

Cognitive Stimulation Therapy Training Institute (CSTTI)

Cognitive Stimulation Therapy (CST) is an evidence-based treatment for people with mild to moderate dementia. CST was designed in England by Dr. Aimee Spector and several dementia experts following extensive evaluation of research evidence.

HOW CST WORKS

Group CST treatment involves 14 or more sessions of themed activities, which typically run twice weekly. Sessions aim to actively stimulate and engage people with dementia, while providing an optimal learning environment and the social benefits of a group. Each session follows a general theme, with choices of activities in order to cater to the interests of the group. Members give the group a name. Consistency is created between sessions through using the same warm-up activity, a reality orientation (RO) board (containing information about the group) and having a 'theme song'. Although CST was designed for brief treatment, research is showing that people who continue with CST can continue to improve or at least maintain improvements for a longer period of time.

CST treatment can be administered by trained health care professionals working with people with dementia, such as Social Workers, Occupational Therapists, Speech Language Pathologists, and Registered Nurses. Anyone that has experience working with people with dementia can be trained to facilitate CST groups. CST groups can take place in settings such as residential homes, hospitals or day centers.

CST RESULTS

Research shows that CST leads to significant benefits in people's cognitive functioning, as measured by the Mini-Mental State Examination (MMSE), and the Alzheimer's Disease Assessment Scale-Cognitive Subscale ADAS-COG. These tests primarily investigate memory and orientation, but also language and visuospatial abilities. Because these outcome measures are used in the dementia drug trials, direct comparisons could be made. Analysis suggests CST is equally effective as several dementia drugs.

Further research showed that CST made a significant impact on language skills including naming, word-finding and comprehension. CST has led to significant improvements in quality of life, as rated by the participants themselves using the QoL-AD. Research also shows that the caregivers of these individuals with dementia also reported an improved quality of life. Results from interviews with CST participants and their caregivers about their experiences of CST sessions found key themes including positive experiences of being in the groups, due to a supportive and non-threatening environment; and improvements in mood, confidence, and concentration.

CST TRAINING INSTITUTE HISTORY

A CST education and training team was formed in 2014 at Saint Louis University's Gateway Geriatric Education Center. Since 2015, the team has provided CST training and education to thousands of health care and social service professionals, learners, and caregivers; leading to the development of the CST Training Institute (CSTTI).

MAIN OBJECTIVES OF CSTTI

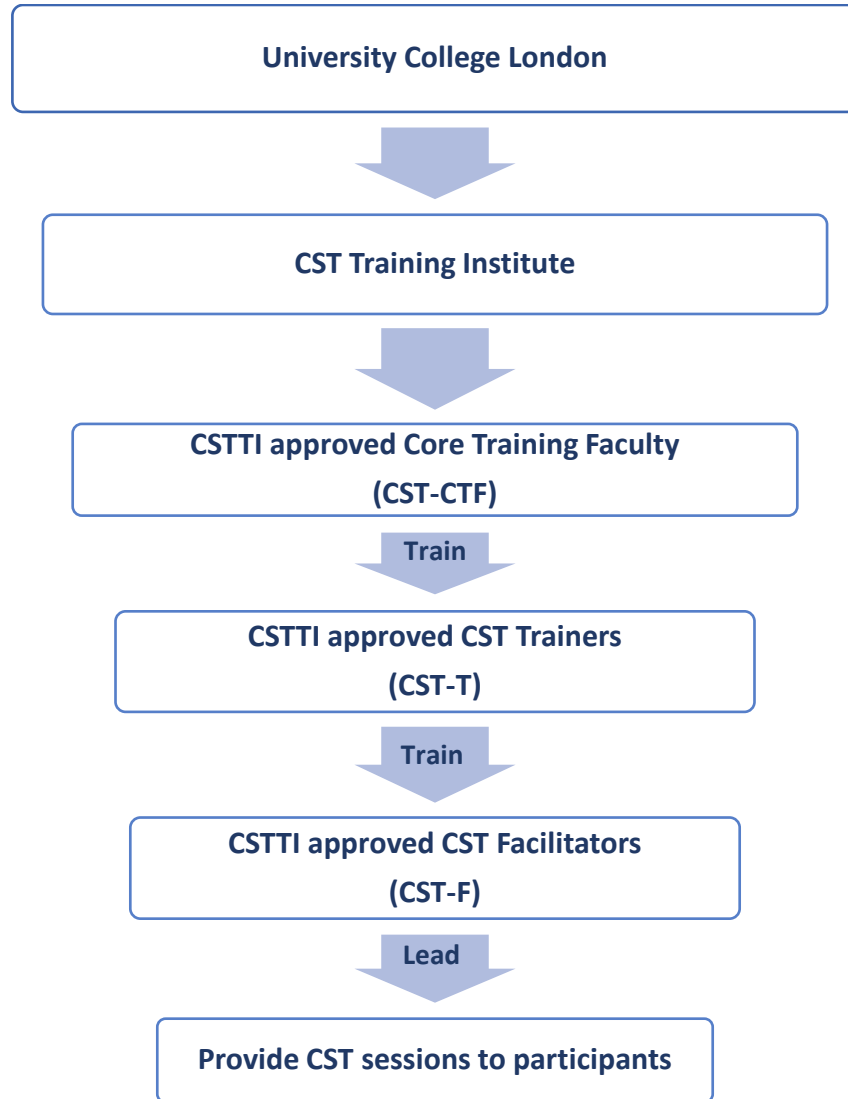
The aim is to develop CSTTI, in collaboration and consultation with the original CST developers at University College London. The main objectives of the center are:

- To develop and implement a standard curriculum and evaluation process for training facilitators of CST and trainers of facilitators.
- To establish a leadership structure for CST training in the United States and Canada to assure fidelity and quality of program implementation.
- To adapt the CST manuals to:
 - Be culturally competent for participant groups
 - Include education/direction on implementation
- To develop and maintain a listing/registry of individuals who have successfully completed and maintained CSTTI facilitator or trainer programs. (Are currently approved)
- To provide information on CST educational resources and provision of CST interventions.
- To develop an effective evaluation method for the CSTTI to establish as a useful model for international adoption.

