



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

Complete this page for each employer that is verifying your experience.
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; 2000 hours for the Unique Qualifications)

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 _____