

## **INSTRUCTIONS FOR SUBMISSION OF AUDIT DOCUMENTATION FOR INITIAL CERTIFICATION**

1. Documentation:

Applicants selected for an audit must provide completed forms to document at the time of application you met the discipline and professional practice experience requirements as identified in the *2024 Certification Examination for Diabetes Care and Education Specialists Handbook*. Refer to Checklist (next page) for details. Audits are time sensitive and must be returned within the 14-day period as indicated in your audit notice.

2. How do I submit the documentation?

**If you were selected for an audit in January/February 2024**, you MUST send the materials by the audit deadline date using certified mail or a traceable courier service to:

CBDCE, Attn: Audit Process  
1340 Remington Road, Suite J  
Schaumburg, IL 60173  
Telephone: 847-228-9795

Send copies only, keep your originals. We recommend sending via certified mail, certificate of mailing or other courier receipt will serve as proof that the materials were submitted in the event the materials are not received by the deadline.

**If you applied March 1, 2024 and later and were selected for an audit after March 1, 2024**, you will need to upload all your audit documents (Section A, Section B, CE certificates, Summary Page) in your CDCES account. Log into your CDCES account > exam application status to upload and check status.

3. Review Process:

Once received your documentation will be reviewed within two (2) weeks of receipt. For audits that are found incomplete, CBDCE will either contact you via phone or email you with the specifics and provide you with a date to allow you to rectify the situation.

*Any applicant who does not or cannot provide required information, or who does not meet eligibility requirements based on the documentation submitted, will be deemed incomplete and ineligible for the Exam. Eligibility requirements are not waived nor are exceptions made. Incomplete applications will be refunded the exam fee LESS a \$100 non-refundable processing fee.*

Once approved, you will be sent an email eligibility notification with your 90-day eligibility date. You must schedule and take your exam within your 90-day eligibility window. Once you receive the eligibility you can move forward to schedule and take your exam. You can schedule your exam in your CDCES account, or if you applied through PSI schedule through your PSI account.

4. Questions:

Contact CBDCE via email: [info@cbdce.org](mailto:info@cbdce.org) or via phone: 847-228-9795

### **CHECKLIST – AUDIT MATERIALS FOR INITIAL CERTIFICATION**

Use this checklist to ensure that you have completed all required procedures before submitting your audit documentation.

- CBDCE AUDIT FORMS.** Have you completed all required forms AND submitted sufficient documentation that you met all the requirements at the time of application?
- DISCIPLINE VERIFICATION.** Did you include a copy of your current license, certification, or registration or verification letter of licensure, certification, or registration?
- 2 YEARS PROFESSIONAL EXPERIENCE.** Do you have a minimum of: (1) 2 years of experience working/volunteering in your discipline verified Or (2) 1 year experience in your discipline and a Master's Degree in a health-related field. This may or may not include DCE. Did you include a Section B for this experience?
- 1000 HOURS DCE EXPERIENCE.** Do you have the minimum of 1000 hours of DCE experience accrued with the 5 years prior to your application date with at least 200 of those hours accrued in the year prior to your date of this application verified? Did you include the signed Verification of Professional Practice and Diabetes Care and Education (DCE) Experience?
- 15 CONTINUING EDUCATION (CE) HOURS.** Did you earn 15 CE hours related to diabetes and did you include the certificates of completion for the CE hours? Were the activities approved by a recognized provider on the CBDCE List of Recognized Continuing Education Providers? Were these hours earned within the 2 years prior to your application date? Did you include the summary report?

*Each CE document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, provided by, or approved by a recognized provider(s), and the total number of credits or contact hours awarded.*

*If content applicable to diabetes is not evident from the title of the activity, have you included a brief description?*

- COPIES FOR YOUR FILES.** Have you made copies of all audit materials for your files?
- SUBMISSION OF AUDIT MATERIALS.** For individuals audited prior to March 1, 2024, please arrange to send all audit materials to CBDCE by certified mail or traceable courier service? For audits after March 1, 2024, you will upload the documents in your CDCES account > application status.

**Retain this checklist, a copy of your application/audit materials, and the proof of mailing for your records. Under no circumstances are materials, including copies, returned to applicants.**

Your audit documentation will be reviewed as quickly as possible upon receipt. Once approved by CBDCE, your exam record will be updated and an eligibility email sent to you to schedule and take your exam.

