



## CARES® Dementia Specialist™

### Credential Submission Form

Congratulations on taking the next step toward completing the CARES® Dementia Specialist™ (C.D.S.) credentialing program! You will be part of a select group of professional caregivers and family members who have learned and demonstrated knowledge in quality dementia care, person-centered care techniques, and evidence-based dementia-care practice recommendations.

It is now time for you to get recognized for your accomplishment!

#### Step 1: Write Down Your CARES® Completion Codes.

After you complete each program, write your CARES® completion codes below (e.g. 9788-321-288-01). To locate your codes, click the View Completion Certificate button on the Main Menu.

- 1) CARES® Dementia Basics™ \_\_\_\_\_
- 2) CARES® Dementia Advanced Care™ \_\_\_\_\_
- 3) CARES® Dementia-Related Behavior™ \_\_\_\_\_
- 4) CARES® Activities of Daily Living™ \_\_\_\_\_
- 5) CARES® End-of-Life Dementia Care™ \_\_\_\_\_
- 5) CARES® Serious Mental Illness™ \_\_\_\_\_
- 5) CARES® Elder Abuse Awareness and Prevention™ \_\_\_\_\_
- 6) CARES® Dementia Care for Families™ \_\_\_\_\_

#### Step 2: Print Out Your Certificate of Completion for Passing the C.D.S. Exam.

#### Step 3: Print Out This Form and Fill In the Information Below.

**First and Last Name** (exactly as you would like it to appear on your C.D.S. certificate):

\_\_\_\_\_

**E-mail** (the same one you used when signing in to the CARES programs):

\_\_\_\_\_

**Phone** (the best number to reach you at in case of questions or issues): \_\_\_\_\_

**Where can we send your CARES Dementia Specialist recognition packet?**

**Address:** \_\_\_\_\_

**City, State, Zip (or Province/Postal Code):** \_\_\_\_\_

**Testimonial (optional)**

Please include a short testimonial on your experience, comments or recommendations to others about the C.D.S. credential.

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\_\_\_\_\_ Initial here to give us permission to use this testimonial for promotional purposes.

Please e-mail a photo of yourself to be included with your testimonial (optional). Send an e-mail to [support@hcinteractive.com](mailto:support@hcinteractive.com) with “[your name here]: C.D.S. Testimonial Photo” in the subject line.

**Step 4: Submit your Documentation.**

You can submit your information in one of three ways (**choose one**):

- 1) **Mail** this form and your printed certificate to:

**HealthCare Interactive, Inc.**  
Attention: CARES Dementia Specialist Credential  
8800 West Highway 7, Suite 331  
Minneapolis, MN 55426

- 2) **Scan** this form and your certificates to [support@hcinteractive.com](mailto:support@hcinteractive.com).

- 3) **Fax** this form and your certificates to 1-866-596-9151

**Step 5: Get Approved for Your CARES® Dementia Specialist (C.D.S.) Credential**

Once we verify that you have met all of the C.D.S. requirements, we will e-mail you with a confirmation that you are now a CARES® Dementia Specialist™. We will also mail you a congratulations packet at the mailing address you listed on page 1 of this form. You should receive your packet within two weeks.

**Step 6: Display Your Credential**

After you receive your approval certificate, you may begin to use the C.D.S. credential after your name and on your resume and business card, if you have one. (Note that some individuals prefer to use C.D.S. without periods, which is acceptable.)

If your name is Sofia Browne, display your name as Sofia Browne, C.D.S. (or Sofia Browne, CDS).

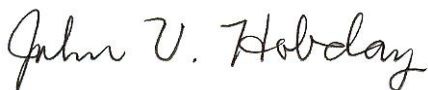
**Step 7: Maintain Your Credential**

Once your certificates are reviewed and approved, your CARES Dementia Specialist (C.D.S.) credential will be valid for two (2) years from the date of approval. To continue using your C.D.S. credential after two years, you must first re-take the 6 CARES programs and pass the C.D.S. exam and resubmit the materials to us. You will receive e-mails reminding you to do this beginning six months before your C.D.S. credential expires.

**Questions?**

If you have questions, call Customer Service at 952-928-7722. We are here to help if you need any assistance or guidance. Again, congratulations on your accomplishment!

Sincerely,



John Hobday  
CEO and Founder  
HealthCare Interactive, Inc.  
jhobday@hcinteractive.com

----- **FOR OFFICE USE ONLY** -----

Approval Date: \_\_\_\_\_ Credential Expiration Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Notification E-mail Sent to Applicant: \_\_\_\_\_