CSTTI GOVERNANCE

- Oversight of the CSTTI is provided by the core committee from the following institutions: Perry County Memorial Hospital, A.T. Still University and Saint Louis University; in collaboration with the original developers at University College London. The core committee is responsible for, but not limited to the following:
 - Ongoing program development
 - Decision-making processes
 - Roles/responsibilities
 - Other activities as necessary

CST TRAINING STRUCTURE



OVERVIEW

Requirement	Core CST Training Faculty	CST Trainers	CST Facilitators
Scope	Provide preparatory courses for regional and local trainers	Train Facilitators and Co-Facilitate CST groups	Co-Facilitate CST groups
Education	Bachelor's Degree	Bachelor's Degree	N/A
CST Experience (Groups and/or individual)	100 sessions 8 groups/year	56 sessions 4 groups/year	N/A
Experience working with dementia patients	5 years	2 years	1 year
Experience facilitating small groups/teaching	3 years	1 year	N/A
Initial Training Fee	N/A	\$1,250 + \$250 registration fee	\$100
Renewal Fee	N/A	\$100	\$50
Total dementia related Continuing Education	N/A	5 hours over 2 years	2 hours over 2 years via CSTTI
CST-specific CE	N/A	2 hours over 2 years via CSTTI	2 hours over 2 years via CSTTI

CSTTI CORE TRAINING FACULTY (CST-CTF)

CSTTI Core Training Faculty, were approved by CST creator, Aimee Spector, PhD, subsequent/future CST-CTF will be determined by the core committee. CSTTI CST-CTF are responsible for preparing qualified, proficient CST Trainers (CST-T).

QUALIFICATIONS

- Invite only based on recommendation of core committee.
- Approved CST-T with consistently excellent feedback.
- Experience and evidence of past teaching, leading group discussion and role play.
 - Extensive experience in direct delivery of CST group (a minimum of 100 iCST sessions or 8 completed 14 session group)
 - Experience facilitating/managing small group sessions
- A minimum of 5 years of experience in a health care related field /profession OR an educator in a learning institution.
- Minimum of 3-years of experience presenting in-services or seminars to healthcare professionals and front-line staff in a geriatric setting OR presenting health care curriculum to learners enrolled in a health care profession at a learning institution.
- The names of CST-CTF will be listed in the CSTTI (on-line) registry.

CST-T TRAINING WILL BE OFFERED IN 2021

CSTTI–APPROVED CST TRAINER (CST-T)

A CST Trainer is responsible for teaching the CST curriculum to CST Facilitators (CST-F) and providing them with guidance and support as they begin their CST group work.

PREREQUISITE QUALIFICATIONS

- Prior completion of the CST-F course and current recognition by the CSTTI as a CST-F.
- Experience implementing CST curriculum as evidenced by documentation of facilitation of a minimum 56 CST sessions (equivalent to four fully completed CST groups).
- Experience in delivering direct professional services to people with dementia for a minimum of 2 years.
- Minimum of a Bachelor's degree in a mental health, medical, or healthcare-related field from an accredited college in their field of expertise.
- Experience and evidence of past teaching, leading group discussion and role play.

PROCESS TO BECOME A CST-T

The goal of CST-T training is to prepare attendees to apply the key principles during CST, encouraging its use in a standardized, person-centered and effective way.

- Prior completion of the CST-F course and current recognition by CSTTI as a CST-F.
- Complete application form, which asks about relevant qualifications and previous experience in teaching, training and facilitating CST. Submit a \$250 non-refundable application fee, which is NOT applied to the registration fee of \$1,250.
- Submit a video of a portion of a CST group facilitated with the application (10 minutes in length).
- After application submission the applicant will attend an interview (this could be by video interview if necessary). This will include some 'frequently asked questions' that come up in CST training. If selected for training, submit the \$1,250 registration fee and a background check to secure your place in the scheduled course.
- Upon receipt of payment, an acknowledgement package will be sent via your email address. The acknowledgement packet will include pre-training assignments and two different contracts, a license agreement (to be signed by the appropriate authorizing agent at the applicant's organization) and instructor agreement.
- Attend and successfully complete the 2-day CST-T workshop.

- Upon successful completion of the program you will be designated as a CSTTI approved CST-T and your name will be listed in the on-line registry.
- Training materials will be provided.

COST

The cost to attend the training is \$1,250 per person. This 2-day training session includes breakfast, lunch and all materials. The class will not accept more than 20 attendees.

TRAINING OUTLINE

The training will be held for two consecutive days, 8 hours per day. Breakfast, a light lunch and snacks will be provided.

