INSTRUCTIONS FOR SUBMISSION OF AUDIT DOCUMENTATION
FOR INITITAL CERTIFICATION – STANDARD PATHWAY

1. Documentation:
   Applicants selected for an audit must provide and upload documentation as necessary to verify that at the time of application you met the discipline, professional practice experience, and continuing education 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 14days after application submission.

2. What documents do I need to provide and upload?

   Documents that will need to be uploaded:
   a. Proof of active, unrestricted license, registration, or advanced degree in social work to verify your discipline eligibility
   b. Verification of Professional Practice and DCE Experience Form(s) - Completed and signed (by supervisor)
   c. Proof of continuing Education (CE) activities (certificates of completion)

3. How do I provide the documentation?

   If you were selected for an audit, you will need to enter your details and upload all your audit documents in the application submitted under your account on the CBDCE portal. Log into your CBDCE portal account (https://online.cbdce.org/) > Click on Exam Application where you will be redirected to the Exam Application page > Status displays "Application Audit Required" > review the information and click on "Next" to begin the audit submission process.

   a. Discipline Verification
      i. In this section, you will enter information verifying you have met the discipline requirement.
      ii. Click on "Type of Discipline"
      iii. Select discipline type from the dropdown
      iv. Enter the date(s) as required (different per discipline type)
      v. Upload proof of discipline documentation (e.g., RN license, CDR registration, etc.). Refer to the Examination Handbook as needed regarding qualifying disciplines.
      vi. Click the "Save" button.
      vii. Select "Next"

   b. Professional Practice
      i. For this section, you will enter information for each job that you are using to verify meeting the professional practice requirement in your discipline. You need to be able to document at least 2 years working in your discipline (or at least 1 year if you also hold an advanced degree in a health-related field).
      ii. Enter your position start and end dates
      iii. Enter organization name
      iv. Enter supervisor name
      v. Enter supervisor title
      vi. Upload completed and signed Verification of Professional Practice and DCE Experience Form
      vii. Click the "Save" button
      viii. If you need to document more than one position to verify the 2-year Professional Practice requirement, repeat the same process to enter your additional jobs. Each job will need a Verification form completed and submitted.
      ix. Select "Add" if needed to document additional job(s)
      x. When you have provided information on all jobs needed, select "Next"

c. DCE Hours
   i. For this section, you will enter information for each job that you are using to verify meeting the diabetes care and education (DCE) experience requirement*. You need to document at least 1000 hours of DCE within the past 5 years, with at least 200 hours of those DCE hours in the last 12 months.
   ii. Click "Add"
   iii. Enter your DCE start and end dates
   iv. Enter the organization/institution
   v. Enter title or position held
   vi. Enter DCE hears earned within past 12 months
   vii. Enter total DCE hours earned within past 5 years
   viii. Upload completed and signed Verification of Professional Practice and DCE Experience Form.
   ix. Click the "Save" button
   x. If you need to document more than one position to verify the requirement, repeat the same process to enter your additional jobs. Each job will need a Verification form completed and submitted.
   xi. Select "Add" if needed to document additional job(s).
   xii. When you have provided information on all jobs needed, select "Next"

   *If you have only one job needed for documenting both the professional practice and DCE hours, you may upload the same form for each section.

d. Continuing Education
   i. For this section, you will enter information for each continuing education activity you are using to verify meeting the diabetes-related continuing education requirement. You need to document at least 15 hours of acceptable continuing education activities within the past 2years. 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.
   ii. For each activity:
      a. Enter activity completion date
      b. Enter title of activity
      c. Select the CBDCE recognized provider
      d. Enter the number of CE hours earned for this activity
      e. Upload the CE certificate for the activity
      f. Click the "Save" button
      g. Click the "Add" button to document the next activity
      h. When you have provided information on all ce activities needed, select "Next"

e. Summary
   i. The summary page will display a check mark under "Status" for each section as it is being completed, along with a "Ready for "Review" message. All sections must have information/documentation before a review can take place. Note a check mark under "Status" does NOT mean the information/documentation is approved.

Please continue to next page for review process information.

Review Process:
Once received, your documentation will be reviewed by CBDCE staff. Normally, the audit will be reviewed within the next 10 business days, If additional information is needed to continue the audit review, you will see a notice on this page. Once your audit documentation verifies you have met the eligibility requirements, your application will be accepted and you will see that update as well. When your application is approved, you will be need to schedule your examination appointment within 90 days from the approval date. For audits that are found incomplete, you will be sent an email message with information as to what is needed to complete your audit. You can check the status at any time in your CBDCE portal account > Exam Application record. Your exam application record also includes messaging on the status of your audit. If additional documentation is needed, you can re-upload any needed information in the Application Audit page after you log into the CBDCE portal.

Any applicant who does not or cannot provide required information, or who does not document meeting eligibility requirements, 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 by logging in to your account on the CBDCE portal.

Questions?

Contact CBDCE via email: info@cbdce.org or via phone: 847-228-9795

CHECKLIST
AUDIT MATERIALS FOR INITIAL CERTIFICATION – STANDARD PATHWAY

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 fields and forms AND uploaded sufficient documentation that you met all the requirements at the time of application?

☐ **DISCIPLINE VERIFICATION.** Did you upload proof of your current license, certification, or registration or verification letter of licensure, certification, registration, or advanced degree in social work (if needed)?

☐ **2 YEARS PROFESSIONAL EXPERIENCE.** Do you have a minimum of: (1) 2 years of experience working/volunteering in your discipline ;or (2) 1 year experience in your discipline and an advanced degree in a health-related field. The 2 year requirement may or may not include diabetes care and education. Did you upload the signed Verification of Professional Practice and Diabetes Care and Education (DCE) Experience form(s) signed by a supervisor?

☐ **1000 HOURS DCE EXPERIENCE.** Do you have the minimum of 1000 hours of DCE experience accrued within 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 upload the signed Verification of Professional Practice and Diabetes Care and Education (DCE) Experience form(s) signed by your supervisor?

☐ **15 CONTINUING EDUCATION (CE) HOURS.** Did you earn 15 CE hours related to diabetes and did you enter the information and upload the certificates of completion for the activities?

> 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?

- *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, add information in with the certificate that verifies where the content falls on the exam content outline.*

☐ **SUBMISSION OF AUDIT MATERIALS. Did you upload all the appropriate documents in your CBDCE account. You can check the status in your CBDCE account > exam application > application audit.**

Your audit documentation will be reviewed as quickly as possible upon receipt. Once approved by CBDCE, your exam application status will be updated and you will be able to schedule and take your exam. An eligibility email message will also be sent to you to remind you to schedule and take your exam.

Verification of Professional Practice and Diabetes Care and Education (DCE) Experience
Complete this page for each employer that is verifying your experience. (Please complete/submit one verification form for each job being documented to meet requirements.)
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 currently volunteer 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.)

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

<u>For self-employment</u> 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 _____ _____