



CDCES Grace Period Application 2020



CDCES Grace Period Application - Instructions and Checklist

This application is only for use for renewal of certification for those CDCESs who expired on 12/31/2020 and is only to be used for applying between December 16, 2020 and March 31, 2021.

The Online renewal application is NOT available for the Grace Period Option Application. Individuals applying under the Grace Period Option MUST submit this hard copy application along with the required CE documentation.

For additional information review the
2020 Renewal of Certification by Continuing Education Handbook (Renewal Handbook)

Applying using Grace Period option?

1. To apply under the Grace Period you must:
 - A. Verify that you meet the requirements to apply under the Grace Period application. See Grace Period Option section, page 9, of the Renewal Handbook for details.
 - B. Verify that you meet the Renewal Practice Requirement. See Renewal Practice Requirement, page 5, of the Renewal Handbook for details.
 - C. Document that Continuing Education (CE) activities were earned **no later than December 15, 2020** **AND provide the appropriate verification documentations (e.g. CE certificates)** on your CE activities. Review the Guidelines for Reporting Continuing Education Activities, Appendix I, page 11.
 - D. Pay the \$350 Grace Period Application Fee. (Courtesy fee adjustment from \$500 due to COVID-19)
2. Submit the following:
 - **Application – Part I (Renewal Application Detail)**
 - **Application – Part II (CE Summary)**
 - If you are using the “fillable” format version, you are welcome to use the abbreviations that appear in the drop down box provided. If you are completing the Summary Form by hand, do not use abbreviations or acronyms for the first listing of an organization.
 - **Verification documentation of all Formal continuing education activities** by providing copies of certificates of completion, verifications of attendance issued by a recognized provider on CBDCE’s list, or other relevant proof of completion or attendance issued by the recognized provider for each continuing education activity submitted. *Each document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.*
 - **Verification documentation for all Expanded activities, if using**, by providing required documentation as shown in Table B, Documentation for Audit or Grace Period Application column.
 - **\$350 Application fee(s)** (Refer to Renewal Application for Fees)

**Completed Grace Period application along with supporting CE documentation
are to be sent to:**

CBDCE
Attn: Grace Period-Renewal by CE
330 E Algonquin Rd, Suite 4
Arlington Heights, IL 60005

(We recommend sending via traceable service.)

Checklist – Grace Period Application

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

Application – Part I

- Have you read and can you attest to agreeing to abide by the Canons of Ethical Conduct and the Rules and Procedures?
- Have you read and initialed each attestation? (Items 14, 15, 16 & 17)
- Have you completed all required sections of the application, including your signature in ink on the final attestation, Number 17?

Application – Part II and Verification Documentation

- Have you completed Part II and provided appropriate verification documentation for each of the continuing education activities reported?
 - Have you included verification documentation for all Formal continuing education activities by providing copies of certificates of completion, verifications of attendance issued by a recognized provider on CBDCE's list, or other relevant proof of completion or attendance issued by the recognized provider for each continuing education activity submitted? *Each document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.*
 - Have you included verification documentation for Expanded activities, if any, by providing required documentation as shown in Table B, Documentation for Audit or Grace Period Application column?
 - Have you reported your activities in clock hours?
 - Were your continuing education activities completed by December 15, 2020?** Activities that have not been completed by that date cannot be reported or used for renewal.
 - If using a print out of activities maintained in the CBDCE "My Continuing Education" tracking area on the CBDCE web site, have you included that document?
 - If content applicable to diabetes is not evident from the title of the particular activity, have you included a brief description or submitted a copy of brochure or program with areas applicable to diabetes identified?
 - Is your verification documentation for all activities in the same order as your tracking print out or summary of activity form?
 - If you are claiming Expanded activities, have you listed them on the Expanded Summary of Activity form and are the verification documents in the same order as the form?

Fees

- Is your payment for the fee included (either credit card information or a check or money order, payable to CBDCE)? Refer to payment information on Grace Period application.

Copy

- Have you kept copies of the application documents for your files? Retain this checklist and a copy of your application for your records. Under no circumstances are applications, including copies, returned to applicants.