Day 1

- Welcome and Introductions
- History and Objectives of CSTTI.
- CST-T
 - Role of CST-T
 - Agreements with CSTTI
- CST history.
 - Development in London
 - Introduction in the United States and current implementation
- Detailed group discussion of the research, with frequently asked questions discussed within the group.
- Overview of CST-F course that CST-T will be providing
 - Registration
 - Format
 - Equipment
 - Training materials
 - CST-F application
 - Updating CSTTI website with training opportunities
- Delivery of the one-day CST-F course. This would be divided into 'blocks', with each person allocated a part of the day to deliver. After each 'block' there will be feedback, discussion, etc.

Day 2

- Continued delivery of the one-day CST-F course.
- Marketing CST-F course.
- Maintaining approval as a CST-T.
 - Evaluations
 - Renewal
- Question and answer session

CE CREDIT

A certificate of course completion and CE credit (if eligible) will be provided to each trainee who attends the training in its entirety

Miscellaneous

- Each day there will be two 15-minute breaks and a 30-minute lunch break.
- Attendees will receive their training materials at the end of the course.

If a participant does not successfully complete the training (including the 20-item quiz), they have the right to retake the training one additional time or receive a refund of half the fee.

Trainees will receive two hours consultation with a CST-CTF (Core Training Faculty) on post training questions and clarification.

RENEWAL

- Pay a bi-annual fee of \$100.
- Have a minimum of 10 people completing online feedback. The score needs to exceed 80%.
- Conduct a minimum of two trainings in two-year period.
- Sign a disclaimer which states that if their feedback does not exceed the minimum criteria and/or CSTTI receives any complaints or other negative feedback, CSTTI reserves the right to remove them from the register of trainers. Prior to removal from the registry, the trainer will participate in an interview with CST-CTF.

The CST-T approval is for two years. To renew approval status, Trainers will need to complete the on-line renewal process which includes:

- Documentation of courses/sessions facilitated in previous 2 years,
- Documentation of at least 5 hours of continuing education
 - in dementia-related care and
 - at least 2 of the 5 hours of resources provided/recommended by the CSTTI, and
- Submission of a \$100 bi-annual renewal fee.

Facilitator trainees claim approval certificates through the CSTTI website. Evaluation of course is included in certificate request process.

CSTTI-APPROVED CST Facilitator (CST-F)

A CST-F co-leads the CST group sessions with another CST-F. Two CST-F are required to provide the individual and/or group sessions to participants. In situations in which co-facilitators are not available, the CST-F must consult with CST-CTF.

PREREQUISITE QUALIFICATIONS

- Interest in helping people with cognitive challenges and their caregivers.
- Commitment to learning and implementing an evidence-based intervention.
- Documented paid and/or unpaid experience working directly with people with dementia.
- Appreciation of the complexity of the “simple” appearing program activities.
- Experience leading group discussion, teaching and role play.

HOW DO YOU BECOME A CST-F

The goal of CST-F training is to teach attendees to apply the key principles during CST, encouraging its use in a standardized, person-centered and effective way.

Individuals interested in becoming an CSTTI-approved CST-F

- Attend eight hours of training which
 - Is taught by an approved CST-T
 - Uses the standard CSTTI Facilitator curriculum including lecture, live and videotaped demonstrations
 - Involves return demonstration of competencies by trainees
 - Includes taking a 20-question quiz and passing with an 80% before receiving completion certificate
- Complete and submit CST-F application within 30 days of training completion and \$100 application fee.

Approved CST-F are expected to:

- Complete 2 hours of CSTTI on-line training updates during the two-year approval period
- Agree to facilitate 28 sessions/2 groups within two years of approval

TRAINING REGISTRATION AND COST

Facilitator trainings are offered by either a CST-CTF or CST-T.

- If you select one led by a CST-CTF, you register through CSTTI.
- If you select one led by a CST-T, you register through the CST-T.
- Anyone can attend the training, but in order to be listed in the CSTTI registry, an application must be submitted to the CST-CTF team. Applications must be submitted within 30 days upon completing the seminar with a payment of \$100 to cover administrative costs. Based on professional background, there is

appropriate support information that will be requested (e.g., license number or college registration number).

The training registration fee is \$250 per person.

In-house training (at the organization) is available throughout the United States and Canada, which involves training up to 24 people within a particular setting. The fee will be determined based on the training requested (i.e., number of persons to be trained and travel costs). If the training site requires travel further than 100 miles, travel expenses will be paid by the requestor.

RENEWAL

The initial approval is for two years. To renew approval status, CST-F will need to complete the on-line renewal process which includes:

- Documentation of courses/sessions facilitated,
- Completion of at least 2.5 hours of continuing education in dementia care and CST advances as required by the CSTTI, and
- Submission of a \$50 renewal fee.

MATERIALS

A standardized PowerPoint presentation and evaluation will be used at all trainings. The items will be reviewed and updated on a yearly basis by CST-CTF at the CSTTI.

A CST manual will be provided to attendees successfully completing the training. The manual will consist of 14 CST sessions, designed to be delivered at 2 per week for a 7-week period. Every session provides an extensive description of the session and the main activity. Many of the sessions include the activity, but some inexpensive items will need to be purchased.

CE CREDIT

A certificate of course completion and CE credit (if eligible) will be provided to each trainee who attends the training in its entirety.

CERTIFICATION FOR PROFESSIONALS WITH PREVIOUS CST TRAINING AND FACILITATION EXPERIENCE

Professionals who have previously completed CST training and have completed a minimum of 28 group sessions within the past two years may apply for certification by:

- Submitting CST-F application and \$100 application fee which is applied to the training and certification fees (see page 27).
- Providing documentation of completion of a minimum of 28 group sessions within the two years prior to applying for certification.

