



2024

RENEWAL OF CERTIFICATION

by Continuing Education
Handbook



<u>Application Window</u>	<u>Application Dates</u>	<u>Application Fee</u>
Standard Window - Early Bird	July 15 - Sept 15	\$250
Extended Window	Sept 16 - Oct 15	\$300
Final Window	Oct 16 - Dec 31	\$400
Grace Period Option	Jan 1 - Mar 31, 2025	\$500



Notice of Changes Coming in 2025

Beginning with **CDCESs renewing in 2025** or later, to further promote quality diabetes care and education and engage in on-going professional development, the Board has made the following changes to the requirements for renewal by continuing education (CE). These changes are to be inclusive of the renewal by CE minimum 75-hour requirement.

Required CE activities:

CDCESs **must participate** in CE activities twice during their renewal cycle regarding the annual release of American Diabetes Association's Standards of Medical Care for Diabetes*.

CE that is encouraged but not required:

To align with the recent change in the specialty, the Board is encouraging CDCESs to take CE activities in at least one of the following topics during their renewal cycle (individual or program level):

- education principals/teaching strategies;
- diabetes-related technology;
- leadership/strategy (e.g., CQI, change agent, program development);
- population health;
- diversity, equity, inclusion and accessibility (e.g., social determinants of health, cultural competency)

Other topics/activities to meet the minimum total of 75 hours of CE activities is at the discretion of the CDCES provided that the activity meets the other current guidelines, e.g., is related to diabetes, formal activities are approved by a provider on our List of Recognized Providers, etc. Please visit the CBDCE portal and/or current Renewal Handbook for details on the requirements for renewal.

* The Standards of Medical Care for Diabetes are updated on an annual basis. CBCDE encourages CDCESs to participate in CE activities every year that focus on the updates. The CE activities for the updates are widely available; some may be free or at a minimal charge, e.g., via the American Diabetes Association (diabetes.org) or Association of Diabetes Care & Education Specialists (adces.org).



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Important General Information

The Certification Program for Diabetes Care and Education Specialists is owned by the Certification Board for Diabetes Care and Education Specialists (CBDCE). CBDCE is an autonomous specialty board responsible for the development and administration of the certification program for Diabetes Care and Education Specialists. CBDCE is independent and separate from any other organization or association. The Certified Diabetes Care and Education Specialist® (CDCES®) credential is conferred only by CBDCE, a national, nongovernmental, not-for-profit certification organization. Certification is valid for a period of five (5) years. A registry of CDCESs is maintained by CBDCE.

This *Renewal of Certification by Continuing Education Handbook* (Handbook) contains information about CBDCE's renewal of certification by continuing education option for CDCESs. Individuals who elect to participate in the certification program are responsible for utilizing the most current Handbook and knowing its contents. This publication and application replace all previous editions of the Handbook.

CBDCE updates the information, fees and requirements in this Handbook on a regular basis and makes every effort to present all policies and directions clearly. Questions regarding policies or clarification of information should be directed to the CBDCE national office. CBDCE is not responsible for information that is not understood by the reader or obtained from any source other than CBDCE.

National Office

Certification Board for Diabetes Care and Education
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CBDCE endeavors to process all applications promptly and professionally. Nevertheless, in the event an application is improperly accepted or rejected, or action on it is delayed due to an inadvertent processing error, CBDCE liability to the applicant is limited to a complete refund of the application fee.



IMPORTANT NEWS!

Your application to renew your CDCES credential using the renewal by continuing education option can be completed and submitted online through your CDCES portal.

When Can I Renew?

You will renew in your expiration year.

- If you are renewing by Continuing Education (CE), the standard - Early Bird window for renewal by CE application opens July 15. Visit page 7 for the renewal window dates, deadlines, and fees. You can find the online renewal by CE application in your CDCES portal in the dropdown under section "Certification."
- If you are renewing by exam, you can apply and test at any time within your renewal year. If you will be renewing by exam you will need to make sure you take and pass the exam by your expiration date to renew certification with no interruption.

When does my accrual cycle start?

- Visit page 4, "Renewal by Continuing Education Accrual Dates" section for information. You can also find additional information in your CDCES portal.

Apply online through your CDCES Portal!

- Fast & Efficient – 24/7 access and provides you with almost instant notification of application status.
- Good for the environment – no paper application is necessary. Only CDCESs who are chosen for audit need to provide documentation of renewal requirements.
- After placing your renewal application, you will be sent an email notification that either (1) your renewal application has been approved and you have been successfully renewed OR (2) you have been chosen for audit (random basis) and will need to submit proof of meeting the requirements. If audited, you will need to upload your supporting audit documents in the renewal application in your CDCES dashboard. You can check the status of your application in your CDCES dashboard.

How can I access my CDCES portal?

We've recently transitioned to a new platform with a new look and new features that allow you to self-service many of your needs including updating your contact information, printing invoices/receipts, and tracking your certification status.

We've set up your account but if you haven't logged in since March 1, 2024 to access your portal, you'll need to finish the process with resetting your password. Follow the instructions below to access your CDCES portal:

- Go to www.cbdce.org > click on Sign In
- Enter your email (this is the email address that CBDCE has on file for you)
- Select CONTINUE
- Click on Forgot Password > then enter your email again
- You will verify your email and then select to have a password reset email sent to you.

Once you've finished setting up your CDCES account portal, take a look around to see what it now offers.

Questions on logging in? Reach out to CBDCE staff via email at info@cbdce.org or via phone at 847-228-9795.



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2024 Renewal by Continuing Education

GENERAL

Renewal of Certification by Continuing Education – 2024 Renewal Window Date, Deadlines and Fees Overview

Continuing Education Activities and Practice Requirement Accrual Window [†]		Application Fee	Application Window ^{**}	Receipt Notification
Standard Window - Early Bird Fee		\$250	July 15, 2024 to September 15, 2024	Online applications: Immediate confirmation is part of the online application process.
First renewal	January 1, 2020 through Date of Application			
Renewed Previously by Continuing Education	Day after last application deadline used through Date of Application (See Renewal of Continuing Education, page 4)			
Extended Window		\$300	September 16, 2024 to October 15, 2024	
First renewal	See above			
Renewed Previously by Continuing Education				
Final Window		\$400	October 16, 2024 to December 31, 2024	
First renewal	See above			
Renewed Previously by Continuing Education				
Grace Period Option		\$500	January 1, 2025 to March 31, 2025	
First renewal	January 1, 2020 through December 31, 2024			
Renewed Previously by Continuing Education	Day after last application deadline used through December 31, 2024 (See Grace Period Option, page 9).			

† CDCESs who allowed their credentials to expire in 2019 or earlier and had their credentials reinstated by passing the Examination in 2019 must use the January 1, 2020 accrual start date.

*Activities must be completed prior to the date of application, regardless of the closing date of the window.

**Applications will be accepted beginning July 15, 2024 and will be accepted through the last date of each appropriate window. The closing date of each window is 11:59 pm CT of the last day of the window for online applications.



Introduction

The purpose of this *Renewal of Certification by Continuing Education Handbook (Handbook)* is to provide information and guidance to individuals who are interested in renewing their Certified Diabetes Care and Education Specialist (CDCES) credential through continuing education. This renewal option is available to current CDCESs (exception: See Grace Period Option section, page 9). Any individual who has let their credential expire and does not make use of the Grace Period Option, will need to apply and pass the Certification Examination for Diabetes Care and Education Specialists (Examination) in order to reinstate their certification. The *Handbook for the 2024 Certification Examination for Diabetes Care and Education Specialists* includes information on the Examination and the required Application to pursue this process. Visit the CBDCE web site for information on obtaining this document.

Mission

The mission of the Certification Board for Diabetes Care and Education (CBDCE) is to promote ongoing quality diabetes care, education, prevention and support by providing certification and credentialing programs that incorporate and reflect best practices.

Definition of a Certified Diabetes Care and Education Specialist

A Certified Diabetes Care and Education Specialist (CDCES) is a health professional who possesses comprehensive knowledge of and experience in diabetes prevention, prediabetes, and diabetes management. The CDCES educates, supports, and advocates for people affected by diabetes addressing the stages of diabetes throughout the lifespan. The CDCES promotes self-management to achieve individualized behavioral and treatment goals that reduce risks and optimize health outcomes.

Purpose

The purpose of the CBDCE certification program is to conduct certification activities in a manner that upholds standards for competent practice in diabetes self-management education. The CDCES credential demonstrates that the certified health professional possesses distinct and specialized knowledge, thereby promoting quality care for persons with diabetes. Certification is a voluntary process used to assess and validate qualified health care professionals' knowledge in diabetes care and education. It is an evaluative process that demonstrates that rigorous eligibility requirements have been met. Certification is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, or other considerations.

