

Rowlett & Laker, Inc.
P.O. Box 11453
Fort Wayne, Indiana 46858-1453

Thank you for your interest in the Home Study Activity Director Course. If you have any questions after reviewing the information, please do not hesitate to call John Rowlett at 260-471-4888.

Mark Laker, M.S. Therapeutic Recreation, and John Rowlett, Activity Consultant Certified have been teaching the Activity Director Course at Ivy Tech State College, the University of Indianapolis, Indiana University and independently for over 30 years. Both of these instructors have received the ***Outstanding Education Award*** for the State of Indiana through the Indiana Association of Homes and Services for the Aging.

John has been in the field of health care and activities for the past 35 years. He is nationally certified through NCCAP (National Certification Council for Activity Professionals) and has taught at the NAAP (National Association of Activity Professionals) National Conferences. He presently serves as the President of the Indiana Activity Directors Association and serves on the National Association of Activity Professionals and the RSVP boards.

Mark is the Outreach Coordinator for the Alzheimer's Association of Greater Indiana. Mark was one of the founders of the State approved Activity Director Course in Indiana. He has authored a book, Nursing Home Activities for the Handicapped, and has taught at NAAP Annual Conferences.

John has taught workshops and seminars for the Indiana Health Care Association, the Indiana Association of Homes and Services for the Aging, and the Indiana Activity Directors Association.

Mark and John have combined their 60 years of field and teaching experience to offer one of the best Activity Director Training Classes available.

After completion of our course, if you ever have any questions regarding activities, Mark and I will always be available to assist and guide you.

Rowlett and Laker, Inc.
P.O. Box 11453
Fort Wayne, Indiana 46858-1453
Phone 260-471-4888
Fax: 260-496-8538

Welcome: Information Packet and Registration Form for the Home-Study Activity Director Course

John Rowlett, ACC and Mark Laker are both pre approved instructors by the National Certification Council For Activity Professionals for this Advanced Technology Course (NCCAP25366-08-M2-NT). The course is also called the Modular Education Program for Activity Professionals (MEPAP) 2nd Edition and covers Part one of Two Parts. Upon completion of this course you will receive a certificate that is recognized by the Certification Council for Activity Professionals (NCCAP). This is one of the first steps for the student to become Nationally Certified as an Activity Professional. **This course also meets many state requirements to function as an Activity Director.**

Please carefully read the following information regarding the course requirements:

1. **All of the DVDs must be returned to Rowlett and Laker, Inc. in order to complete the course.**
 - a. All test questions at the end of each session must be completed and returned to attention of John Rowlett, Rowlett and Laker, Inc. at the completion of the course.
 - b. When all of the DVDs, homework assignments, practicum requirements, and the questions at the end of each DVDs are returned to attention of John Rowlett, Rowlett and Laker, Inc. P.O. Box 11453, Fort Wayne, Indiana 46858-1453, a final exam will be sent to the student. Upon passing the final exam a certificate will be awarded.

2. It will be the responsibility of the student to secure a health care facility for their practicum . A letter of acceptance, copied on the facility's letterhead, must be signed and initialed by the Practicum Supervisor (Administrator, Director of Activities, or Equivalent) and returned to Rowlett and Laker, Inc.. ***This must be completed before the start of the course. (See Attached Letter)***
 - a. If the student is employed by a health care facility, that facility will be accepted as the site.
 - b. If there is an area of the Practicum that cannot be completed at the original site, such as the approval of the Resident Council, it will be the responsibility of the student to acquire another facility to complete the .
 - c. The Activity Director Home-Study Course Practicum Assignment sheet must be completed and each section must be signed by the Practicum Supervisor and returned to Rowlett and Laker, Inc. at the completion of the course.
3. **The student will be allowed sixteen weeks to complete the course from the time they receive the DVDs.** All course material must be returned to Rowlett and Laker, Inc.
4. The entire course fee must be paid in full and received by Rowlett and Laker, Inc. before starting the course. **Amount due \$575.00.** All DVDs must be returned in order to complete the course. **If you are in the State of Ohio, please contact us for further information.**

If you have any questions please call me at 260-471-4888 or 260-447-1591, extension 383.

Sincerely,
John R. Rowlett, ACC
President
Rowlett and Laker, Inc.

ACTIVITY DIRECTOR HOME STUDY PRACTICUM ASSIGNMENTS

1. Activity Documentation
 - a. The student will attend and observe one care plan meeting
 - b. They will write an Activity Assessment,(including the MDS, RAPS, and Triggers) and an Activity Care Plan on one residents
 - c. The Practicum supervisor will verify this assignment by signing off the Completion of the Practicum Assignment sheet.

2. Activity Planning
 - a. The student will plan, develop, organize and implement one (1) One-to-One Activity, one (1) Small Group Activity, and one (1) Large Group Activity.
 - b. The Practicum supervisor will verify this assignment by signing off the Completion of the Practicum Assignment sheet.