Miscellaneous Documents

Cognitive Stimulation Therapy (CST) Training Institute (CSTTI)
CST-F Training Evaluation Form

Date: _____

Name: _____

Training Location: _____

Trainer: _____

Circle your response to the following questions:

Overall, how would you rate the training? Excellent Very Good Good Fair Poor

How well did the trainer(s) state the objectives? Excellent Very Good Good Fair Poor

Did trainer(s) have a thorough grasp of the subject? Excellent Very Good Good Fair Poor

How well did the trainer(s) keep you engaged? Excellent Very Good Good Fair Poor

What is your overall rating of the trainer(s)? Excellent Very Good Good Fair Poor

Did this training meet your expectations? Excellent Very Good Good Fair Poor

Was the level of instruction appropriate for content provided? Excellent Very Good Good Fair Poor

How would you rate the manuals? Excellent Very Good Good Fair Poor

How would you rate the training location? Excellent Very Good Good Fair Poor

What was your favorite part of training?

What was your least favorite part of training?

Will you be implementing a CST program at your place of work?

Any other suggestions or comments to help us improve future training classes?

**COGNITIVE STIMULATION THERAPY (CST) TRAINING INSTITUTE (CSTTI)
CST Trainer (CST-T) Applicant Interview Template and FAQ**

1. In what ways do you think your previous experience has prepared you for succeeding in our program? _____

2. Why have you chosen to apply to the CST-T program? _____

3. How do you envision utilizing your CST-T certification _____

4. What questions do you have about CST-T or CSTTI? _____

FAQ

1.

Cognitive Stimulation Therapy (CST) Training Institute (CSTTI)

Application for Approval as CST Facilitator (CST-F)

PLEASE PRINT OR TYPE ON FORM. IF HAND WRITING, USE BLACK OR BLUE INK ONLY. PLEASE NOTE THAT THE APPLICATION PROCESS TAKES APPROXIMATELY 6-8 WEEKS FROM THE DATE YOUR APPLICATION WAS RECEIVED.

Applications must be submitted within 30 days upon completing the Cognitive Stimulation Therapy course taught by an approved trainer. If you are unable to submit within the deadline, please contact the CSTTI for further instructions. **Send entire application when applying for CST-F.**

DO NOT FAX THIS APPLICATION. IT MUST BE MAILED. We recommend sending via a service such as FedEx, UPS or by certified signed receipt if you are using the US Postal Service.

Once approved, your name will be added to the online registry. We will not list your address.

There are 4 options for CST-F. Please read the following options carefully and check which criteria your qualifications meet. All options require completion of the CST-F training.

General Standards for Option 1

- RN/LPN/LVN/NP or College Graduate (4 yrs.) with a degree from an Accredited College or University. Nurse License # _____ Licensed through which state agency _____ Expiration date _____
- Health Care Professionals must have current license or certification in a health care field. Attach copy.
- Must have a minimum of 1 year of experience in a geriatric health care related field.
- Must have completed the CST-F taught by an approved CST-T or CST-CFT. Attach copy of the class certificate provided at the conclusion of the seminar.

General Standards for Option 2

- GED or High School Diploma.
- Must have current license or certification in a health care field. Attach copy of certification or license.
- Must have a minimum of 1 year of experience in a geriatric health care related field.
- Must have completed the CST-F taught by an approved CST-T or CST-CFT. Attach copy of the class certificate provided at the conclusion of the seminar.

General Standards for Option 3

- Graduate degree from an accredited College or University. Attach copy of diploma.
- Must have a minimum of 1 year of experience in a geriatric health care related field/setting.
- Must have completed the CST-F taught by an approved CST-T or CST-CFT. Attach copy of the class certificate provided at the conclusion of the seminar.

General Standards for Option 4 (No licenses or certifications)

CSTTI recognizes most accrediting bodies and also recognizes that some state regulations, federal regulations and country regulations for long term care facilities, assisted living facilities, CCRC, Independent Living Communities, adult day care, hospitals, psychiatric facilities, home care agencies and hospice agencies do not require certification or license for certain professions.

- This option is only for the following professions: Agency Owners, Admissions Directors, Bereavement Coordinator, Marketing Directors, Activity & Recreation Professionals, Clergy, Volunteer Coordinators, Social Workers, In-Service Directors, Assistant Administrators, Dementia Unit Managers, Consultants, Home Care Assistants, Personal Care Assistants, Personal Support Workers, Nursing Assistants, Trainers/Educators (Trade

Schools, Two Year Colleges and 4 Year Universities). There may be other professions where certification or license is not required to hold your position.

- Must have a minimum of 1 year of experience in geriatric health care related field or training institution.
- Must have completed the CST-F taught by an approved CST-T or CST-CFT. Attach copy of the class certificate provided at the conclusion of the seminar.
- For Nursing Assistants (Aides), Personal Care Assistants (Aides) and Home Health Assistants (Aides), Senior Companions, the applicant must have completed a state required course and attach the certificate of completion for that course. The course is either taught by your state or country or by the agency where you work. If your state does not require a state approved course, attach a certificate or letter signed by your Administrator on company letter head stating you have completed the company training. If you took a state or country required course, please attach the certificate of attendance.
- Must attach to this application a letter from your administrator which states that you are employed by the facility or agency and qualified under your state or country requirements to hold the title and position for which you are employed.
- If your state regulations do not require or indicate a certification or license for your profession/title, please attach a copy of the state regulation that indicates the criteria/qualifications for your profession/title. If there is nothing in the state regulations pertaining to your profession than attach a letter from your administrator or owner that indicates this.