## SECTION A – Contact Information and Discipline Requirement Verification Form

### 1) APPLICANT INFORMATION

First and Last Name: \_\_\_\_\_

For identification purposes, provide your account ID number: \_\_\_\_\_

Date applied for the CDCES examination: \_\_\_\_\_  
(exact month, day and year)

Mailing Address: \_\_\_\_\_  
Street Address Apt/Unit  
 \_\_\_\_\_  
City State Zip Code

Daytime phone (including area code): \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### 2) DISCIPLINE VERIFICATION INFORMATION

You will need to include a copy of your licensure/certification/registration along with your audit documentation

- I applied under the license/certification/registration requirement: Enclosed is either a photocopy of current license, registration or certification from the issuing credentialing body or an official written verification form from the appropriate credentialing body. Note: Applicants must maintain current, active, unrestricted licensure or registration through the date of the Examination and throughout the certification cycle.

**My original date\* of licensure/registration is:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Month Day Year**

- a. For clinical exercise physiologists, clinical psychologists, registered nurses, nurse practitioners, clinical nurse specialists, occupational therapists, optometrists, pharmacists (RPh or PharmD), physical therapists, providers (MD, DO, PA, NP), or podiatrists, indicate the month/day/year you first received your license/certificate to practice in your professional discipline, i.e., the date your license/certificate was originally conferred.
- b. For PAs or registered dietitians/registered dietitian nutritionists, indicate the month/day/year you were first registered, e.g., for a registered dietitian, report the day you originally received registration with the Commission on Dietetic Registration, NOT state license information. PAs and registered dietitians/registered dietitian nutritionists should NOT report or submit state license information.

- I applied with an **advanced degree in social work or am using a one-year waiver for my Master's degree in a health-related field** and provided a transcript at the time of application.

**Section B: Verification of Professional Practice and Diabetes Care and Education (DCE) Experience**

Complete this page for each employer that is verifying your experience. (If using more than one employer for experience verification, please copy this page to complete for additional employers.)

Applicant completes top portion; verifier completes bottom portion.

Applicant's Name: \_\_\_\_\_

Applicant's Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Institution/Practice Site: \_\_\_\_\_

Address: \_\_\_\_\_

**1. Employment status:** I am currently employed/self-employed or volunteered in this position.

YES       NO

**2. Dates of experience in this position:**

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(mm / dd / yyyy)                      (mm / dd / yyyy)

**3. For the employment dates identified above, my diabetes care and education (DCE) hours accrued are:**

3a. A total of \_\_\_\_\_ DCE hours were accrued and earned within the 5 years prior to the date of this application but after achievement of my discipline or advanced degree. (Minimum 1000 hours required to meet the requirement)

3b. Of the total in [3a] above, \_\_\_\_\_ DCE hours were accrued within the 12 months prior to the date of this application. (Minimum 200 DCE hours required to be accrued in 12 months prior to application date.)

For employment/volunteer positions – Your supervisor completes this section.

For self-employment positions - A licensed healthcare professional, e.g., department head, chief of staff, Certified Diabetes Care and Education Specialist or other health professional, who knows you and is familiar with your practice can complete this section.

**Verification of Professional Practice and DCE Experience**

I have reviewed the above employment/volunteer/self-employed practice experience and am familiar with her/his professional practice and/or practice in diabetes care and education and verify that to the best of my knowledge all information is accurate, complete, and truthful. I understand I may be contacted regarding this information and I am NOT the applicant, spouse, business partner or an employee of the applicant.

**Verifier Name (printed)** \_\_\_\_\_

I am the supervisor and verifying the applicant's employment/volunteer practice experience

I am verifying the applicant's self-employment practice experience

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

(Original Signature Only)

**Title** \_\_\_\_\_ **Department** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Daytime Telephone** \_\_\_\_\_

**Email Address** \_\_\_\_\_



**Continuing Education Activities Summary Form**

Submit one Section D. Application for initial certification requires that individuals document accrual of 15 clock hours of continuing education in content areas applicable to diabetes in the 2 years prior to the date of application. Refer to the Guidelines for Reporting Continuing Education Activities provided in the Audit Documentation packet before completing this form.