Objectives

Objectives of the certification program are to

- provide a mechanism to demonstrate professional accomplishment and growth
- provide formal recognition of specialty practice and knowledge at a mastery level
- provide validation of demonstrated dedication to diabetes care and education to consumers and employers
- promote continuing commitment to best practices, current standards and knowledge

Responsibility for Certification

This certification program is owned by CBDCE and all decisions made by CBDCE with respect to the certification program are final.

Canons of Ethical Conduct

CBDCE has adopted Canons of Ethical Conduct and Rules and Procedures (see Appendix III, page 15). All CDCESs must attest to and agree to abide by the Canons and Rules and Procedures.

Definition of Diabetes Care and Education (DCE)

Diabetes self-management education and support or DSMES, historically also referred to as diabetes self-management training or diabetes education, is performed by health professionals who have appropriate credentials and experience consistent with the particular profession's scope of practice. For purposes of this Handbook, diabetes care and education (DCE) is used.

DCE involves the person with prediabetes or diabetes and/or the caregivers and the specialist(s) and is defined as the ongoing process of facilitating the knowledge, skill, and ability necessary for prediabetes and diabetes self-care, as well as activities that assist a person in implementing and sustaining the health practices needed to manage the condition on an ongoing basis, beyond or outside of formal self-management training. It is a component of a comprehensive plan of diabetes care. The process incorporates the needs, goals and life experiences of the person with prediabetes or diabetes and is guided by evidence-based standards. DCE should include practical problem-solving approaches and collaborative care, address psychosocial issues, lifestyle change, and strategies to sustain self-management.



For purposes of certification eligibility, some or all of the following components of the DCE process may be performed and counted towards meeting the DCE practice experience requirement:

- **Assessment:** The participant’s DCE needs are identified. This process is led by the participant with assessment and support of the educator.
- **Education and Care Plan:** The participant’s individualized education and care plan is developed. The plan reflects the participant’s self-management goals and current evidence and practice guidelines and includes criteria for evaluating outcomes.
- **Interventions:** The specialist delivers intervention options to assist the participant in meeting self-management goals.
- **Ongoing Support:** The specialist provides options for ongoing support and resources. The support option(s) is selected by the participant to best meet their self-management goals.
- **Participant Progress:** The specialist will monitor and communicate whether the participant is achieving their self-management goals and other outcome(s) to evaluate effectiveness of interventions. Additional assessments are based on the participant’s needs across the lifespan.
- **Documentation:** The specialist documents the assessment, education plan, intervention, and outcomes in the participant’s health record.
- **Services Development/Administration:** Development and administrative activities performed as part of DSMES services.

Note: Regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the examination content outline.

±Adapted from 2022 National Standards for Diabetes Self-Management Education and Support, American Diabetes Association (NSDSMES). Diabetes Care 2022; 45:484-494.

Statement of Nondiscrimination Policy

CBDCE does not discriminate among applicants on the basis of age, gender, race, color, creed, religion, national origin, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, source of income, or any other status protected by law. All applications submitted for certification are individually reviewed on the basis of information submitted.

Disciplinary Policy

CBDCE may deny, revoke, or otherwise act on any application for certification or on any CDCES credential when

an individual is not in compliance with CBDCE requirements. CBDCE has the right to suspend, withhold, revoke, censure, or take other appropriate action with regard to certification status for validated cause and to make such actions public. Certification may be withheld, denied or revoked, or applications rejected for reasons including, but not limited to, the following:

1. Falsification of application information
2. Noncompliance with review and audit procedures
3. Loss of current, active, unrestricted licensure or registration
4. Revocation or suspension of current license or other credential, or other disciplinary action by a licensing or regulatory board or registration commission/agency
5. Validated unethical practice of diabetes care and education
6. Violation of the Canons of Ethical Conduct
7. Giving or receiving assistance during the Examination
8. Removing or attempting to remove Examination information or materials from the test center
9. Representing oneself falsely as a Certified Diabetes Educator or Certified Diabetes Care and Education Specialist
10. Obtaining or attempting to obtain certification, whether initial or renewal, by fraud or deception
11. Unauthorized possession and/or distribution of any official CBDCE testing or Examination materials
12. Ineligibility for certification, as determined by CBDCE
13. Misrepresentation or fraud in any statement on the certification Application made to assist individual to apply for, obtain, or renew certification.

Confidentiality Policy

All information provided to CBDCE may be used for a variety of analyses to study diabetes educators, Certified Diabetes Care and Education Specialists, and the practice of diabetes care and education. However, information sharing will be limited to data reports in aggregate form or documents that do not contain personally identifiable information.

Published studies and reports concerning applicants (exam and renewal by continuing education) will contain no information identifiable with any individual, unless authorized by the applicant.

Information on the status of an individual’s certification is considered public information, though verification requests may require specific information from the individual or requesting body to ensure correct identification of the individual in question.



Renewal of Certification

Renewal of certification must be completed during the calendar year in which an individual's CDCES credential expires. Renewal by CE opens in July of each year. **If a CDCES can document meeting the renewal practice requirement, renewal may be done either by continuing education or by taking the Examination.**

Health professionals specializing in diabetes care and 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) and ADA Standards of Care in Diabetes.

Renewing Your Certification

There are three windows – Standard (Early Bird), Extended, and Final – in which to renew by CE (refer to page one for specific dates). Note that the renewal fee increases with each window. For those that miss the open renewal windows there is a Grace Period Option available. All practice hours and CE must be earned by the renewal application date or by December 31 if using the Grace Period Option.

Ways to Renew:

Renewal with Practice Hours and Continuing Education (CE)– requires 1000 practice hours and 75 continuing education hours. Renewal can be done online through the CDCES portal. Renewal by CE online application available July 15 - December 31.

Renewal by Exam* with Practice Hours– requires 1000 practice hours and passage of the exam. Refer to section “For Those Unable to Meet the Continuing Education Requirement” on page 5. To renew through this option, one can place their exam registration online through their CBDCE account. Select Renewal by Exam and practice hours to start the process. Review the Examination Handbook for information.

Renewal by Exam* with Continuing Education (CE) Hours– requires 75 continuing education hours and passage of the exam. Refer to page 5, section “For Those Unable to meet the Practice Requirement.” To renew through this option requires placing your application online through your CBDCE account. Select Renewal by Exam and CE to start the process. Review the Examination Handbook for information.

Grace Period Option – visit page 9 for details and requirements on this option.

*Individuals renewing by examination will need to take/pass the Examination by 12/31/2024 in order to renew their CDCES with no interruption. Please make a note of this when scheduling your examination.

CBDCE requires all CDCESs to recertify every five (5) years to maintain certification status. It is the responsibility of each CDCES to stay abreast of changes in certification and/or renewal requirements and to recertify in a timely manner. Valid dates of the credential should be monitored and application for renewal submitted by published deadlines. Extensions of certifications are not granted.

Eligibility Requirements for Renewal of Certification by Continuing Education

For CDCESs whose credential will expire 12/31/2024:

1. Individuals must continue to hold the license or registration for the same discipline held at the time of initial certification. This license or registration must be current, active, and unrestricted at the time of renewal.
2. A minimum of 1,000 hours of professional practice experience during the five-year certification cycle. NOTE: Refer to the Renewal Practice Requirement section, page 5, for additional information on the practice requirement.
3. Renewal of certification by continuing education requires that CDCESs complete 75 clock hours of continuing education in content areas applicable to diabetes during the certification cycle.
4. Application Fee(s) Payment

Renewal by Continuing Education Accrual Dates

For those renewing for the first time, the start date for accruing professional practice and continuing education (CE) hours is January 1 following the year of initial certification.

For those who have previously renewed by the continuing education option, the start date for accruing practice and CE hours is the day after the application deadline date of the continuing education window of their last renewal. For those who previously renewed by Examination, the start date for accruing CE hours is September 16, 2019. Refer to the Renewal Handbook or call the CBDCE national office for your accrual dates.

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

* CDCESs who allowed their credentials to expire in 2018 or earlier and had their credentials reinstated by passing the Examination in 2019 must use the January 1, 2020 accrual start date.



Renewal Practice Requirement

For CDCESs renewing in 2024, it will be necessary to attest (and document upon audit) that a minimum of 1,000 hours of professional practice experience was accrued. The professional practice requirement for renewal of certification, however, is NOT the same as that required for initial certification. CBDCE recognizes that diabetes care and education is an evolving specialty and that experienced CDCESs often assume roles other than the practice of diabetes education required for initial certification.

Renewal Practice Requirement Definition

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. Practice hours must have taken place in the United States or its territories.

This definition is intended to be as inclusive as possible of positions currently held by CDCESs. In addition to providing DCE to persons with diabetes, it also includes

- service development
- service management
- public health/community surveillance
- volunteer activities
- diabetes-related research
- clinical roles in diabetes industry
- case management
- professional education
- consultant roles to industry or other providers, or others.

