to provide all requested information will result in disqualification.

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| ✓ Completed scholarship application form | ✓ Proof of active U.S. unrestricted license or certification in one of the qualifying areas. |
| ✓ A clear photocopy of college transcripts | ✓ Sample copy of an in-service or seminar you have presented |
| ✓ Essay (as described above) | |
| ✓ Three Letters of Recommendation (one from a direct supervisor) | |

Late submissions will be not accepted.

Completed applications and supplemental information should be submitted online at:

<https://bit.ly/2RDOWeP>

Certified Alzheimer's Disease and Dementia Care Trainer Certification (CADDCT) Scholarship Application

Complete Employment History (additional pages accepted)

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: ____/____/____ Fax:____/____/____

Present Position:_____ Date Started:____/____/____

Immediate Supervisor: _____

Will your employer allow you time off to attend the Certified Alzheimer's Disease and Dementia Care Trainer Certification (CADDCT) Certification course on May 21, 2019 in Indianapolis, IN?

Yes_____No _____

Supervisor Approval: If you will be attending this course while employed at your current or future employer, you must include the signature of your supervisor/facility administrator. If you will not be attending the course while employed, or there is an extenuating circumstance for the committee to be aware of, please note that below and further explain in your essay.

Supervisor/Facility Administrator's Name: _____ Email: _____

Signature:_____ Date:_____

Extenuating Circumstance:_____

Does your employer offer tuition assistance? Yes_____No _____

The CADDCT course will be from 7:30am – 7:30pm and attendees are REQUIRED to complete the entire seminar. Attendees cannot leave early and there are NO exceptions. By signing here_____, I am acknowledging these requirements and will attend the seminar in its entirety.

Previous Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: ____/____/____ Date Started:____/____/____ Date Ended:____/____/____

Position or Job Held: _____

Immediate Supervisor: _____

Previous Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____/_____/_____ Date Started:_____/____/____ Date Ended:_____/____/ _

Position or Job Held: _____

Immediate Supervisor: _____

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Essay Questions

On a separate page, please write an essay that covers each of the following points. Your essay should be typed. Please limit your response to 1000 words.

- Describe your work and healthcare experience, include volunteer experience in your community
- Describe your interest in working with the elderly and chronically ill and long-term care
- Describe your expectations and vision as a dementia care certified personnel in a residential or long-term care facility.

Finalists may be asked to participate in a 30-minute phone interview at the discretion of the IHCF scholarship committee.

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References: (please list the three professional references whose letters of recommendation are attached)

Reference 1 – Must be provided by a direct supervisor at your current place of employment:

NAME: _____

FACILITY: _____

Reference 2:

NAME: _____

TITLE: _____

PROFESSIONAL RELATIONSHIP TO CANDIDATE: _____

Reference 3:

NAME: _____

TITLE: _____

PROFESSIONAL RELATIONSHIP TO CANDIDATE: _____

Please ask references to submit to you a letter of reference to be attached to your application. The letter should be on the individual's company letterhead if appropriate and should describe why you would be a worthy recipient of a IHCF scholarship, addressing such areas as level of maturity, sensitivity to people's needs, a known commitment to the elderly or to long-term care, that reflects good customer service and clinical skills. You will be asked to upload these letters of recommendation in Word or PDF formats to the scholarship application website.

Applications and required materials must be received by midnight on Friday, February 15, 2019.

Late or incomplete submissions will be not accepted.

Completed applications and supplemental information should be submitted online at <https://bit.ly/2RDOWeP>