For all options the approval is for two years. At which time, you will need to renew online. To apply, you will need to complete a minimum 2 hours dementia training and 2 hours CST training. You will receive a notice in the mail (2 months prior to the deadline) of your deadline for renewal. At the time of renewal, we will not ask for proof of continued education unless you are selected for an audit.

I have read and understand the general standards requirement. Based on my education, experience, and other qualifications, I meet the criteria for option (please circle the appropriate option) 1 2 3 4.

Signature of Applicant

Date

Type directly onto this application and return the entire application to CSTTI.			Today's Date:
REGISTRANT INFORMATION			
Last name:	First:	Middle:	Birth date:
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?	Former name:	Sex: <input type="radio"/> F <input type="radio"/> M
Home Address:			
Home phone no.:	Cell phone no.:		E-Mail address:
EMPLOYMENT INFORMATION			
Position/Title:	Employer:	Employer phone no.:	
Length of Employment (If you have worked at this company for less than three years, please attach your resume or attach with another piece of paper your work history.):		Do you work full or part time or are you a volunteer?	
Employer address:		Type of business (i.e. nursing home, hospital, education, etc.):	
Supervisors name, title, phone number and email address:		I understand that my supervisor may be contacted to verify employment. Initial here:	
EDUCATION INFORMATION			
List all license, certifications or registrations credentials that you hold? Example: LCSW, RN:		Are your credentials current?	
High School Name:	Year Graduated:	Year GED Obtained:	
What college did you graduate from (Highest level)?	Year Graduated:	Degree(s) Awarded:	
ADDITIONAL INFORMATION			
What experience do you have working with dementia patients?			
What other Alzheimer's disease and dementia seminars have you attended?			
Please describe your current position duties:			
Date, Location and Presenter of your CST-F training:			

These documents will be kept on file and will NOT BE RETURNED TO YOU! Please verify that you have included all of the required documentation in order for your application to be considered complete.

Options 1:

- Attach copy of your **current** certification or license. Nurses, Physicians, Pharmacists please print from a state registry. **Do not mail your application with an expired license or certification.**
- If you do not hold a current certification or license, a copy of your diploma from a 4-year university can be submitted. This does not apply to Nurses, Physician and Pharmacists.
- A copy of your Cognitive Stimulation Therapy Training certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction. Or include the association conference certificate for state, national and international conferences.
- Application Notarized.
- Payment: \$100.00

Option 2:

- Copy of your license or certification.
- A copy of your Cognitive Stimulation Therapy Training certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction. Or include the association conference certificate for state, national and international conferences.
- Signature on Application in designated areas.
- Application Notarized.
- Payment: \$100.00

Option 3:

- Copy of Master's or PhD degree diploma.
- A copy of your Cognitive Stimulation Therapy Training certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction. Or include the association conference certificate for state, national and international conferences.
- Signature on Application in designated areas.
- Application Notarized
- Payment: \$100.00

Option 4:

- A letter from your administrator stating that in your state or country you are not required to be certified or licensed to hold your current position. Must be on company letter head.
- For Home Health Aides, Personal Care Assistants, Senior Companions please include a copy of the certificate of the state, country or agency training you completed for ADL care.
- A copy of your Cognitive Stimulation Therapy Training certificate. The certificate(s) of attendance must include; date of course, location, name of instructor, hours of instruction. Or include the association conference certificate for state, national and international conferences.
- Signature on Application in designated areas.
- Application Notarized
- Payment: \$100.00.

You may pay by check, cashier's check, money order or certified check payable to CSTTI. Returned check fee is \$35.00.

Notary:

I, the applicant, certify that I am qualified to make this application for the Cognitive Stimulation Therapy Facilitator. I understand that if any of the statements contained in this application and accompanying documents are false or if I fail to comply with this agreement, the CSTTI approval as a Cognitive Stimulation Therapy Facilitator may be terminated and future approval may be denied.

Signature of Applicant

Date

This document must be notarized attesting that the person signing and completing this document is the person completing this document. Only sign in front of a notary.

The applicant personally appeared and stated upon oath this _____ Day of _____ Month _____ Year that the information contained therein is true and correct.

Notary Public in and for the state of: _____

Signature of Notary: _____

Name of Notary: _____

Notary Phone Number: _____

Commission Expires: _____

Place Notarization Seal Here:

Cognitive Stimulation Therapy (CST) Training Institute (CSTTI)

Application for Approval as CST Trainer (CST-T)

You are applying to attend the Cognitive Stimulation Therapy Trainer (CST-T) seminar. In order to be approved as a CST-T you must attend and complete the 2-day CST-T seminar.

Please print out entire application, complete and mail with your non-refundable payment of \$250 to be considered for the CST-T seminar. Be sure to check all pages to ensure you have completed and signed all required areas. The application and supporting documents will not be returned. We recommend sending your packet signed receipt and to utilize a service such as FEDEX or UPS. Please note the office is not open on weekends.

Your application will be reviewed and if you are approved for the seminar you will receive written acknowledgement and a packet. If you are not approved, you will be notified by mail or email.