Mail Application

- Send your application to the CBDCE national office. It must be postmarked no later than March 31, 2021. (See Renewal Handbook, Deadline Dates and Fees Overview, [page 1](#)).
- (Recommended, but Optional)** Send paper application by certified mail or traceable courier service. (See Renewal Handbook, Adherence to Published Policies section, [page 7](#)).

Guidelines for Reporting Continuing Education Activities – Renewal of Certification

Minimum of 75 Hours of Acceptable Activities Required To Renew by CE

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 CDCESs who select renewal of certification by continuing education 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. Renewal by Continuing Education Cycles

For those renewing for the first time, the start date for accruing professional practice hours is the January 1 following the year of initial certification.

For those who have previously renewed, the start date for accruing practice hours is the day after the deadline date of their last renewal by continuing education or the fall exam deadline date (e.g., for those renewing in 2020, those who renewed by continuing education using the standard deadline of September 15, 2015, accrual starts September 16, 2015; for a CDCES who renewed by examination on June 6 or November 27, 2015, the accrual date starts on September 16, 2015).

All hours must be obtained prior to the date of application for renewal.

3. Activities

- formal Continuing Education Activities must be provided by or approved by a provider on the CBDCE List of Recognized Providers (Refer to Table A).
- must be applicable to diabetes. All subject matter on the Certification Examination Content Outline published in the current Handbook is considered applicable to diabetes. (See Examination Handbook, Appendix III, or Renewal by Continuing Education Handbook, Appendix II)

3. Activities (continued)

- must be completed as defined by the renewal of

continuing education cycles policy. (All activities must be completed prior to the application deadline and before submitting the application.)

- must be at a professional level that enhances the quality and effectiveness of diabetes self-management education practice.
- do not have to be discipline specific nor do the activities 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.

Formal continuing education activity formats acceptable for renewal of certification by continuing education - minimum of 45 clock hours of the following:

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

Expanded activities acceptable for renewal of certification by continuing education - maximum of 30 clock hours of the following:

- Taking academic courses
- Giving presentations or lectures by the certificant
- Publications - Articles or books written by the certificant
- Service as a Mentor in CBDCE's Mentorship Program

4. Activities - Additional Information/Requirements

Refer to Tables A and B.



Table A. Formal Continuing Education Activities - Additional Information/Requirements

Category Hour Definition	Hours Required/Allowed	Requirements	Activity Documentation for Audit or Grace Period Application
<p>1 contact hour = 1 clock hour</p>	<ul style="list-style-type: none"> Minimum of 45 clock hours 	<ul style="list-style-type: none"> Must be approved by a provider on the CBDCE List of Recognized Providers (See 5. Formal Activities - Recognized Continuing Education Providers on page 4). 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. 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. 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. Activities NOT acceptable: <ul style="list-style-type: none"> Other certification/credentials awarded Elected office or serving on Boards and/or Committees Journal clubs or professional reading Posters or poster sessions and exhibits Preceptorships or mentor hours (Exception - See Expanded Activities - Table B) Research Volunteer activities 	<ul style="list-style-type: none"> Proof of participating in formal continuing education activities is met by providing copies of certificates of completion, verifications of attendance issued by a recognized provider on CBDCE's list, or other relevant proof of attendance issued by the recognized provider for each continuing education activity submitted. Each document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.