What is NOT Included in the Definition

Employment in the manufacture, direct sales, or distribution of diabetes-related products or services in pharmaceutical or other diabetes-related industries, or jobs or volunteer activities unrelated to diabetes will not meet the practice requirement.

Your Renewal Accrual Cycle

For those renewing in 2024, the 1000 hours of professional practice experience requirement must have:

- Been completed during the appropriate five year certification cycle.
- For those renewing for the first time, the start date for accruing practice hours is January 1 following the year of initial certification.
- For those who have previously renewed by the continuing education option, the start date for accruing practice and CE hours is the day after the application deadline date of the continuing education window of their last renewal (e.g. for those renewing in 2024, those who renewed by CE in the standard window which ended 9/15/2019, accrual starts

September 16, 2019.); for a CDCES who last renewed by examination, the accrual date starts on September 16, 2019.

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

NOTE: There is no requirement about how or when this must be accomplished, e.g., to complete 200 hours per year each of the five years, or to be practicing at the time of application.

Unable to Meet the CE Requirement?

For CDCESs whose credentials will expire 12/31/2024, that wish to maintain certification status who **do NOT meet the continuing education requirement** but meet the practice requirement and continue to hold the license or registration of the same discipline held at the time of initial certification, renewal by examination is the only option to renew. **Refer to the 2024 Certification Examination for Diabetes Education Handbook** for information on how to apply for renewal by examination under this situation.

Unable to Meet the Practice Requirement?

For CDCESs who wish to maintain certification status but **do not or cannot meet the practice requirement**, there is only one renewal option. That method requires successful completion of both the Examination and the accrual of 75 clock hours of acceptable continuing education. During the accrual period that certification is valid, if a CDCES has practiced less than the required 1,000 hours, has taken employment unrelated to diabetes care and education, is on leave from employment or has retired, but still wishes to maintain certification as a Diabetes Care and Education Specialist, the requirements to hold a current, active unrestricted license or registration for the same discipline held at the time of initial certification and to demonstrate knowledge of current standards and practices by passing the Examination and documenting relevant continuing education activities are required. No exceptions will be available. **Refer to the 2024 Certification Examination for Diabetes Care and Education Specialists Handbook** for information on how to apply for renewal by examination under this situation.

Individuals renewing by examination will need to take/pass the Examination by 12/31/2024 in order to renew their CDCES with no interruption. Please make a note of this when scheduling your examination.

Individuals can now choose to take the exam via Live Remote Proctoring (LRP) or at a testing center. Learn more about LRP in the Exam Handbook.





Renewal by Continuing Education (CE)

Renewal by CE in 2024 is available only to CDCESs whose credential expires 12/31/2024 who can document meeting the renewal practice requirement and have accrued 75 hours of continuing education. Applicants must apply by the published deadline date and submit applicable fee(s).

Application Process- Standard (Early Bird), Extended, or Final Renewal Windows

There are three renewal windows—Standard - Early Bird, Extended, and Final. Refer to page 1 for the deadline dates and fees for each of these windows.

Before applying, individuals will want to read through the renewal handbook and closely review Appendix I - Guidelines for Reporting Continuing Education Activities, page 11, for important details on the continuing education activity requirements. All practice and CE hours need to be earned by the renewal application date or December 31 if using the Grace Period Option.

Applicants renewing by continuing education will do so via the online renewal process in the CDCES portal. Applicants are encouraged to apply for renewal once they have met the renewal requirements. All applications submitted become the property of CBDCE and under no circumstances are applications, including copies of hard copy applications, returned to applicants.

For those individuals that miss the deadline windows, CBDCE does offer a Grace Period Option. Refer to page 9 for details and requirements under this Option. **The Grace Period Option does NOT give you extended time beyond 12/31/2024 to earn any needed CEs.**

Documentation of eligibility does not need to be submitted with an application for renewal by continuing education. However, CBDCE reserves the right to verify and/or audit information supplied by the applicant. If selected for an audit, the applicant will be asked to submit appropriate documentation supporting eligibility. The necessary documentation must be received by the deadline date; late fees will apply for documentation received after the specified deadline date. Individuals selected for audits will not be able to complete their renewal until the audit is successfully completed.

How to Apply for Renewal by Continuing Education

You will renew by Continuing Education online through your CDCES portal.

Online Application: Access the application online by visiting the CBDCE web site at www.cbdce.org. Click on “Sign In” option (top navigation bar) and complete the log in process using your email address and password. Once logged in, click on Renew Certification and select your renewal option. From there, applicants will read and attest/agree to the information on each renewal web page, moving from page to page. On the last page of the renewal application applicants will enter their payment details and select “Complete Renewal”. This will submit the application.

After the application information and payment using a credit card have been submitted, applicants will be sent an email notice of acceptance or audit within 24 hours.

If you will be paying via check, you will need to complete the online application > when in the shopping cart, you will select pay by check > then click submit > to create an invoice. You will then send in payment along with a copy of the invoice.

You can find a copy of the invoice in your CDCES account > click on invoices > pay my invoice > print. Payment needs to be received within the same application window in which you applied, otherwise additional fees will apply.

You can also see the status of your application in your CDCES portal.

Note: An application must be submitted with payment prior to the closing of any window to be considered under that window. CBDCE cannot be held responsible for times when the web site or renewal application option is not available online. Therefore, it is not recommended that individuals wait until immediately before a window is closing to submit an application, e.g., do not wait until 10:30 pm CT or late on September 15, 2024 to apply under the standard window in the event that there are issues with your own computer or internet access or interruptions preventing you from being able to access CBDCE’s web site or complete the application process.

Access the renewal application online through your CDCES portal.

Step Action

- 1 Login to your CDCES portal at www.cbdce.org. Need assistance logging in? Email us at info@cbdce.org.
- 2 Review your contact information and make any necessary updates in “Update My Profile”
- 3 To place your application > click Renew Certification
- 4 Select your renewal option:
 - a. Renewal Practice Hours and Continuing Education (CE)
 - b. Renewal by Exam and CE
 - c. Renewal by Exam and Practice Hours
- 5 Once in the application, read through the instructions
- 6 Review and make any updates to your demographics
- 7 Continue through the remaining pages and submit your payment



Renewal of Certification by Continuing Education Fees

Standard Window (deadline before 9/15) Early Bird . fee \$250

(online application completed no later than 11:59 pm CT 9/15/2024)

Extended Window (deadline before 10/15) fee \$300

(online application completed no later than 11:59 pm CT 10/15/2024)

Final Window (deadline before 12/31) fee \$400

(online application completed no later than 11:59 pm CT 12/31/2024)

Grace Period Option fee \$500

(online application completed no later than 11:59 pm CT 3/31/2025)

Fees for online applications may be paid by credit card (VISA, MasterCard, Discover, or American Express).

If you are paying via check, you must still enter your application online and when in the shopping cart, you'll select payment method and continue to submit the application.

Please allow up to three weeks after the application deadline for the processing of checks. Declined credit cards and/or insufficient fund checks returned to CBDCE are subject to a penalty. Repayment of a declined credit card or payment for an insufficient fund check and the penalty must be made with a cashier's or certified check or money order. Unless and until all fees have been paid in full, application processing will not be completed.

Processing of payment does not confirm renewal by continuing education has been approved. In the event an application for renewal of certification by continuing education is not accepted by CBDCE, a \$100 nonrefundable processing fee and any applicable late and penalty fees will be retained and the remainder of the application fee refunded.

You can download a receipt of payment in your CBDCE account under invoices > payment history.

CBDCE will confirm the application fee paid in the emailed notification provided after the application has been approved. CBDCE highly recommends that you keep a copy of the payment method for your own records.

Adherence to Published Policies

Eligibility requirements, application deadlines, and fee payment policies are strictly enforced by CBDCE. Applications must be submitted by the specified deadline dates. Online applications will be processed in the next available window, except after the deadline for the late window has passed.

Absolutely no exceptions will be made. If requested, applicants must respond with additional information to verify eligibility.

For those paying via check, be sure to send to CBDCE using certified mail or traceable courier and include a copy of your application invoice with your payment. CBDCE is not responsible for lost, misdirected, late or undelivered mail. A certified mail, certificate of mailing, or other courier receipt can serve as proof that the check was mailed by the deadline. Private metered postmarks and mail receipts not dated by the U.S. Postal Service are not acceptable as proof of timely mailing.

Changes after the Application is Submitted

CBDCE must be notified in writing of any change in name or address that occurs after the application has been submitted.

Audit Policy

CBDCE conducts random audits on a regular basis and also reserves the right to verify and/or audit at any time any application submitted for certification.