The acknowledgment packet will contain two contracts which are the license agreement and an instructor agreement. These documents must be signed by a notary and returned to CSTTI before the start of the class. You should make a copy of these documents for your records. The license agreement and instructor agreement deal with intellectual property rights, copyright and trademark concerns as it pertains to the curriculum.

Upon completion of the seminar you will be awarded the designation of Cognitive Stimulation Therapy Trainer. You will receive all training materials at the seminar.

Qualifications: To apply for the seminar and become a Cognitive Stimulation Therapy Trainer, the applicant must meet the following criteria:

1. Current recognition by CSTTI as a CST Facilitator.
2. Experience implementing CST curriculum as evidenced by documentation of facilitation of a minimum 56 CST sessions (equivalent to 4 CST groups) and/or other related therapy for people with dementia.
3. Experience in working with people with dementia for a minimum of 2 years.
4. Minimum of a Bachelor's degree in their field of expertise
5. Experience teaching, leading group discussion and role play. Evidence of past training or teaching with references.

There are always exceptions to the rule, if you do not fit into the criteria, please call to discuss your options.

PLEASE TYPE DIRECTLY ONTO THIS APPLICATION. Return the entire application to CSTTI

Today's Date:		Seminar date and location:	
REGISTRANT INFORMATION			
Last name:	First:	Middle:	Birth date:
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?	Former name:	Sex: <input type="radio"/> M <input type="radio"/> F
Home Address:			
Home phone no.:	Cell phone no.:	E-Mail address:	
EMPLOYMENT INFORMATION			
Position:	Employer:	Employer phone no.:	
Employer address:		Type of business:	
Supervisors name, title, phone number and email address:		I understand that my supervisor may be contacted to verify employment. Initial here:	
Are you a Self-Employed Consultant? if yes, business name, address, phone number:		Numbers of years consulting & hours per year:	
Describe your consulting business and clientele you serve?			
EDUCATION INFORMATION			
List all license, certifications or registrations credentials that you hold? Example: PhD, LCSW, RN:		Are your credentials current?	
What college did you graduate from (Highest level)?	Year You Graduated:	Degree(s) Awarded:	
ADDITIONAL INFORMATION			
Please list in-services or seminars that you have presented live and in person (attach a sample seminar or in-service that you have presented live):			
What experience do you have working with dementia patients?			
What other Alzheimer's disease and dementia seminars have you attended?			
Please describe your current position duties:			
Date, Location and Presenter of your CST-F training:			

ACKNOWLEDGEMENT THAT I WILL RECEIVE LICENSE AGREEMENT and INSTRUCTOR AGREEMENT UPON ACCEPTANCE INTO THE COGNITIVE STIMULATION THERAPY TRAINER SEMINAR:

Please note that each trainer is required to sign an Instructor Agreement and License Agreement prior to starting the class. Both documents require a notary. The Instructor Agreement and License Agreement will be e-mailed to each applicant upon receiving the CST-T seminar pre-registration application, approval of applicant and processing of full payment.

The License Agreement deals with intellectual property and specifically states that none of the training materials can be copied in any format, how the class can be taught, etc. The Instructor Agreement also deals with intellectual property, copy right issues, conduct, expectations of the trainer, handout notebooks requirement, applications, advertising your classes, etc.

You are required to order extra copies of the learner handout notebook from the website, unless other copying methods have been approved.

Trainers never collect applications, the application fees or approve CST-T. Only the CSTTI leadership body can approve applicants who are applying for and qualify for the distinguished designation of Cognitive Stimulation Therapy Facilitator. Further, anyone can take the Cognitive Stimulation Therapy Facilitator seminar by an approved Trainer but not all learners qualify for approval. You are **required** to point to the application in the learner handout notebook at every seminar. Other than that, any questions a learner may have should be directed to the CSTTI.

The agreements do not require that the trainers pay any additional fees to the CSTTI for any money that the trainer collects for your advertised seminars that “you” the trainer presents. Some trainers elect to only teach for their facility or agency where the trainer is employed, while others advertise and teach private seminars where the learner pays the trainer directly for the seminar.

You are required to advertise all seminars on the website seminar calendar page, regardless if the seminar is open to the public. There is no charge to advertise on the calendar webpage.

If you want to discuss or preview the agreements prior to mailing in your preregistration form and payment, please contact the CSTTI for more information.

I understand that the license agreement and instructor agreement will be e-mailed to me and the documents must be signed by myself and a notary. I understand I must fax these documents prior to the class date.

Signature: _____

Date: _____

Print Name: _____

ACKNOWLEDGEMENT STATEMENT:

I understand that all training materials are the property of the CSTTI and are copyright protected by the CSTTI. I understand I may never copy nor distribute, in any format, the curriculum power point provided to you on the memory stick, or that you may have received via email download, the instructor manual, lose handouts, text books, answers nor the movie.

Regardless of who pays for the seminars, the trainer is the only one who may touch or utilize the training materials. I understand I am not authorized to train other trainers to be trainers. I understand I may not alter nor change the curriculum nor the learner handout notebook in any way.

I understand I am required to provide each learner the Learner Handout Notebook either in a 3-ring binder with tabs or spiral bound notebook with tabs. I understand that I will provide a learner handout notebook to all learners exactly the way it was provided to me in the seminar. I understand I may not alter the learner handout notebook. I understand that all learner handout notebooks for the seminar will be ordered through the CSTTI web site.

I understand that I am never allowed to collect applications, or fees associated with the application.

I understand that I am required to post all seminars on the CSTTI web site.