Table B. Expanded Activities - Additional Information/Requirements

Category	Category Hour Definition	Hours Required/Allowed	Requirements	Documentation for Audit or Grace Period Application
Academic Coursework	One semester credit hour = 15 hours of formal continuing education activity	<ul style="list-style-type: none"> No minimum required Can mix and match with other non-formal categories Maximum if only utilizing this non-formal category: 2 semester credit hours (30 CE hours) 	<ul style="list-style-type: none"> Offered through an accredited college or university Content must be applicable to diabetes Repeat courses are not accepted for certification renewal. CDCESs may claim credit for a specific course only once, even if they took that course multiple times during their accrual cycle. 	<ul style="list-style-type: none"> Supporting documents, such as a transcript(s) showing the number of academic credits, sponsoring organization etc. Title must clarify content applicable to diabetes or additional information provided to verify content applicable to diabetes must be provided.
Presentations	One presentation = 10 hours of formal continuing education activity hours	<ul style="list-style-type: none"> No minimum required Can mix and match with other non-formal categories Maximum if only utilizing this non-formal category: 3 presentations (30 CE hours) 	<ul style="list-style-type: none"> Presents for a minimum of 45 minutes Content must be applicable to diabetes Delivered in a structured teaching/learning framework as part of conference, seminar, or teleconference where continuing education credits are awarded to attendees. Original presentation; repeat or modified presentations of previous presentations cannot be counted Excludes poster presentations 	<ul style="list-style-type: none"> Supporting documents such as a copy of the program, abstract, objectives, course content, as well as evidence that the individual actually presented the topic. Proof that continuing education credits were awarded to the attendees.
Publications	One publication = 10 hours of formal continuing education activity hours	<ul style="list-style-type: none"> No minimum required Can mix and match with other non-formal categories Maximum if only utilizing this non-formal category: 3 publications (30 CE hours) 	<ul style="list-style-type: none"> Author of one peer-reviewed article or book chapter related to diabetes 	<ul style="list-style-type: none"> Supporting documents, such as cover page with author's name, abstract or actual copy of the entire article or chapter, indicating peer review.
Service as Mentor in CBDCE Mentorship Program	One completed partnership experience = 10 hours of formal continuing education activity hours	<ul style="list-style-type: none"> No minimum required Can mix and match with other non-formal categories Maximum if only utilizing this non-formal category: 3 mentees (30 CE hours) 	<ul style="list-style-type: none"> Verification of completion of mentor/mentee partnership during their accrual cycle. 	<ul style="list-style-type: none"> Diabetes Education Mentorship Program Experience Verification Document

Formal Activities - 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)
- American Diabetes Association (ADA)
- Academy of Nutrition and Dietetics (Academy), formerly known as 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 activities from accredited academic institutions within the United States or its territories granting degrees related to professional practice are also accepted (e.g., continuing education activity provided by an accredited academic institution's School of Nursing, Nutrition, Social Work, Medicine, etc.).



CDCES Grace Period Application

Renewal of Certification by Continuing Education (CE)

For office use only
App entered

SUBMISSION OF GRACE PERIOD APPLICATION

When completed, mail the Grace Period application and documentation, along with appropriate fee to:
Attn: Renewal by Continuing Education, CBDCE, 330 East Algonquin Road, Suite 4, Arlington Heights, IL 60005.
 Applications for renewal by continuing education **must** be sent **ONLY** to CBDCE and cannot be accepted via facsimile or email.

Please print or type ONLY.

1. First Name _____ 2. Middle Initial(s) _____ (2 characters max.)
3. Last Name _____
4. Certification Information
 - 4a. CDCES Certification Number* _____ (XXXX-XXXX) 4b. Expiration year (yyyy) _____
 - *Can be found on your certificate or wallet card. You may also contact the CBDCE national office.
 - 4c. If your name has changed, under what **last** name did you previously certify? _____
5. Gender (check one) Male Female Do Not Wish to Answer
6. Date of Birth _____ (mm/dd/yyyy)
7. Social Security Number (last 4 digits only) _____
8. Telephone Numbers (XXX-XXX-XXXX, including area code)
 - 8a. Home _____ 8b. Work _____ (ext) _____
 - 8c. I can be reached during the day (check one) Home Work
9. E-mail Address*** (**required**) _____

***** This address will be used by CBDCE in relation to the renewal application process. It is important that you receive these messages. Therefore, be sure to add @cbdce.org to your "safe senders" list for incoming email messages.**

10. Mailing Address

Use of home address is highly recommended to ensure receipt of written communications and certificate.

- 10a. Street (Be sure to include Apt or Unit number and PO Box, etc.)

- 10b. City _____ 10c. State _____ 10d. Zip Code _____ (XXXXX)
- 10e. Country, only if outside U.S./Territories _____

11. **Application Fee** – Refer to Renewal Handbook, Fees, page 7.
- ~~\$350~~ ~~500~~ ‡ (Grace Period Option) (Courtesy price reduction due to COVID-19)
- Indicate payment method:**
- Check (payable to CBDCE, personal, corporate, or cashier's check)
- Money order (payable to CBDCE)
- Credit card - If payment is by credit card, complete the following:
- Type of card (check one) VISA Mastercard American Express Discover
- Credit Card Number _____
- Expiration Date _____ (mm/yyyy) Security Code _____
- Billing address if different from mailing address, including city, state and zip code

- Name as it appears on card _____
- Signature _____
- ‡Total fee includes late fee of \$150 (from 250) for Grace Period Option.

12. Professional Discipline Information - Check one category.

NOTE: If initial certification was obtained under an applicable license/registration, to renew your CDCES certification you must continue to hold an active, unrestricted license/registration in that discipline.

- (8035) Certified Clinical Exercise Physiologist (ACSM-CEP)
- (1030) Clinical Nurse Specialist (CNS)
- (8050) Clinical Psychologist (LP)
- (3010) Doctor of Medicine (MD)
- (7050) Doctor of Optometry (OD)
- (3020) Doctor of Osteopathy (DO)
- (5010) Doctor of Podiatric Medicine (DPM)
- (8020) Master Certified Health Education Specialist (MCHES)
- (1020) Nurse Practitioner (NP)
- (7010) Occupational Therapist – Registered (OTR)
- (4010) PA (PA-C)
- (6010) Physical Therapist (PT)
- (8010) Registered Dietitian (RD)
- (8015) Registered Dietitian Nutritionist (RDN)
- (1010) Registered Nurse (RN)
- (2010) Registered Pharmacist (RPh w/ baccalaureate degree)
- (2020) Registered Pharmacist (RPh w/ Doctor of Pharmacy degree)
- (9030) Advanced degree in clinical psychology (renewal only)
- (9040) Advanced degree in exercise physiology (renewal only)
- (9050) Advanced degree in health education (renewal only)
- (9020) Advanced degree in nutrition (renewal only)
- (9060) Advanced degree in public health (renewal only)
- (9010) Advanced degree in social work

Continued on next page...

13. Professional Information - Please complete each section.

A.1. Primary Practice Setting

- (1) Hospital Inpatient Only
- (2) Hospital Outpatient Only
- (3) Both Hospital Inpatient/Outpatient
- (9) Non-Hospital Outpatient
- (4) Practitioner’s Office (MD, DO, NP)
- (5) Community Health Agency
- (6) Private Practice
- (7) Home Health Agency
- (8) Other _____

A.2. Secondary Practice Setting

- (9) Not Applicable
- (1) Hospital Inpatient Only
- (2) Hospital Outpatient Only
- (3) Both Hospital Inpatient/Outpatient
- (10) Non-Hospital Outpatient
- (4) Practitioner’s Office (MD, DO, NP)
- (5) Community Health Agency
- (6) Private Practice
- (7) Home Health Agency
- (8) Other _____

B. Experience in Diabetes Related Care and Education

- (3) Over 5 years to 10 years
- (4) Over 10 to 15 years
- (5) Over 15 years to 20 years
- (6) Over 20 years to 25 years
- (7) Over 25 years

C. Percent of Time Spent Providing Diabetes Education

- (1) Less than 25%
- (2) 26% to 50%
- (3) 51% to 75%
- (4) More than 75%

D. Percent of Time Spent Providing Diabetes Prevention

- (1) None
- (2) 1-25%
- (3) 26-50%
- (4) 51-75%
- (5) More than 75%

E. Highest Education Level Achieved

- (1) Associate Degree (Nursing)
- (2) Diploma in Nursing
- (3) Baccalaureate Degree
- (4) Master’s Degree
- (5) Doctoral Degree
- (6) Medical Degree

F. Delivery Method for DSMES

- (1) Face to face only
- (2) Electronic only (e.g., telephone, internet)
- (3) Face to face and electronic
- (4) Not applicable

G.1. Mailing List Permission

CBDCE offers the use of the list of Certified Diabetes Care and Education Specialists (CDCESs) for mailings* to outside organizations wishing to advertise their conferences, products, publications and services. Please check the appropriate response below.

- Yes, include my contact information on these lists.
- No, I do not wish CBDCE to include my contact information on these lists.

G.2. Email Use Permission

CBDCE offers the use of the list of Certified Diabetes Care and Education Specialists (CDCESs) for email communications* to outside organizations wishing to advertise their conferences, products, publications and services. Please check the appropriate response below.

- Yes, include my email contact information on these lists.
- No, I do not wish CBDCE to include my email contact information on these lists.

*G.1. and F.2.: These lists may be provided to formally recognized national certifying agencies and professional licensing commissions, which include the professional disciplines represented by the credential; professional membership associations, which are involved in diabetes education, practice, or policy development; corporations (for-profit or not-for-profit) involved in the sale of diabetes-related products and services (for either the professional or person with diabetes), or related to CDCES employment opportunities.

H. Ethnicity

- (1) Do not wish to answer
- (2) Native American/Native Alaskan
- (3) Asian/Asian-American/Pacific Islander
- (4) African American
- (5) Hispanic/Latino
- (6) Caucasian

I. Preferred Salutation (must check one)

- (1) Ms.
- (2) Miss
- (3) Mrs.
- (4) Mr.
- (5) Dr.

Continued on next page...

14. Eligibility Verification - Must be completed.

The eligibility requirements below apply to current CDCESs renewing their credential by Continuing Education (CE). To renew by Continuing Education you must meet and attest to **EACH** of the following:

A. Discipline Requirement Verification – Yes, I continue to hold the license or registration for the same discipline held at the time of initial certification or I applied initially under an advanced degree.

B. Renewal Practice Requirement – Yes, I verify that I have provided a minimum of 1,000 hours of professional practice experience within the renewal cycle.

- For purposes of renewal of certification, practice means providing a direct or indirect professional contribution to the care and self-management education of people with diabetes.
- The professional practice experience must have taken place in the United States or its territories.
- Refer to the 2020 Renewal by Continuing Education Handbook, Renewal Practice Requirements, page 5, for details.

C. Continuing Education Requirement – Yes, I verify that I have accrued 75 clock hours of continuing education in content areas applicable to diabetes within the renewal cycle*. Refer to Renewal Handbook, Appendix I, Guidelines for Reporting Continuing Education Activities, page 11, for full details.

*For the grace period option: 1) **all practice experience and continuing education activities must be completed no later than December 15, 2020**; and 2) the accrual start date for practice experience and continuing education activities begins January 1, 2016 if you are renewing for the first time - OR the day after the deadline date of your last renewal by continuing education OR September 16, 2015 if you last renewed by examination.

D. Canons of Ethical Conduct and Canons’ Rules and Procedures – Yes, I verify that I have read and agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures, Renewal Handbook, pages 17-24.

I attest that I meet the above (A) Discipline Requirement, (B) Renewal Practice Requirement and (C) Continuing Education Requirement; agree to abide by (D) Canons of Ethical Conduct and the Canons’ Rules and Procedures; and have read the 2020 Renewal Handbook. _____initials

15. Confirmation of Audit

Applications may be chosen for audit at any time; however, CBDCE also identifies applications on a regular basis to verify eligibility requirements. If your application is chosen for audit, you will receive, via email, a notice including a deadline for response. Individuals chosen for audit must be able to provide documentation that they met all of the requirements in place at the time of application by the deadline date. The audit process must be successfully completed in order for the application to move forward in the review process. Instructions and documents for submission of audit materials will be provided and responses must be received by the identified deadline dates.

I attest that I have read the above and will provide necessary audit materials as requested.

Audit materials must be received at the CBDCE National Office by the deadline date identified on the audit notice (within 14 days from date of application). If not received by the deadline date, payment of a past due processing fee of \$25 will be required to complete application processing. _____initials

16. Communication Permission

CBDCE may use phone, mail and email to communicate directly with certificants about their renewal applications. CBDCE may also communicate using any of these methods regarding the organization's products or services that may be of benefit to certificants.

Email Service Information: As part of reaching out to certificants, CBDCE makes use of an email service to communicate about the certification program, including transactional information, e.g., courtesy renewal reminders. Certificants can choose to unsubscribe from the service at any point using the service's unsubscribe option or through written notice. *In choosing to unsubscribe to CBDCE's email service, certificants will not receive news regarding their certification program and will want to make arrangements to visit the CBDCE web site on a regular basis to review their certification status and to learn of any changes in the program.*

I understand that CBDCE will communicate with me using the above-identified methods regarding my renewal application. I understand that I will be able to unsubscribe from CBDCE's email service at any point in the future. I understand that should I choose to unsubscribe from the email service, I will need to visit the CBDCE web site to remain current regarding the certification program. _____ initials

17. Final Attestation/Signature (Sign and date in ink the statement below.)

I certify that I have read, understand and agree to abide by the Canons of Ethical Conduct and the Canons' Rules and Procedures and the contents of the Renewal of Certification by Continuing Education Handbook, and that the information provided on my CBDCE Application and any and all documents submitted by me or others in connection herewith are complete and accurate. I authorize CBDCE and its representatives to take any steps they deem necessary to verify the completeness and accuracy of the information provided, including but not limited to contacting continuing education providers, educational institutions, employers, supervisors and referral sources. I understand that CBDCE may communicate with me via phone, mail, and email regarding this application and that CBDCE is not responsible for communications not received using the email or mail addresses I have provided on this application. I understand that any revisions regarding my contact information need to be communicated to CBDCE in a timely manner and that not providing updates may result in delays in CBDCE communicating the status of my application. Regarding general program information, I understand that should I choose to unsubscribe from CBDCE's email service, I will need to visit the CBDCE web site to remain current regarding the certification program. I also understand and agree that if any of this information is found to be incomplete or inaccurate in my application or audit documentation, or if I otherwise violate any of the CBDCE policies in the Handbook, my application may be rejected or invalidated by CBDCE.

Signature _____ **Date** _____

Section C-Summary of Continuing Education Activities Form

Formal Continuing Education Activities - Minimum 45 clock hours

Renewal of certification by continuing education activities requires that CDCESs meet eligibility requirements and complete 75 clock hours of continuing education in content areas applicable to diabetes during their applicable accrual cycle. A minimum of 45 of the 75 CE requirements must be Formal activities and must be provided by OR approved by a provider on the CBDCE List of Recognized Providers. No more than 30 clock hours of Expanded activities can be claimed toward the 75 CE requirement.

Certificant's Name: _____

Please identify your eight (8) digit CDCES certificate number: _____

Title of Activity	CBDCE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the CBDCE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Subtotal Number of Hours for THIS Page			
TOTAL HOURS Formal Activities			

Certificant's Name: _____

Title of Activity	CBDCE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the CBDCE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
Subtotal Number of Hours for THIS Page			
TOTAL HOURS Formal Activities			

Certificant's Name: _____

Title of Activity	CBDCE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the CBDCE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
Subtotal Number of Hours for THIS Page			
TOTAL HOURS Formal Activities			

Certificant's Name: _____

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
45.			
46.			
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			
61.			
Subtotal Number of Hours for THIS Page			
TOTAL HOURS Formal Activities			

Certificant's Name: _____

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
62.			
63.			
64.			
65.			
66.			
67.			
68.			
69.			
70.			
71.			
72.			
73.			
74.			
75.			
76.			
77.			
78.			
Subtotal Number of Hours for THIS Page			
TOTAL HOURS Formal Activities			

Summary of Continuing Education Activities Form

Expanded Activities - Maximum 30 clock hours

Renewal of certification by continuing education activities requires that CDCESs meet eligibility requirements and complete 75 clock hours of continuing education in content areas applicable to diabetes during their applicable accrual cycle. If using Expanded Activities, no more than 30 clock hours from Expanded activities can be claimed toward the 75 CE requirement.

Before completing this form, refer to the Guidelines for Reporting Continuing Education Activities, pages 2-5.

Certificant's Name: _____

Please identify your eight (8) digit CDCES certification number: _____

<u>Expanded Activity Category (Select one)</u> Academic Coursework Presentations Publications Service as a Mentor in the NCBDE Program	Activity Name	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
1.			
2.			
3.			
TOTAL HOURS Expanded Activities			