

**MEMORY CARE TRAINING SERVICES  
ORIENTATION, SKILLS AND KNOWLEDGE**

Employee's Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Please initial the following:

- \_\_\_\_\_ Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
- \_\_\_\_\_ Communication techniques with cognitively impaired residents;
- \_\_\_\_\_ Managing challenging behaviors such as aggression, wandering, and agitation;
- \_\_\_\_\_ Techniques for promoting dignity, comfort, and emotional well-being of residents;
- \_\_\_\_\_ Implementation of individualized service planning for residents receiving memory care services;
- \_\_\_\_\_ Emergency and safety protocols specific to memory care;
- \_\_\_\_\_ Recognizing, preventing, and reporting abuse, neglect, or exploitation;
- \_\_\_\_\_ Activities of daily living specific to residents receiving memory care services;
- \_\_\_\_\_ Palliative care and end-of-life training; and
- \_\_\_\_\_ Medication management and administration.
- \_\_\_\_\_ Interventions used for behavior management.
- \_\_\_\_\_ Prevention and securing of unsafe wandering or exit seeking, which may include the use of tracking systems; and environmental features to prevent wandering.
- \_\_\_\_\_ Promotion of nutrition and hydration care.
- \_\_\_\_\_ Evacuation and emergency procedures specific to residents receiving memory care services.
- \_\_\_\_\_ Participation in elopement drill every six months and prevention techniques of elopement and responding to elopement incidents promptly and effectively.
- \_\_\_\_\_ Accommodating ADL's tailored to individual's living with dementia or Alzheimer

I \_\_\_\_\_, do hereby acknowledge that I have been fully oriented to the skills and knowledge of Memory Care Training Services including the topics above. I understand that failure to abide by these may result in disciplinary actions up to immediate termination of my employment to this facility.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Approved by: \_\_\_\_\_, Manager/Designee Date: \_\_\_\_\_