I understand that all learners will sign in on a sign-in sheet with their name and email address, that each learner will be provided a certificate of completion and an evaluation.

I understand that I will need a personal lap top computer with a video player, Microsoft Power Point software, a screen, extension cords, projector and speakers. My laptop needs the capability to play movies. The curriculum and movie are provided on a memory stick.

I will inform all learners that there is no form of videotaping nor the use of laptops while in training.

Signature: _____

Date: _____

Print Name: _____

CHECK HERE: I have attached the following:

- A sample in-service or seminar that you have presented. You did not need to have a hand in the creation of the seminar or in-service.
- Copy of your license or certification except for nurses, nurses will provide a copy of their license from the state registry that shows you are in good standing. If you do not have a license or certification, please explain why. Certification and license must be current. If you have a license or certification that requires a 4-year degree, you do not need to provide a copy of your college degree or transcripts. Example: RN, CTRS, PT.
- Copy of your degree or transcripts from an accredited college or university. If you have a masters and/or PhD, we will need copy of all degrees. Nurses are not required to show this. If, you have a license that requires completion of a 4-year degree to obtain your license such as LNHA, Physical Therapist, CTRS, etc., then we do not need a copy of your degree.
- Resumé which shows employment for the last five years.
- Video of CST group facilitation (10 minutes in length).
- Code of Ethics is signed. Be sure to check all areas of this application and sign/ initial where indicated.
- \$250 Payment: Cashier's check, Money order, Check or Credit card. For checks, please make out to the CSTTI.

If your application is denied, your application nor supporting documents will be returned to you. Please make copies of the application and supporting documents for your records.

Signature: _____

Date: _____

Print Name: _____

The following materials are provided in the CST-T seminar:

- Curriculum is provided in a Power Point format on a flash drive, instructor notebook (power point curriculum in note format to assist you in taking notes during the class), master handout learner notebook, sample brochure, sample sign in sheet, sample class certificate, information on obtaining CEU approval, marketing recommendations. **The Curriculum Power Point Memory Stick, Instructor Manual of the power point in note format, Loose Handouts, may never be copied nor distributed in any format to anyone!**

All trainers are **required** to provide a learner handout notebook exactly the way it is provided to you, to each learner attending your seminar. All learner handout notebooks may only be ordered through the CSTTI printer. The learner handout notebooks are \$25.00 per notebook and subject to change. Shipping is free for bulk orders as long as the bulk order is a minimum of \$150.00 and the printer is provided a 3-week lead time. Orders are shipped FedEx ground service. You may order the notebooks either in a 3-ring binder with tabs or spiral bound with tabs. Each learner must be provided a certificate of attendance, evaluation and sign in sheet.

LAP TOPS AND OR ANY OTHER TYPE OF RECORDING DEVICES ARE PROHIBITED IN CLASS. CELL PHONES AND OTHER ELECTRONICS ARE TO BE TURNED OFF

Price: \$1,250.00 registration if received 60 days prior to the start of the seminar. Corporate discounts available for multiple trainers. Please request the rate sheet.

Type of payment: We accept personal checks, cashier checks, certified checks, if you are from outside of the United States, we accept only a certified bank check or cashier check.

Checks: Please make checks payable to CSTTI

Mailing Address:

Returned Check Fee: As returned check fee of \$35.00 will apply. You will not be permitted to attend the class if the seminar is not paid in full.

The seminar price does **NOT include:** travel, hotel accommodations, shuttle service, car rental, transfers, gas, tolls and meals (light breakfast, lunch and snack are provided on the day of the class only) or any other travel arrangements. You will make your own travel arrangements.

Cancellation Policy: You must cancel in writing via certified signed receipt mail, 30 days prior to the event. Once your payment is processed, there is a \$750.00 cancellation fee. If you cancel 7 days before the seminar there are no refunds. If you do not show up on the day of the class, you forfeit your payment and there are no refunds. All cancellations must be in writing via signed receipt certified mail. Please allow 4 weeks to refund your money.

Liability: CSTTI reserves the right to cancel a seminar due to unforeseen emergencies, weather conditions, delay or cancellation of any and all travel by airline (rail, car, bus, cruise line, etc.), death, illness, acts of terrorism and or insufficient registrations. CSTTI will not be held responsible or liable for lost wages or any fees or penalties associated with travel costs, travel changes or cancellation incurred by you in regard to hotel, air, car rental or any other means of transportation or travel arrangements. This seminar will be cancelled due to insufficient registrations. CSTTI will make every reasonable effort to contact you two weeks prior to the seminar if the seminar is cancelled. If the seminar is cancelled, you will have the option of attending another date but there are no guarantees that the seminar will be offered in the same city or state. You will have 12 months to take another seminar.

Renewal: You are asked to renew your certification every two years. You will be sent via email a renewal notice two months prior to your anniversary date. You are asked to renew on-line. Once you renew, a new certificate will be emailed to you. It is important that you notify us of email address changes. The renewal fee is \$100.00 and is subject to change. You will need 2 CE's to renew. We also accept any seminars you have presented. You will need a certificate of

attendance as proof you attended the seminar, or you presented the seminar. If you have taught the seminar at least once per year, we will accept this in lieu of additional CEU's.