CDCESs whose applications are selected for audit must submit:

- 1) proof of holding an active, current unrestricted license/ registration held at the time of initial certification;
- 2) proof of meeting the renewal practice requirement by providing a verification statement from a supervisor or, for self-employment, other qualified health care professional; and
- 3) proof of meeting the continuing education requirements 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. See Formal Activities Table A, page 12. Some CE certificates include a list of sessions attended. This list of sessions attended needs to be included with the certificate when submitting CE documentation. For Expanded Activities, documentation must be provided as stated in Table B, page 13.

If selected for an audit, you will upload your supporting documents in your CDCES account. Audit material must be received at the CBDCE national office within 14 days from audit notification or a \$25 late fee will apply.

To see the current audit documentation, visit the CBDCE web site.

APPLICATION PROCESS



Rejected Applications

1. Applications may be rejected under the following circumstances:
 - A. CBDCE determines that the applicant did not meet eligibility requirements.
 - B. The application is incomplete or improperly completed.
 - C. The application and/or fee are not submitted by the published deadline date.
 - D. The applicant, if selected for audit, does not submit required documentation by the deadline date.

When an application is rejected for any of these reasons, the application fee, minus a \$100 processing fee and any applicable late and penalty fee(s), will be refunded.

2. Applications may be rejected if the payment for the application fee(s) is not honored by the card issuer or bank and is not resubmitted on a timely basis. In addition to payment of application fee, applicant will owe a \$100 processing fee and any applicable late and penalty fee(s).

Appeals

Appeals are available only to individuals whose applications are rejected because of failure to meet eligibility requirements. The procedure for filing an appeal is sent with the notice of ineligibility. Appeal information is also available on the CBDCE web site at <https://www.cbdce.org/appeals-process>. If an individual elects to file an appeal, the expiration date of the individual's CDCES credential will be temporarily extended until the appeal process has been completed.

Appeals are not available to individuals whose applications are rejected for any other reason, including being incomplete or improperly completed, or when for other reasons evaluation of the application cannot be completed.

Withdrawals and Refunds

Once submitted, applications for renewal of certification by continuing education may not be withdrawn and fees are not refunded.

Application Status

Online Application

You can track the status of your application in your CDCES portal. To access > log into your CDCES account > Click on Renew Certification.

Completed applications submitted using the online option will be sent an email notice of approval or audit instructions will follow within 24 hours of your application submission.

***Important Note:** For any online applications submitted using the December deadline – any individuals chosen for audit may not receive confirmation of successful renewal until after December 31, 2024. Therefore, CDCESs using the late application deadline should be aware that they may not receive this notification until after that date. *An individual should NOT use the CDCES credential after December 31, 2024 until notification that certification has been renewed is received.*

Applicants can track the status of their application in their CDCES portal. Approved applications are sent an approval notice via email. The approval notice will include the new cycle information and serves as the renewal fee receipt. With completion of the review process, notices are sent to individuals as soon as possible. Decisions regarding renewal by continuing education are communicated in writing. The CBDCE national office does not provide the status of an application via telephone, fax or electronically.

Important Note: CDCESs using the late application deadline, especially if chosen for audit, should be aware that it is possible that they may not receive their letters of notification until after that date. *An individual should NOT use the CDCES credential after December 31, 2024 until notification that certification has been renewed is received.*



Grace Period Option

Individuals with an expired credential of 12/31/24, who meet the professional practice experience requirement (1000 hours) and the renewal by continuing education requirement, can reinstate their credential by documenting 75 hours of acceptable continuing education activities (same guidelines, accrual cycle as original date). Making use of this option reinstates the credential with no change to the renewal cycle or certification number.

Details:

1. Practice requirement hours and continuing education activities **accrued no later than December 31, 2024.**
2. Place your **"Grace Period"** application online in your CDCES portal. You'll also need to upload your CE documentation in the application.
 - Documentation (e.g. certificates of completion, etc.) of all continuing education activities (see Appendix I, Guidelines, Tables A and B, pages 12-13)
 - Fee: \$500 (total fee includes late fee of \$250)
 - Must be received no later than March 31, 2025 (see Adherence to Published Policies, page 7)

Reminder that the Grace Period Option does NOT give you added time beyond 12/31/2024 to earn any needed CEs.

3. After December 31, individuals cannot use the credential until renewal approval notice is received.
4. Certificates and wallet cards will be mailed approximately 3 months after approval notice is received.
5. All policies regarding applications as noted on pages 7 and 8 are applicable for this reinstatement option.



Certificates and Wallet Cards

For those CDCESs who receive notices of successful completion of renewal of certification by continuing education, complimentary certificates and wallet cards will be mailed by CBDCE approximately 3 months after approval notice is received*.

* For those using the Grace Period Option, see Grace Period Option, page 9.

Use of Certification Marks

Certification is a process by which recognition is granted to an individual who has satisfactorily met all requirements. Only after receiving official written notice of either passing the Examination or renewing certification may an individual use the mark “CDCES®” following his/her name. The marks CDCES®, Certified Diabetes Care and Education Specialist®, and CDCES® in the design form(s) approved by CBDCE, are also used on certificates, lapel pins, cards, and promotional materials in accordance with CBDCE policies. Certified Diabetes Care and Education Specialist® (CDCES®) and Certified Diabetes Educator® CDE® (and Design)® are federally registered certification marks.

The CDCES® designation is not punctuated with periods. An example of proper use of the CDCES® credential is as follows: Joan M. Smith, RN, CDCES®.

Online Verification of a CDCES

Verification information for an active Certified Diabetes Care and Education Specialist (CDCES) is available online 24/7 on CBDCEs website (www.cbdce.org) at the verification page. (<https://www.cbdce.org/verify>) Individuals can search via CDCES certification number or first/last name and yield an instant online result as well as providing the capability to download/email a verification letter. CDCESs can also print out a verification letter and wallet card from their CDCES portal.

POST RENEWAL PROCESS



Appendix I

Renewal of Certification:

Guidelines for Reporting Continuing Education (CE) Activities

Minimum Total of 75 Hours of Acceptable Activities Required

1. Expectations

- Health professionals specializing in diabetes care and 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) and ADA Standards of Care in Diabetes
- 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 (CE) Cycles

For those renewing for the first time, the start date for accruing professional practice and continuing education (CE) hours is January 1 following the year of initial certification.

For those who have previously renewed by the continuing education option the start date for accruing practice and CE hours is the day after the deadline date of the continuing education window of their last renewal. For those who previously renewed by Examination, the start date for accruing CE hours is September 16, 2019. Refer to the Renewal Handbook or call the CBDCE national office for your accrual dates.

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

3. CE Activities:

- A total of 75 CE hours are needed to renew by CE. You may earn all the hours in the *formal* category or a combination of *formal* and *expanded* categories. Be mindful of the *expanded* CE hour limits. Additionally, use of the *expanded* hours is not required.
- formal CE 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 Certification Examination Content Outline published in the current Handbook is considered applicable to diabetes. (See Appendix II, pages 15-16)
- must be completed as defined by the renewal of continuing education cycles policy. (All activities must be completed prior to the application date or by December 31 if using the Grace Period Option.)

- must be at a professional level that enhances the quality and effectiveness of diabetes care and 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 CE 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 CE activities acceptable for renewal of certification by continuing education - maximum of 30 clock hours of the following:

- Academic courses (certificant taking an academic course)
- 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

See Tables A and B on pages 12-13

- The use of Expanded Activities is optional
- Only 30 CEs are allowed from the Expanded Activity Group
- A total of 75 CEs are required in order to renew by CE

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



Category	Hours Required/Allowed	Requirements	Documentation for Audit and Grace Period Application
Formal Continuing Education Activities	<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 Formal Activities – Recognized Continuing Education Providers on page 14). ■ 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. <p>Activities NOT acceptable.</p> <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 meeting the continuing education requirements 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.



