

The Best Friends™ Approach Master Trainer Institute Application Form

June 4–5, 2012

Complete this form; then mail, fax, or email to
Health Professions Press, P.O. Box 10624, Baltimore, MD 21285-0624
FAX 410-337-2608/PHONE 410-337-9585, x185/seminars@healthpropress.com



Please complete an application form for *each* individual applying to attend the Institute. Submit all applications from one organization together with prerequisite information as requested below. Certification is a multi-step process that begins with submission of this

RATES \$1,295 per person
 \$1,100 per person (SPECIAL DISCOUNT!)
 \$895 per person (3 or more attendees from the same organization)

PLEASE PRINT

Applicant's Information	Employer/Sponsoring Organization Information
Name of Applicant:	Name of Supervisor:
Title:	Title:
Employer/Sponsoring Organization:	
Mailing Address:	Mailing Address (if different from that at left):
Daytime Phone:	Daytime Phone:
Email address (required):	Email address:

Prerequisite information for applicant. (Attach additional page(s) if needed.):

Length of employment in current position:

Description of experience in the field of dementia/Alzheimer's care or related area of long-term/aging care:

Description of experience with the Best Friends™ model (e.g., prior knowledge or use of Best Friends™ books, previous training):

Description of experience with teaching adults and/or use of adult learning principles:

Applicant's reasons for applying for Best Friends™ Master Trainer certification:

I affirm I am the above-named applicant, that the information I have provided is complete and accurate, and that my employer has agreed to sponsor me in this endeavor.

Signature of applicant/ Date

Signature of sponsoring employer/Date

Write in your job title or specialty and check the setting that best applies.

Job Title/Specialty: _____

Residential Care (e.g., assisted living and nursing homes)

Acute Clinical/Medical

Community Setting

4-year College/Grad.

Comm. College/Vocational

Association/Foundation

Please notify us if you have special needs. _____

You will receive notice of application approval via email within two weeks of receipt of complete application.

Upon approval of application, an invoice will be issued. Payment is due upon receipt of invoice.

Once payment has been processed you will receive confirmation of registration.

Please note: Space is limited at Master Trainer Institutes. Apply early.