3. The student will obtain and read the following and this assignment will be verified by signing off the Completion of the Practicum Assignment sheet by the Practicum supervisor:
 - a. Obtain a copy about facility's legal structure
 - b. Obtain copy of facility's mission statement
 - c. Obtain copy of facility's organizational chart
 - d. Obtain copy of Activity Department Policies & Procedures
 - e. Obtain Activity Director job description
 - f. Obtain a copy of the State regulations

4. The student will perform the following practicum assignment and this assignment will be verified by signing off the Completion of the Practicum Assignment sheet by the Practicum supervisor.
 - a. The student will prepare and give a ten minute presentation to the activity staff, or other staff on "what the student has learned in the class" to date.

A copy of the presentation outline will be returned to the instructor, John Rowlett.

5. The student will perform the following assignment and this assignment will be verified by signing off the Completion of the Practicum Assignment sheet by the Practicum supervisor.

- b. The student will write a letter to the editor of a local newspaper, the facilities in-house newsletter, expressing an opinion on an issue affecting the elderly.

A copy of the letter will be returned to the instructor, John R. Rowlett, ACC.

6. The student will perform the following assignment and this assignment will be verified by signing off the Completion of the Practicum Assignment sheet by the Practicum supervisor.

- a. Participate in your own personal quality of life activity such as but not restricted to: attending a concert, play, practice a musical instrument, join a club or an exercise program.

Pictures of the event and a one page paper about your personal quality of life activity will be returned to the instructor, John R. Rowlett, ACC.

7. The student will interview the Director of Nursing or the equivalent about Quality of Life.

A paper will be returned to the instructor, John R. Rowlett, ACC on the interview regarding the students opinion, where he or she agrees, disagrees, and what systems the student would add or change and why.

- a. How he or she personally defines Quality of Life and how he or she defines Quality of Life for the residents?
- b. What individual staff actions does he or she consider add to the resident's Quality of Life?
- c. What individual staff actions does he or she believe take away from the resident's Quality of Life?
- d. Which systems, procedures, or conditions does he or she believe could have a positive effect on Quality of Life? Negative impact?
- e. What individual staff actions constitute resident mental/emotional abuse?

Physical abuse?

- f. Which facility systems, procedures or conditions does he or she believe could have a potential for resident abuse?
- g. If resident abuse occurs, either definite or suspected, what should a staff member do?
- h. The student will find the location of the Ombudsman poster and read it to become familiar with rights and responsibilities.

Completion of the Practicum Assignment Sheet

The form below **must be completed and signed by the Practicum Supervisor and returned to the attention of Mr. John Rowlett, Rowlett and Laker, Inc., P.O. Box 11453, Fort Wayne, Indiana 46858-1453** at the *completion of the course*.

HOURLY ASSIGNMENT SHEET		
<i>TASK</i>	<i>SIGNATURE/TITLE</i>	<i>ASSIGNMENT #</i>
Activity Documentation		1
Activity Planning		2
Obtaining/Reading		3
Prepare/Give 10 minute Presentation		4
Letter Regarding Issue Affecting the Elderly		5
Personal Quality of Life		6
Interview DON/Quality of Life Issues		7

STUDENT: _____

PRACTICUM
SUPERVISOR: _____

REGISTRATION FORM

Name _____ Employer Phone (____) _____

Employer
Name _____

Address _____ City _____ Zip _____

Home Address _____ City _____ Zip _____

Home Phone (____) _____

Please make all checks payable to **Rowlett and Laker, Inc.** Please send to the
Attention:
John R. Rowlett, Rowlett and Laker, Inc., P.O. Box 11453, Fort Wayne, Indiana
46858-1453.

Please fill out the Registration Form and return to Attention: John Rowlett, Rowlett & Laker, Inc., P.O. Box 11453, Fort Wayne, Indiana 46858-1453. **The Registration Form must be completed and full payment for the course must be received before starting the course.**

☞ SPECIAL NOTICE ☞

The minimum Academic Education Standards for this course is a High School Diploma or GED. I'm verifying that my High School Diploma or GED is from _____, and the address is _____, state of _____ zip code _____.

Signature: _____

Date: _____

Rowlett and Laker, Inc.
Attn: John R. Rowlett
P.O. Box 11453
Fort Wayne, Indiana 46858-1453

Dear Mr. Rowlett:

I understand this letter must be on the facility's letterhead and returned to Rowlett and Laker, Inc. at P.O. Box 11453, Fort Wayne, Indiana 46858-1453 before the student can start the course.

Please be informed that I have accepted _____ as an intern for the Activity Director Home-Study Course. As the Practicum Supervisor I will supervise this student's completion of the practicum assignments, assure all areas are completed, and be the responsible person for signing the Hourly Assignment Sheet.

At the completion of the practicum assignments, I will return the completed Practicum Assignment Sheet to the attention of Mr. John R. Rowlett, Rowlett and Laker, Inc., P.O. Box 11453, Fort Wayne, Indiana 46858-1453.

I understand the student has sixteen weeks to complete the practicum assignments, the viewing of the DVDs, which include the completion of the series of questions at the end of each instructor, and the completion of the homework assignments from the start of the course.

At the completion of the course, I will be responsible for the return of all of the Home Study Video DVDs to Rowlett and Laker, Inc., P.O. Box 11453, Fort Wayne, Indiana 46858-1453.

It is suggested you mail the DVDs Parcel Post and insure the DVDs for \$200.00.

Sincerely,

(Signature of Intern Supervisor): _____

(Printed Name of Intern Supervisor): _____

(Title of Intern Supervisor): _____