

Colorado Activity Professionals' Association Education & Certification Survey Spring 2010

Your job title is:

Activity Coordinator ___ Activity Director ___ Assistant ___ Consultant ___ Other _____

Your place of employment is: (please **check** the **one** that most applies) Continuum of Care Campus ___

Nursing Center ___ Assisted Living ___ Retirement ___ Adult Day Program ___ Other _____

Is your facility/program: For Profit ___ Non-Profit ___ Corporate ___ Privately Owned ___

Do you consider your facility **Rural** ___ **Urban** _____

How **long** have you been an **Activity Professional**? Years _____ Months _____

How **long** at your **present facility**? Years _____ Months _____

How many **hours** a week **do you work**? 0-20 ___ 21-30 ___ 31-40 ___ 40-50 ___ 51+ _____

What is your **current hourly wage**? _____ **Hourly** ___ **Salaried** ___

If **consultant**, your **charge per hour** \$ _____

How many **clients/residents** do you serve? 1-25 ___ 26/40 ___ 41/60 ___ 61/80 ___ 81/120 ___

121/180 ___ 181/240 ___ Other ___ If consulting, how **many facilities**? _____

What is your **ratio** of activity **staff** to **clients/residents**? ___ Full-time staff ___ Part-time staff ___

Number of **weekend staff**? Saturday ___ Sundays ___ Number of **weekly evening** programs? _____

What is your **monthly activity budget**? (do not include salaries) Total \$ _____

Check all that are **included** in your budget: activity supplies _____ office supplies _____

refreshments/food _____ entertainment ___ facility newsletter ___ education _____

transportation cost _____

How do you accommodate **transportation** for resident **outings**? _____

Are you **Certified** by the National Certification Council for Activity Professionals' (**NCCAP**)

Yes ___ No ___ Certified at what **level**? **ACC** ___ **ADC** ___ **AAC** ___

Did your wage **increase** after becoming certified? Yes ___ No ___ How much? _____

Are you certified ___ registered ___ licensed ___ by **another organization**? Name _____

Who paid your certification fees? You ___ Employer ___ Other _____

Does your **supervisor** encourage and **support** your **participation** in professional organizations?

Yes ___ No ___ How? _____

Are you a member of the **Colorado Activity Professionals' Association**? Yes ___ No ___

Chapter: Boulder ___ Denver ___ Eastern ___ Northeastern ___ Northern ___ Southern ___

Southwestern ___ Western _____

What could we do to encourage you to become a member? _____

What would be/is important to you as a member? _____

What other “**activity related**” professional **organizations** are you a member of? i.e. **NAAP**, **NTRS**

Is attending **continuing education workshops/conferences** important to you? Yes _____ No _____
If yes, why? Required by employer _____ Knowledge _____ Certification _____ Other _____

Not including CAPA meetings, how many **workshops/conferences do you attend** annually?

0 _____ 1-2 _____ 3-4 _____ 5-6 _____ 7+ _____

If **none**, why? (Check all that apply)

Conflicting time & dates _____ Distance _____ Supervisor does not approve _____ Cost _____

Other _____

What is a **reasonable fee** for a full day workshop? _____ For a Conference? _____

(Two and one half days)

What is your **highest level of education**? GED _____ High School _____ Some College _____

Associate Degree _____ Bachelors Degree _____ Masters Degree _____ Other _____

What is your **degreed-field**? _____

Have you taken an **Activity Professionals’ Training Course**?

Basic Yes ___ No ___ Advanced Yes ___ No ___

What **five professional issues or topics** are **most important** to you? _____

Using a scale of 1-5 with **1** being the **least helpful** and **5** being the **most valuable**, rate in order (1-5) the **value and importance to your role as an Activity Professional** the following:

Life Experience _____ On the job training _____ Formal education i.e. college _____

Workshops/Seminars/Conferences _____ Networking _____

Any additional comments? _____

Please **return** the survey by **April 10** to: Meredith Eder CTRS, Education Chair 3030 O’Neal Pkwy M-34
Boulder, CO 80301 Questions? Call 303 888 4066

For information regarding **CAPA membership** visit our web site at: www.thecapa.org

For information regarding the Training Course see www.arapahoe.edu

For information regarding the National Association of Activity Professionals visit www.thenaap.com

For information on certification visit the National Certification Council of Activity Professionals
(NCCAP) at www.nccap.org

Note: Results of this survey will be available on the CAPA web site, in the CAPA Connection newsletter
and presented at the State Conference on July 14-16th .