Applicant's Name: \_\_\_\_\_

Title of Activity	CBDCE Recognized Provider* (Do not use abbreviations or acronyms) *Provider must appear on the CBDCE List of Recognized Providers.	Date Attended or Completed	Hours Being Claimed**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
<b>** (must total at least 15 clock hours in no more than 2 years prior to the date of application)</b>			<b>TOTAL HOURS**</b>

## Guidelines for Reporting Continuing Education Activities – Initial Certification

### 1. Expectations:

- Health professionals specializing in diabetes education will demonstrate through renewal of certification:
  - knowledge and skills are up-to-date
  - ability to practice proficiently, safely, and in a manner consistent with current National Standards of Diabetes Self-Management Education and Support (NSDSMES)
- All individuals will engage in a personal assessment to identify professional needs and participate in appropriate activities that are inclusive of the Examination Content Outline in the current Handbook.

### 2. Continuing Education Activities:

- Must be provided by or approved by a provider on the CBDCE List of Recognized Providers.
- Must be applicable to diabetes. All subject matter on the Examination Content Outline published in the *2022 Certification Examination for Diabetes Care and Education Specialists Handbook* is considered applicable to diabetes.
- All continuing education activities must be completed before submitting the application.
- Must be at a professional level that enhances the quality and effectiveness of diabetes care and education practice.
- Does not have to be discipline specific nor does it have to be in any specific area of concentration, e.g., social workers may attend a diabetes related nursing program and use those clock hours for renewal of certification.

#### Activities acceptable for continuing education

- Continuing education courses
- Independent study
- Seminars
- Online programs
- Workshops
- Telephonic or video conference programs
- Conferences

Activities ***NOT*** acceptable for continuing education for initial certification:

- Academic courses
- Other certification/credentials awarded
- Elected office or serving on Boards and/or Committees
- Articles or books written by the applicant
- Journal clubs or professional reading
- Presentations or lectures by the applicant
- Posters or poster sessions and exhibits
- Preceptorships or mentor hours
- Research
- Volunteer activities

#### Continuing Education Hours:

A. All continuing education activities must be reported in clock hours, i.e., the actual time spent on the continuing education activity, not contact hours, credits, or units awarded by the recognized provider. One clock hour equals 60 minutes.

B. Presentations – Participants may include in the time to be counted as clock hours the course overview, introductions, the educational presentation, and questions and answers. Time may not be counted for general announcements, breaks, lunch, exhibits, or poster sessions.

C. Self study programs (online or written booklets) – Participants may count the actual time spent on completing the activity. Clock hours submitted cannot be more than the number of contact hours/credits/units awarded by the recognized provider.

## **Recognized Continuing Education Providers**

**Continuing education programs must be provided by or approved by one of the following:**

Association of Diabetes Care and Education Specialists (ADCES) (formerly AADE)  
American Diabetes Association (ADA)  
Academy of Nutrition and Dietetics (Academy), formally the American Dietetic Association  
Accreditation Council for Pharmacy Education (ACPE)  
Accredited or Approved Providers  
Accreditation Council for Continuing Medical Education (ACCME-AMA) Accredited or Approved Providers  
American Nurses Credentialing Center (ANCC) Accredited or Approved Providers  
American Academy of Family Physicians (AAFP)  
American Academy of Nurse Practitioners (AANP)  
American Academy of Optometry (AAO)  
American Academy of PAs (AAPA)  
American Association of Clinical Endocrinologists (AACE)  
American College of Endocrinology (ACE)  
American College of Sports Medicine (ACSM)  
American Medical Association (AMA)  
American Nurses Association (ANA)  
American Occupational Therapy Association (AOTA)  
American Osteopathic Association (AOA)  
American Physical Therapy Association (APTA)  
American Psychological Association (APA)  
American Podiatric Medical Association (APMA)  
Commission on Dietetic Registration (CDR) Accredited or Approved Providers  
Council on Continuing Medical Education (CCME-AOA) Approved Sponsors  
Council on Podiatric Medical Education (CPME-APMA) Approved Sponsors  
International Diabetes Federation (IDF)  
National Association of Clinical Nurse Specialists (NACNS)  
National Association of Social Workers (NASW)  
National Commission for Health Education Credentialing (NCHEC) Designated Providers

Continuing education from accredited academic institutions within the United States or its territories granting degrees related to professional practice are also accepted.