



## MENTOR APPLICATION

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Thank you for your interest in serving as a mentor in the Diabetes Care and Education Specialist Mentorship Program.

Please complete this mentor application and return:  
Via mail: CBDCE, 1340 Remington Rd, Suite J, Schaumburg, IL 60173  
Or Via fax: 1-847-228-8469

First Name	Middle Initial	Last Name
Credentials/Discipline (e.g., RN, RD, RDN, etc.)		
Institution/Practice Site Name (This is where you will be mentoring.)		
Site Address 1		
Site Address 2		
City, State, Zip		
Organizational Restrictions (e.g., Mentees accepted from within institution only, must go through volunteer process, etc.)		
Mailing Address ( <i>only if different from above</i> )		
City, State, Zip		
Work phone (w/area code)		Cell phone (w/area code)
Email address* ( <i>required</i> )		
CDCES certificate number (8 digits)		

*\*Please be sure to add @CBDCE.org to your safe senders list to ensure receiving communications from CBDCE.*



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Name \_\_\_\_\_

**Mentor Criteria** (all must be met at the time of application) – please review the criteria and provide your initials verifying the requirement has been met.

Initials	Criteria
_____ Yes	I have held the CDCES credential for at least 2 years, and currently practice as a Certified Diabetes Care and Education Specialist
_____ Yes	Inpatient/outpatient activities provided <b>may</b> include: <ul style="list-style-type: none"><li>• A process in place to coordinate educational activities and includes the individual's learning needs and goals.</li><li>• A curriculum has been established that guides the education. (appropriate diabetes content areas, learning objectives, methods of instruction delivery and methods for learning evaluation)</li><li>• The educational activities are documented.</li><li>• Communication is provided to the individual's primary care provider and/or the referring provider/care team.</li><li>• The needs of the community are regularly assessed and changes made based upon those needs.</li><li>• The educational effectiveness and outcomes are regularly evaluated and the results are used to make changes in the educational activities.</li></ul>
_____ Yes _____ No	I have other mentoring/preceptor experience. (Preferred but not required)
_____ Yes	I agree to complete and submit appropriate mentor/mentee monitoring documentation by the identified deadlines.

I have reviewed the Mentor Application packet, understand the requirements, and attest that our practice/organization has approved the Applicant's participation as a Mentor in CBDCE's Diabetes Care and Education Specialist Mentorship Program.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(must be original – not typed)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

I agree that CBDCE may rely on the accuracy of the representations made herein. I agree that CBDCE shall not be responsible for my actions or inactions and/or for the actions or inactions of my organization and/or the mentee. My organization and I are responsible for verifying the credentials/licensure requirements of any mentee. CBDCE is **not** responsible for verifying the credentials/licensure requirements of any mentee.

Signature (Mentor) \_\_\_\_\_ Date \_\_\_\_\_



## Thank you for applying as a mentor in the CBDCE mentorship program. Next Steps.

### Your Completed Mentor Application:

Submit your completed Mentor application (2 pages). Please retain a copy for your records.

Submit via email, mail, or fax to:

CBDCE  
Mentorship Program  
1340 Remington Road, Suite J  
Schaumburg, IL 60173

Fax: 847-228-8469

If you prefer to send electronically, please email us at [info@cbdce.org](mailto:info@cbdce.org) to request a Dropbox be set up for you to upload your documents.

### Application Review:

CBDCE will review the application and contact the mentor via email of any missing documentation or information on your application.

### Application Approval:

Once a mentor's application for the Program has been approved:

- a. CBDCE provides the mentor with a letter of approval and a mentorship program certificate which includes your name and your institution name.
- b. Your availability as a mentor, including contact information, is added to our mentor listing provided to mentees in the program. It is the responsibility of the mentee to contact mentors for availability for a mentorship partnership. Any restrictions within your organization are included on the listing provided to mentees.
- c. Your name, institution name including city, state is added to our online mentor listing at [www.cbdce.org](http://www.cbdce.org) of available mentors (no contact information – mail/phone/address – is included with the online listing).

Gentle reminder to keep CBDCE informed of any changes in the location/organization of where you are mentoring (CBDCE would need a new mentor application signed by your supervisor) or if at any time you wish to be removed from the program.

Questions? Contact CBDCE:

Via email: [info@cbdce.org](mailto:info@cbdce.org).

Via phone: 847-228-9795