Updates: CSTTI updates the curriculum every two years or as needed. You are required to purchase the updated curriculum and to discontinue old materials. The Power Point Curriculum price is \$25.00 for the Power Point curriculum and is subject to change. The Power Point Curriculum will be emailed to you and you will save the new curriculum to the memory stick provided to you in class. If you have many trainers in your company, each trainer needs to purchase a copy. A new instructor notebook is \$25.00 and is subject to change. A new master learner handout notebook is \$25.00 and is subject to change. If we elect to use another video or textbooks, the name and price will be posted. It will be mandatory to purchase the new video and to discontinue using the previous video.

Training Materials: All training materials for the class are shipped directly to the training location. CSTTI staff will bring the training materials to the seminar room. If you signed up last minute and the CSTTI is unable to ship the product to the hotel in time for the seminar, the products will be shipped to your work address and will be waiting for you when you return from the seminar.

DATES: Please check which seminar location you are attending ONLY if this applies to you.

Check here if you are attending a private corporate/association, state or national training. Please enter the organization's name, the date and location of your training and conference name: _____

A training date will be arranged with you once your application, payment, supporting documents, acknowledgement documents, contracts and homework are returned, and you have received all the training materials to review. Please note the curriculum will be emailed to you and it will be your responsibility to save to a memory stick.

Are there any other special arrangements that should be made for you during the seminar? Yes: ___ No: ___ If yes, please explain: _____

System Requirements:

As a trainer you will need the following equipment in order to present the curriculum:

- Laptop or IPAD with the ability to play movies on memory stick with a built in speaker and Microsoft Power Point Software. If we upgrade to another software you will also need to upgrade to another version.
- Projector
- Speakers for large crowds
- Extension cords
- Screen
- Cart

We will provide more information on these specific items in class.

Signature: _____ **Date:** _____

You must complete the entire seminar. You cannot leave early and there are no exceptions. If you need to leave early, you will need to complete and pay for the entire seminar again. We do not guarantee a seat for you at the next training. If you need to repeat the class, seating will be based on availability.

What is Your Responsibility?

The learner completing the CST-T seminar will be issued the Instructor ID Number, and Cognitive Stimulation Therapy Trainer designation. Please note regardless of who is paying for the course the trainer owns the materials and the materials can only be used by the trainer. The approval will be valid for two years, from the date issued. You must renew online every two years. You will not be able to order new supplies unless you are in good standing with CSTTI. When you renew online the new approval will be emailed to you.

The instructors will log into the instructor only portion of the web site within 7 days of completing the class and create a login and password. Once approved the instructor will create contact information and indicate which states you wish to be advertised in. This is done through the instructor only section. It is required and your responsibility to list all seminar or in-services you are teaching on the seminar calendar page. It is your responsibility to, develop databases, market the seminar, find a teaching space, collect seminar fees and provide a learner handout notebook to learners as well collect evaluations, collect sign in sheets and provide a certificate of attendance for the seminar.

It is your responsibility to assure you have the most up to date curriculum and learner handout notebook.

It is your responsibility to provide a CST-F learner handout notebook to the learners attending the seminar exactly the way it has been provided to you. You understand you cannot make changes of any kind to the learner handout notebook. You may order the learner handout notebooks in bulk through the CSTTI.

I have read and understand the cancellation policy, refund policy and the CSTTI liability clause with regards to cancellation. I understand that the license agreement and instructor agreement will be e-mailed to me prior to the start of the class and must be filled out, signed by me and a notary and must be returned to the class prior to the class.

Signature: _____ **Date:** _____

Notary:

I, the applicant, certify that I am qualified to make this application for approval for the Cognitive Stimulation Therapy Trainer Seminar. I understand that if any of the statements contained in this application and accompanying documents is false or if I fail to comply with this agreement, the CSTTI approval as a Cognitive Stimulation Therapy Trainer may be terminated and future approval may be denied.

Signature: _____ **Date:** _____

This document must be notarized attesting that the person signing and completing this document is the person completing this document. Only sign in front of a notary.

The applicant personally appeared and stated upon oath this _____ Day of _____ Month ____ Year that the information contained therein is true and correct.

Notary Public in and for the state of: _____

Signature of Notary: _____

Name of Notary: _____

Notary Phone Number: _____

Commission Expires: _____

Place Notarization Seal Here:

PLEASE TYPE DIRECTLY ONTO THIS APPLICATION. Return the entire application to CSTTI

Date: _____

VERIFICATION OF PREVIOUS CST FACILITATION EXPERIENCE

APPLICANT INFORMATION

Last name:	First:	Middle:	Birth date:
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?	Former name:	Sex: <input type="radio"/> F <input type="radio"/> M
Home Address:			
Home phone no.:	Cell phone no.:	E-Mail address:	

EMPLOYMENT INFORMATION

Position/Title:	Employer:	Employer phone no.:
Length of Employment (If you have worked at this company for less than three years, please attach your resume or attach with another piece of paper your work history.):		Do you work full or part time or are you a volunteer?
Employer address:		Type of business (i.e. nursing home, hospital, education, etc.):
Supervisors name, title, phone number and email address:		I understand that my supervisor may be contacted to verify employment. Initial here:

EDUCATION INFORMATION

List all license, certifications or registrations credentials that you hold? Example: LCSW, RN:	Are your credentials current?
High School Name:	Year Graduated:
What college did you graduate from (Highest level)?	Year Graduated:
	Year GED Obtained:
	Degree(s) Awarded:

CST FACILITATION EXPERIENCE

DATES OF GROUP	SETTING	NUMBER OF SESSIONS	NUMBER OF MEMBERS

Date(s) and location(s) of CST training/education:

Signature:

