

# Application for Positive Approach<sup>®</sup> to Care Organization Designation

We are so glad your organization is choosing to pursue Positive Approach<sup>®</sup> to Care (PAC) Designation status! At PAC, we are committed to working with organizations of all sizes to grow their dementia care awareness, knowledge, skill, and competence. We look forward to partnering with you to ensure that your organization possesses a positive culture and excellence in dementia care and support. This is a relationship to be built and sustained over the long-term. We would like to start by getting to know a little more about your organization through this application form.

Overall Organization Name:

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Type of Organization (overall)

- Assisted Living Community
- Continuing Care Retirement Community
- Skilled Nursing Facility
- Hospital
- Community Organization (Dementia Support, Caregiver Support)
- Home Health or Hospice Agency
- Independent Living Community
- Adult Day Services program
- Other: \_\_\_\_\_

What part of your organization are you applying for PAC designation?

- The entire organization/community
- Only our dementia care community
- Only our dementia designated care staff or area
- Only our assisted living
- Only our Adult Day Services program
- Other: \_\_\_\_\_

If applying for a specific part of your organization, please name it here. (If not, leave blank.)

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Name of your PAC Certified Independent Trainer(s) \*This is a requirement of application. If you do not have a PAC Trainer in your building, please consider a consultation rather than an application.

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Name of your PAC Certified Independent Coach(es) \*This is a requirement of application. If you do not have a PAC Coach in your building, please consider a consultation rather than an application.

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Does your PAC Coach provide consistent coaching to a majority of staff?

- Yes, daily
- Yes, weekly
- Yes, monthly
- Yes, less frequently than monthly
- No
- I'm not sure
- Other: \_\_\_\_\_

Do you have any other PAC Certified staff? If so, please name. (Consultant, engagement leader, preceptor)

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What regular PAC trainings do you provide for a majority of your staff in the part of your organization that is seeking designation? (Examples: PAC Certified Independent Trainer workshops, DVD learning, online learning, PAC Mentor/Speaker events)

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Number of staff in the Organization (only the part that is applying for PAC designation) \_\_\_\_\_

Which of the following staff designations do you have in your organization?

(Choose all that exist)

- Full-time
- Part-time
- Contract
- Weekend only
- Shifts (daytime/nighttime)
- Volunteers
- Other: \_\_\_\_\_

Number of people living with dementia served by the Organization (only the part that is applying for PAC designation) \_\_\_\_\_

What types of staff do you have at your community that regularly interact with people living with dementia and other clients?

- Housekeeping/Maintenance
- Dining services
- Administrative staff (bookkeeping, executive director, reception staff)
- MD/PA/DO
- RN/LPN/NP
- CNA/PSW/RCA/STNA
- Therapy (OT/PT/SLP/COTA/PTA/Recreation Therapy)
- Care Partner staff (Direct Care staff)
- Activities professionals
- Others: \_\_\_\_\_

Please discuss the longevity of your staff across the different roles you have in your organization.

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Have you hosted any PAC events at your organization? If so, please describe (speaking events, certification courses, skills day workshops, etc).

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Is your organization currently using any of the following PAC content for employee training, family education, or any other purpose? Check all that apply.

- Teepa Snow DVDs
- Teepa Snow clips on YouTube
- GEMS poster
- PAC Skill Cards
- Relias, Medbridge, or other online learning platform
- None that I know of
- Others: \_\_\_\_\_

What efforts have been made to incorporate PAC principles and skills within the organization?

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What is your overall goal in pursuing PAC organization designation? What would you like to see from your organization?

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