2024 Renewal by Continuing Education

Table B. Expanded Activities - Additional Information/Requirements

Category	Category Hour Definition	Hours Required/Allowed	Requirements	Documentation for Audit and Grace Period Application
Academic Coursework	One semester credit = 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 use 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. CDCES 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. ■ Title must clarify content applicable to diabetes or additional information 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 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



5. Formal Activities - Recognized Continuing Education Providers*

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

Association of Diabetes Care and Education Specialists (ADCES) <https://www.adces.org/>

American Diabetes Association (ADA) <https://professional.diabetes.org/continuing-education/>

Academy of Nutrition and Dietetics (ACADEMY) <https://www.eatrightstore.org/cpe-opportunities>

Accreditation Council for Pharmacy Education (ACPE) Accredited or Approved Providers

<http://www.acpe-accredit.org/>

Accreditation Council for Continuing Medical Education (ACCME-AMA) Accredited or Approved Providers

<http://www.accme.org/>

American Nurses Credentialing Center (ANCC) Accredited or Approved Providers

<https://www.nursingworld.org/Organizational-Programs/Accreditation/Find-an-Accredited-Organization>

American Academy of Family Physicians (AAFP) <http://www.aafp.org/cme.html>

American Association of Nurse Practitioners (AANP)

<http://www.aanp.org/education/continuing-education-ce/ce-opportunities>

American Academy of Optometry (AAO) <http://www.aaopt.org/>

American Academy of PAs (AAPA) <https://www.aapa.org/learning-central/>

American Association of Clinical Endocrinologists (AACE) <https://www.aace.com/>

American College of Endocrinology (ACE) <https://www.aace.com/college/>

American College of Sports Medicine (ACSM) <https://www.acsm.org/learn-develop-professionally/ceonline2/>

American Medical Association (AMA) <https://www.ama-assn.org/education-center>

American Nurses Association (ANA) <https://www.nursingworld.org/education-events/>

American Occupational Therapy Association (AOTA) <http://www.aota.org/Education-Careers/Continuing-Education.aspx>

American Physical Therapy Association (APTA) <http://www.apta.org/CareersEducation/>

American Psychological Association (APA) <http://www.apa.org/ed/ce/index.aspx>

Commission on Dietetic Registration (CDR) Accredited or Approved Providers <https://www.cdrnet.org/cpeu-offerings-and-resources>

Council on Continuing Medical Education (CCME-AOA) Approved Sponsors <https://www.osteopathic.org/cme/>

Council on Podiatric Medical Education (CPME-APMA) Approved Sponsors

<http://www.cpme.org/education/content.cfm?ItemNumber=2422&navItemNumber=2237>

International Diabetes Federation (IDF) <http://www.idf.org/>

National Association of Clinical Nurse Specialists (NACNS) <https://nacns.org/professional-resources/education/>

National Association of Social Workers (NASW) <https://www.socialworkers.org/careers/continuing-education>

National Commission for Health Education Credentialing (NCHEC) Designated Providers

<https://www.nchec.org/continuing-education>

Continuing education hours from accredited academic institutions within the United States or its territories granting degrees related to professional practice are also accepted. Contact the CBDCE national office for information.

* NOTE: The links to the various organizations on the list are provided as a courtesy, and though all attempts are made to ensure the links are viable, CBDCE is not responsible for links that may be incorrect or become inactive. In addition, though CBDCE may have a professional relationship with any number of these organizations, CBDCE is separate and autonomous from all of the organizations included on the list.



Appendix II

Examination Content Outline

January 1, 2024 through June 30, 2024

I. Assessment of the Diabetes Continuum (59)

A. Learning (19)

1. Goals and needs of learner
2. Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
3. Preferred learning styles (audio, visual, observational, psychomotor, etc.)
4. Technology literacy and use (devices, software, apps, virtual coaching, patient portals, etc.)
5. Challenges to learning (concrete vs. abstract thinking, literacy and numeracy, language, cultural values, religious beliefs, health beliefs, psychosocial and economic issues, family dynamics, learning disabilities, etc.)
6. Physical capabilities/limitations (visual acuity, hearing, functional ability, etc.)
7. Readiness to change behavior (self-efficacy, value of change, etc.)

B. Health and Psychosocial Status (19)

1. Diabetes-relevant health history (diagnosis/presentation, duration, symptoms, complications, treatment, etc.)
2. General health history (family history, allergies, medical history, etc.)
3. Diabetes-specific physical assessment (biometrics, site inspection, extremities, etc.)
4. Data trends (laboratory and self-collected)
5. Current use of technology (meters, pumps, sensors, apps, software, etc.)
6. Treatment fears and myths (hypo/hyperglycemia, causes, complications, needles, weight gain, etc.)
7. Family/caregiver dynamics and social supports
8. Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
9. Life transitions (living situation, insurance coverage, age related changes, etc.)
10. Mental health status (adjustment to diagnosis, coping ability, etc.)
11. Challenges to diabetes self-care practices (cognitive, language, cultural, spiritual, physical, economic, etc.)

C. Knowledge and Self-Management Practices (21)

1. Disease process
2. Eating habits and preferences
3. Activity habits and preferences
4. Monitoring (blood glucose, ketones, weight, etc.)
5. Record keeping (blood glucose, food, activity, etc.)
6. Medication taking habits (prescription, nonprescription, complementary and alternative medicine, etc.)
7. Use of health care resources (health care team, community resources, etc.)
8. Risk reduction (cardiovascular, etc.)
9. Problem solving

II. Interventions for Diabetes Continuum (88)

A. Collaborate with Individual/Family/Caregiver/Health Care Team to Develop: (18)

1. Individualized education plan based on assessment (selection of content, learning objectives, sequence of information, communication, etc.)

2. Instructional methods (discussion, demonstration, role playing, simulation, technology-based platforms, etc.)
3. Goals for lifestyle changes (S.M.A.R.T. goals, AADE-7, etc.)

B. Educate Based on Individualized Care Strategies (35)

1. General topics
 - a) Classification and diagnosis
 - b) Modifiable and non-modifiable risk factors
 - c) Pathophysiology (auto-immunity, monogenic, insulin resistance, secondary diabetes, cardiometabolic risks, etc.)
 - d) Effects and interactions of activity, food, medication, and stress
 - e) Drug and non-drug treatment options (access, risk/benefit, etc.)
 - f) Immunizations
 - g) Therapeutic goals (A1C, blood pressure, lipids, quality of life, etc.)
 - h) Laboratory test interpretation (A1C, lipids, renal and hepatic function tests, etc.)
 - i) Evidence-based findings for decision support (Diabetes Prevention Program, Diabetes Attitudes Wishes and Needs study, clinical trials, etc.)
2. Living with diabetes and prediabetes
 - a) Healthy coping (problem solving, complications, life transitions, etc.)
 - b) Psychosocial problems (depression, eating disorders, distress, etc.)
 - c) Role/Responsibilities of care (individual, family, team, etc.)
 - d) Social/Financial issues (employment, insurance, disability, discrimination, school issues, etc.)
 - e) Lifestyle management
 - f) Record keeping (blood glucose logs, food records, etc.)
 - g) Safety (sharps disposal, medical ID, driving, etc.)
 - h) Hygiene (dental, skin, feet, etc.)
3. Monitoring
 - a) Glucose (meter selection, continuous glucose sensing, sites, etc.)
 - b) Ketones
 - c) A1C
 - d) Blood pressure and weight
 - e) Lipids and cardiovascular risk
 - f) Renal and hepatic (function studies, microalbuminuria, serum creatinine, etc.)
4. Nutrition principles and guidelines
 - a) American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, etc.)
 - b) Carbohydrates (food source, sugar substitutes, fiber, carbohydrate counting, etc.)
 - c) Fats (food source, total, saturated, monounsaturated, etc.)
 - d) Protein (food source, renal disease, wound care, etc.)
 - e) Food and medication integration (medication timing, meal timing, etc.)
 - f) Food label interpretation (nutrition facts, ingredients, health claims, sodium, etc.)
 - g) Alcohol (amount, precautions)
 - h) Weight management (adult and childhood obesity, failure to thrive, fad diets, etc.)



Examination Content Outline January 1, 2024 to June 30, 2024

- i) Special considerations (food allergies, food aversion, gastroparesis, celiac disease, metabolic surgery, etc.)
 - j) Dietary and herbal supplements
 - 5. Activity
 - a) ADA and American College of Sports Medicine recommendations
 - b) Benefits, challenges, and precautions (comorbid conditions, post exercise delayed onset hypoglycemia, etc.)
 - c) Activity plan (aerobic, resistance training, etc.)
 - d) Adjustment of monitoring, food, and/or medication
 - 6. Medication management
 - a) ADA, European Association for the Study of Diabetes (EASD), American Association of Clinical Endocrinologists (AACE) guidelines
 - b) Medications (insulin, oral and injectable medications, administration, side effects, etc.)
 - c) Delivery systems (pump therapy, devices, etc.)
 - d) Medication adjustment
 - e) Interactions (drug-drug, drug-food, etc.)
 - f) Non-prescription preparations
 - 7. Acute complications: causes, prevention and treatment
 - a) Hypoglycemia
 - b) Hyperglycemia
 - c) Diabetic ketoacidosis (DKA)
 - d) Hyperosmolar hyperglycemic state (HHS)
 - 8. Chronic complications and comorbidities: causes, prevention and treatment
 - a) ADA Clinical Practice screening recommendations
 - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
 - c) Sexual dysfunction
 - d) Neuropathy (autonomic, peripheral, etc.)
 - e) Nephropathy
 - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
 - g) Lower extremity problems (ulcers, Charcot foot, etc.)
 - h) Dermatological (wounds, yeast infection, ulcers, etc.)
 - i) Infection (genitourinary tract, pulmonary, skin and soft tissue, etc.)
 - j) Dental and gum disease
 - k) Comorbidities (hypertension, heart disease, depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
 - 9. Problem Solving and Other Management Issues
 - a) Honeymoon period, dawn phenomenon
 - b) Hypoglycemia unawareness
 - c) Pump, device, and sensor
 - d) Sick days
 - e) Surgery and special procedures
 - f) Changes in usual schedules (shift, religious, cultural, etc.)
 - g) Travel
 - h) Emergency preparedness
 - i) Physical capabilities and limitations (visual acuity, hearing, functional ability, etc.)
 - j) Assistive and adaptive devices (talking meter, magnifier, etc.)
 - k) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
 - l) Special populations (pediatric, adolescence, geriatric, etc.)
 - m) Transitions of care (pediatric, young adult, care settings, etc.)
 - n) Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
 - o) Disparities (economic, access, sex, ethnicity, geographic, mental capabilities, etc.)
 - C. Evaluate, Revise and Document (26)
 - 1. Weight, blood glucose patterns, eating habits, medication management, activity
 - 2. Self-reports and/or device downloaded reports
 - 3. Evaluate the effectiveness of interventions in:
 - a) achievement and progress toward goals
 - b) self-management skills
 - c) psychosocial adjustment
 - d) unexpected challenges (loss of insurance, job change, etc.)
 - 4. Individual's plan for the continuum of care with health care team and follow-up education and support
 - D. Referral, Support, and Follow-Up (9)
 - 1. Issues requiring referral
 - a) Education (diabetes, diabetes prevention program, peer, group vs. individual, behavioral, etc.)
 - b) Medical Nutrition Therapy
 - c) Exercise
 - d) Lifestyle coaching
 - e) Behavioral health
 - f) Learning disabilities
 - g) Medical care (foot care, dilated eye exam, pre-conception counseling, family planning, sexual dysfunction, etc.)
 - h) Risk reduction (smoking cessation, obesity, preventative services, etc.)
 - i) Medication management
 - j) Sleep assessment
 - k) Financial and social services
 - l) Discharge planning, home care, community resources (visual, hearing, language, etc.)
 - 2. Support (community resources, care managers, peer, prescription assistance programs, etc.)
 - 3. Communication between diabetes educator and health care team
- ### III. Disease Management (28)
- A. Education Services Standards (8)
 - 1. Apply National Standards for Diabetes Self-Management Education and Support (NSDSMES)
 - a) Perform needs assessment (target population, etc.)
 - b) Develop curriculum (identify program goals, content outline, lesson plan, teaching materials, etc.)
 - c) Choose teaching methods and materials for target populations
 - d) Evaluate program outcomes (number of people served, provider satisfaction, patient satisfaction, effectiveness of diabetes education materials, etc.)
 - e) Assess patient outcomes (behavior changes, A1C, lipids, weight, quality of life, emergency department visits, hospitalizations, work absences, etc.)
 - f) Perform continuous quality improvement activities
 - g) Maintain patient information and demographic database
 - B. Clinical Practice (18)
 - 1. Apply practice standards (AACE, ADA, Endocrine Society, etc.)
 - 2. Implement and support population management strategies
 - 3. Identify medical errors and employ risk mitigation strategies
 - 4. Mentor staff (clinical and non-clinical) and/or lay leaders in need of education
 - 5. Advocate formulary management of diabetes medications and supplies
 - C. Diabetes Advocacy (2)
 - 1. Promote primary and secondary diabetes prevention strategies in at risk individuals and populations
 - 2. Participate in community awareness, health fairs, media



Examination Content Outline

Effective July 1, 2024

I. Assessment (37)

- A. Physical and Psychosocial (12)
 - 1. Diabetes-relevant health history (diagnosis, duration, symptoms, complications, treatment, comorbidities, healthcare utilization)
 - 2. Diabetes-specific physical assessment (biometrics, site inspection, extremities, etc.)
 - 3. Social determinants of health (economic, living situation, healthcare access, social supports, and food/housing insecurity)
 - 4. General health history (family, medical, mental health, substance use, surgical, allergies and medication)
 - 5. Diabetes measures and other laboratory data
 - 6. Mental health wellbeing (adjustment to diagnosis, coping ability, etc.)
 - 7. Considerations related to diabetes self-care practices (cognitive, physical, language, cultural, spiritual, family/caregiver dynamics, fears and myths, life transitions, etc.)
- B. Self-Management Behaviors and Knowledge (15)
 - 1. Disease process
 - 2. Eating habits and preferences
 - 3. Activity habits and preferences
 - 4. Medication practices and preferences (prescription, nonprescription, complementary and alternative medicine)
 - 5. Monitoring and data collection (glucose, ketones, weight, dietary intake, activity, etc.)
 - 6. Use of resources
 - 7. Use of technology (monitors, smart delivery systems, apps, online education, patient portals, etc.)
 - 8. Risk reduction of acute and chronic complications
 - 9. Problem solving
- C. Learning (10)
 - 1. Goals and needs of learner
 - 2. Readiness to learn and change behavior
 - 3. Preferred learning styles (audio, visual, observational, psychomotor, individual vs. group, virtual, etc.)
 - 4. Literacy, numeracy, health literacy, and digital literacy
 - 5. Considerations related to learning (developmental stage, physical abilities, language preferences, cultural, spiritual, psychosocial, economic, family/caregiver dynamics, learning disabilities, etc.)

II. Care and Education Interventions (105)

- A. Disease Process and Approach to Treatment (22)
 - 1. Diagnosis and classifications
 - 2. Pathophysiology including honeymoon period, dawn phenomenon
 - 3. Modifiable and non-modifiable risk factors
 - 4. Lifestyle management (activity, food, sleep, and stress)
 - 5. Pharmacological approaches and options
 - 6. Treatment goals (glycemic metrics, blood pressure, lipids, risk reduction, quality of life)
- B. Individualized Education Plan (17)
 - 1. Develop plan based on assessment, in collaboration with person with diabetes/pre-diabetes and care team
 - 2. Identify instructional methods
 - 3. Set S.M.A.R.T. goals
- C. Person-Centered Education on Self-Care Behaviors (58)
 - 1. Nutrition Principles and Guidelines
 - a) American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, dietary approaches, etc.)
 - b) Carbohydrates (types, food source, sugar alcohol and substitutes, carbohydrate counting)
 - c) Fats (types, food source)
 - d) Protein (food source, renal disease, wound care)
 - e) Alcohol (amount, precautions)
 - f) Food and medication integration (medication timing, meal timing, etc.)
 - g) Food label interpretation (nutrition facts, ingredients, health claims, sodium, etc.)
 - h) Weight management
 - i) Dietary and herbal supplements
 - j) Special considerations (food allergies, food aversion, gastroparesis, celiac disease, metabolic surgery, failure to thrive, disordered eating, etc.)
 - 2. Physical Activity
 - a) ADA and American College of Sports Medicine recommendations
 - b) Benefits, challenges, and safety (comorbidities, post exercise delayed onset hypoglycemia, etc.)
 - c) Activity plan (frequency, intensity, time, and types)
 - d) Adjustment of monitoring, food, and/or medication for planned and unplanned activities
 - 3. Medication Management
 - a) ADA/European Association for the Study of Diabetes (EASD) guidelines
 - b) Medications (class, action, administration, side effects, contraindications, etc.)
 - c) Medication selection (cardiorenal protection, glycemic efficacy, impact on weight, types and duration of diabetes, cost, hypoglycemia risk)
 - d) Medication adjustment
 - e) Insulin delivery systems
 - f) Immunizations
 - 4. Monitoring and Interpretation
 - a) Glucose (device selection, use, testing techniques, metrics)
 - b) Ketones
 - c) A1C
 - d) Blood pressure
 - e) Weight
 - f) Lipids
 - g) Kidney health
 - h) Hepatic function



Examination Content Outline

Effective July 1, 2024

5. Acute Complications: Causes, Prevention, and Treatment
 - a) Hypoglycemia and hypoglycemia unawareness
 - b) Hyperglycemia
 - c) Diabetic ketoacidosis (DKA)
 - d) Hyperosmolar hyperglycemic state (HHS)
6. Chronic Complications and Comorbidities: Causes, Prevention, and Treatment
 - a) ADA Clinical Practice screening recommendations
 - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
 - c) Sexual dysfunction
 - d) Neuropathies
 - e) Nephropathy
 - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
 - g) Lower extremity problems (ulcers, Charcot foot, etc.)
 - h) Dermatological (wounds, ulcers, site reactions)
 - i) Infection (genitourinary tract, pulmonary, skin and soft tissue)
 - j) Dental and gum disease
 - k) Other comorbidities (depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
7. Problem Solving
 - a) Sick days
 - b) Surgery and other procedures
 - c) Changes in schedules (shift, religious, cultural, etc.)
 - d) Travel
 - e) Emergency preparedness
 - f) Assistive and adaptive devices (talking meter, magnifier, etc.)
 - g) Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
8. Living with Diabetes and Prediabetes
 - a) Life changes
 - b) Transitions of care
 - c) Special populations (pediatric, adolescence, geriatric, transplant, etc.)
 - d) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
 - e) Psychosocial wellbeing (depression, disordered eating, distress, etc.)
 - f) Role/Responsibilities of care (individual, family, team)
 - g) Safety (sharps disposal, medical ID, driving, etc.)
 - h) Personal hygiene (dental, skin, feet, etc.)
 - i) Social/Financial considerations (employment, insurance, disability, discrimination, school issues, etc.)

D. Evaluation, Documentation, and Follow-up (8)

1. Evaluate the effectiveness of interventions related to:
 - a) achievement and progress toward goals
 - b) self-management skills
 - c) psychosocial wellbeing
 - d) weight, eating habits, medications, activity
 - e) glycemic metrics
2. Revise, document, and communicate individual's plan for follow-up care, education, support, and referral

III. Standards and Practices (8)

- A. Describe the current National Standards for Diabetes Self-Management Education and Support (NSDSMES)
- B. Describe the National Diabetes Prevention Program Standards (National DPP)
- C. Apply practice standards (ACE, ADA, Endocrine Society, etc.)
- D. Describe population health strategies
- E. Collaborate with other healthcare professionals to advance team-based care.
- F. Advocate for people with diabetes (access to medications and supplies, care in institutional settings, policies, etc.)
- G. Promote primary and secondary diabetes prevention strategies in at risk individuals and populations
- H. Promote evidence-based care and education
- I. Recognize the impact of disparities (economic, access, gender, ethnicity, geographic, etc.)
- J. Incorporate principles of diversity, equity, and inclusion



Appendix III

Canons of Ethical Conduct and Rules and Procedures

Canons of Ethical Conduct

I. PREAMBLE

C1.1 Introduction

The practice of diabetes self-management education (“Profession”) is a recognized allied health profession. The Certified Diabetes Care and Education Specialist (“CDCES”) assumes specific responsibilities to physicians or other licensed/registered health professionals, people with diabetes or prediabetes and their significant other(s), the public, associates, and to the Profession itself. These responsibilities must be discharged with honor and integrity to assure the maintenance of public confidence in the Profession and to protect the person with diabetes or prediabetes and his/her significant other[s]. For the purposes of these Canons of Ethical Conduct (“Canons”), the term “CDCES” shall mean any person who has earned the certification offered by the Certification Board for Diabetes Care and Education (the “Board”). As used herein, “Committee” refers to the Professional Discipline Committee of the Board.

The Profession exists for the primary purpose of recognizing and advancing the specialty practice of diabetes self-management education and support (DSMES). CDCESs are responsible for maintaining and promoting ethical practice, including, without limitation, reporting unethical practices in accordance with these Canons. These Canons, adopted by the Board, shall be binding upon all CDCESs and candidates approved to take the CDCES certification examination.

C1.2 Ethics, Custom and the Law

Unethical conduct may involve violations of customs and usages of the Profession as well as actions that violate the law and regulations. Failure to conform to these Canons, including conduct that violates moral principles, customs and practices of the Profession, the law or regulations, may be subject to disciplinary action in accordance with the “Rules and Procedures Regarding the Canons of Ethical Conduct” (“Rules”). Disciplinary action depends on the particular circumstances involved and, without limitation, how the conduct in question reflects upon the dignity and integrity of the Profession.

The Committee will take appropriate action, if any, consistent with the Rules. Each CDCES has a civic and professional obligation to report to the appropriate governmental body any and all evidence that may come to his/her attention involving the alleged criminal conduct of any CDCES relating to the practice of DSMES.

C1.3 Disclosure of Other Agency Actions

Each CDCES must promptly, fully and accurately disclose to the Board any and all investigations, findings, and actions by any government agency, quasi-government agency, licensing board, registration body, or other similar health related agency or body responsible for national, state or local licensing and/or oversight of diabetes education-related licenses, certifications, or the like (“Agencies”). The CDCES’s disclosure requirement includes investigations by federal, state and/or private payors regarding existing or potential known or unknown billing malfeasance. Each CDCES must make such disclosure to the Board within thirty (30) days from the date of the commencement of action by any Agency. Each CDCES must promptly and fully cooperate with the Board and with the Agencies.

II. RESPONSIBILITIES TO THE PHYSICIAN AND/OR APPROPRIATELY LICENSED/REGISTERED HEALTH CARE PROVIDER

C2.1 Provision of Services

The CDCES shall recognize the person’s freedom of choice in selection of diabetes treatment and education and his/her health care provider. Professional affiliations, including employment and referral relationships, may not adversely limit access to services and shall not adversely affect the decision-making process of the CDCES. The CDCES must adhere to the ethical principles of the Board which shall take preference over business relationships.

C2.2 Scope of Practice

The Certification Examination for Diabetes Care and Education Specialists (Examination) is sensitive to areas of general practice and contemporary diabetes knowledge across multiple professional disciplines. Passing the Examination verifies core knowledge in the field of diabetes. Holding the CDCES credential does not confer any permission to manage diabetes beyond the scope of the individual’s professional practice. The boundaries of professional practice are determined by state practice acts. Job descriptions and job functions are determined by employing agencies, not the CDCES credential.

C2.3 Services Not Components of DSMES

The CDCES shall only provide DSMES as defined by the Certification Board for Diabetes Care and Education. While other services may be provided in the management and treatment of a person with diabetes/prediabetes, they may not be promoted or provided as components of DSMES.



III. RESPONSIBILITIES TO THE PERSON WITH DIABETES/PREDIABETES

C3.1 Evaluation and Recommendation

It is the responsibility of the CDCES to recommend diabetes self-management plans specific to the needs of the individual and to provide appropriate educational and learning information to the person with diabetes/prediabetes, other healthcare professionals, the public, etc. The CDCES shall recognize that each individual person is unique and deserves specific and responsive guidance from the CDCES. The CDCES shall be guided at all times by concern for the physical, emotional, social and economic welfare of the person. The needs, goals and life experiences of the person shall be taken into account. All decisions by the CDCES must be made with the understanding and intent that the individual person's best interests are the primary concern.

C3.2 Confidential Information

All information related to a person's identity, background, condition, treatment, management plan or education plan or any other information related to the CDCES/person or people with diabetes/prediabetes is and shall always remain confidential and may not be communicated to any person or entity who is not providing direct medical care to the patient without the prior written consent of the patient or patient's legal guardian.

Information that may be derived from any CDCESs peer review process shall be held and always remain confidential by all participants unless written permission to release the information is obtained from the person under the care of the CDCES or that person's legal guardian. All information derived in a work place from a working relationship related to the care of a person with diabetes/prediabetes shall be held and always remain confidential by all parties. The confidentiality requirements set forth in this Canons C3.2 shall be strictly adhered to by all CDCESs unless required otherwise by law or valid court order or subpoena, or if it becomes necessary to disclose such information to protect the welfare of the person with diabetes/pre-diabetes and/or the community. In such an event, any disclosure of confidential information shall be in accordance with applicable legal requirements.

C3.3 Trust and Honesty

The CDCES shall be truthful and honest.

C3.4 Fees and Compensation

The CDCES shall provide services based on the needs of the individual receiving the services and not solely for personal financial gain. The CDCES shall not engage in false, misleading or deceptive actions in relation to the ultimate cost of the services undertaken or furnished. The CDCES shall not over utilize or unnecessarily continue services

beyond the point of benefit or by providing services more frequently than necessary.

The CDCES shall not submit false or misleading information in requesting payment or reimbursement.

C3.5 Practice Arrangements

The CDCES shall not: (i) directly or indirectly request, receive or participate in dividing, transferring, assigning or rebating any funds derived from a referral of a patient to any other individual or entity, whether affiliated with the CDCES or otherwise; or (ii) profit by means of a credit or other valuable consideration, such as an unearned commission, discount or gratuity for providing services, except for the fees earned for services performed for the patient.

The CDCES shall refer all persons with diabetes/prediabetes to the most appropriate service provider, taking into consideration the nature and extent of the problem, treatment resources and availability of healthcare benefit coverage, and the likelihood of receiving appropriate and beneficial care. If the CDCES is involved in an arrangement with a referring source in which the referring source derives income from the CDCESs services, the CDCES must disclose all pertinent information to the patient, including without limitation that the referring practitioner derives income from the provision of the services. The CDCES shall advise his/her employer of any employer or employee practice which is in contradiction with this Canons C3.5.

C3.6 Compliance with Laws and Regulations

The CDCES shall provide DSMES and other services in accordance with Federal law and the laws and regulations of the jurisdiction(s) in which they practice.

C3.7 Reporting

The CDCES shall report to the Board any conduct that reasonably appears to violate these Canons. This reporting requirement includes, without limitation, self-reporting, and the reporting about other CDCESs, in connection with a third party investigation and finding, regardless of whether the investigation has been completed.

C3.8 Delegation of Responsibility

The CDCES shall not delegate any task requiring unique skills, knowledge or judgment to an unqualified person. The primary responsibility for services provided by supporting personnel rests with the delegating CDCES.

C3.9 Illegal Discrimination

The CDCES shall not decline to accept a patient on the basis of race, gender, color, religion or national origin or on any basis that would constitute illegal discrimination under federal law.



C3.10 Sexual Relations with Patient Prohibited

The CDCES shall not have consensual or nonconsensual sexual relations with a current or former person under the care of CDCES unless a consensual sexual relationship existed between the CDCES and the person prior to the provision of any diabetes educational services or the CDCES has not provided any diabetes educational services to the person for a one year period preceding the beginning of the sexual relationship or for a one year period after the termination of the sexual relationship. The CDCES shall not engage in, require, or demand sexual relations with a person incident to or as a condition of any diabetes education services.

IV. RESPONSIBILITIES TO COLLEAGUES AND THE PROFESSION

C4.1 Dignity

The CDCES has the personal responsibility to conduct him/herself in a manner that will assure the dignity and status of the Profession. Examples of unacceptable behavior include, but are not limited to, falsifying documents, misusing the certification credential, slandering or libeling another, disparaging former employers, disparaging former employees, and misrepresenting one's capacity as a provider of services.

C4.2 Solicitation

The CDCES shall not, either directly or indirectly, solicit the patronage of individual patients or students by way of intimidation, threats, harassing conduct, undue influence, coercion, duress, or unwarranted promises of benefits. The CDCES shall not solicit a person who is in a mental condition that impairs his/her personal judgment to make decisions concerning the services being offered. The CDCES shall not solicit a person in a manner that is inconsistent with his/her obligation to act in a dignified manner as set forth in Canon C4.1 above.

C4.3 Examination

The CDCES shall maintain the security and prevent the disclosure of credentialing examinations and their content.

V. PATIENT CARE BY OTHER HEALTHCARE

C5.1 Concern about Care by Other Health Professionals

The CDCES should exercise appropriate respect for other health professionals. Concerns regarding patient care provided by other such professionals should be addressed directly to those professionals rather than to the patient. In the event that such concerns rise to the possible level of criminal violation, incompetence or malpractice, then the CDCES must immediately notify the appropriate credentialing, licensure, or registration authority and, if necessary, the patient or legal guardian.

VI. CREDENTIAL

C6.1 Use of Credential

The CDCES shall use the fact that he/she is credentialed only as evidence of meeting the requisite standard of knowledge and competency in the discipline in which the CDCES is credentialed, as defined by the Board. The CDCES shall not use the credential to promote any services that are outside the scope of practice of a diabetes care and education specialist (formerly known as diabetes educator).

C6.2 Endorsement of Products, Medication, Devices or Supplies

While a CDCES may recommend the use of specific products, medications, devices or supplies, the CDCES credential may not be used to label, suggest or otherwise infer that such products, medications, devices or supplies have been endorsed by the Certification Board for Diabetes Care and Education.

C6.3 Employment by Manufacturers, Pharmaceutical Companies or Suppliers

It is permissible to be employed by a manufacturer, pharmaceutical company or supplier as a CDCES. However, the CDCES credential may not be used in a manner prohibited by Canon C6.2.

VII. APPLICATION OF CANONS

C7.1 Adherence to Canons

These Canons shall apply to all CDCESs, including certification examination candidates.



Rules and Procedures

I. RESPONSIBILITY AND OBJECTIVES OF THE PROFESSIONAL DISCIPLINE COMMITTEE

R1.1 Objectives. The fundamental objectives of the Professional Discipline Committee (“Committee”) are to enforce the *Canons of Ethical Conduct* (“Canons”) to ensure that any person who has applied for, or has been awarded the Certified Diabetes Care and Education Specialist (“CDCES”) credential by the Certification Board for Diabetes Care and Education (“CBDCE”) is practicing in accordance with professional standards and to protect the public against unprofessional and unethical conduct by CDCESs or certification candidates.

R1.2 Rules. The Committee shall review and analyze the Canons and shall propose recommendations regarding the Canons for adoption by the Board of Directors (“Board”) of CBDCE.

R1.3 Conduct. The Committee is responsible for receiving, reviewing and, if appropriate, adjudicating complaints of unprofessional conduct and/or alleged violations of the Canons.

R1.4 Resolution of Complaints. The Committee shall resolve all complaints of unprofessional and unethical conduct and/or alleged violations of the Canons, including, without limitation, findings, conclusions and sanctions, if warranted.

R1.5 Reports. Upon the Board’s request, the Committee shall deliver a summary report to the Board identifying the Committee’s activities.

R1.6 Procedures. Subject to the review of the Board, the Committee shall adopt procedures and safeguards governing the functions of the Committee to ensure that all CDCESs and certification applicants and the Committee are in full compliance with the Canons and these *Rules and Procedures Regarding the Canons of Ethical Conduct* (“Rules”).

R1.7 Time. The time periods set forth in these Rules are intended to provide guidance to the Committee, the Board and all relevant parties, and may be extended at the Committee’s discretion depending on the circumstances of each proceeding. Failure of the Committee, the Board or any party to comply with the time periods shall in no event prevent the continuation or conclusion of a proceeding by the Committee or the Board.

II. NATURE OF AUTHORITY

R2.1 Power to Investigate. The Committee shall have the power to, but shall not be obligated to, adjudicate all allegations of unprofessional and unethical conduct that may be harmful to colleagues, or to the public or that may be otherwise contrary to the objectives of the Canons or CBDCE, provided that such allegations are made in writing. The

Committee’s powers do not extend to addressing economic issues as they relate to legitimate marketplace competition.

R2.2 Disposition of Complaints. The Committee has the sole authority to decide whether to act on a complaint and to make final determinations regarding each complaint, subject to the Board’s authority to conduct an appeal as set forth in these Rules.

R2.3 Committee Actions. The Committee may take the following actions:

- a. notify all parties in writing that no action is warranted against the CDCES or certification candidate;
- b. request that the CDCES or certification candidate cease the improper conduct, accept supervision, or seek appropriate assistance;
- c. place on probation or reprimand the CDCES;
- d. suspend the CDCESs credential for an appropriate amount of time;
- e. permanently revoke the CDCESs credential or tempo-rarily or permanently revoke a certification candidate’s eligibility to take the certification examination;
- f. refer the matter to the proper authorities for criminal prosecution, if appropriate; and/or
- g. propose other action that is warranted under the circumstances.

R2.4 Monetary Award. The Committee will not determine or impose monetary awards or penalties.

R2.5 Committee Meetings. The Committee shall meet as needed. A quorum at such meetings shall consist of a majority of the members of the Committee. The Committee may meet by telephone conference call. All Committee members must be given at least ten (10) days advance written notice of any meeting, provided that such notice may be waived by any member of the Committee or by the attendance of any member of the Committee at the meeting. Notices may be communicated by mail, hand delivery, electronic transmission or by facsimile.

R2.6 Confidentiality. All information disclosed to the Committee and/or the Board, shall be maintained on a confidential basis, except that the Committee and/or the Board shall be permitted to disclose such information when compelled by a validly issued subpoena, when otherwise required by law, to law enforcement officers and/or government agencies if warranted and as determined by CBDCE or the Committee in its sole discretion, or to parties essential to the review and investigation of the alleged unethical or unprofessional conduct, including their legal counsel. Public information shall not be considered confidential information for purposes of this Rule R2.6.



R2.7 Determination. When an investigation has been completed and the Committee has made its decision, it shall inform both the complainant (“Complainant”) and the CDCES or certification candidate of its conclusions and the actions to be taken, if any, along with the bases for such actions. Such disclosures shall include a citation to any particular Canons section violated.

R2.8 Record Keeping. The Committee shall establish reasonable procedures to ensure that confidentiality is maintained with respect to the handling, storage, maintenance and destruction of records.

III. CDCES OR CERTIFICATION CANDIDATES CONVICTED OF OR CHARGED WITH FELONIES OR DISCIPLINED BY OTHER ENTITIES, ORGANIZATIONS OR AGENCIES

R3.1 Conviction/Charge. If the CDCES or certification candidate has been convicted of, pled guilty to, and/or pled nolo contendere to a felony, and/or if the Committee finds that a federal, state or other recognized appropriate enforcement agency (“Agency”) has determined that the CDCES or certification candidate is in violation of pertinent rules and regulations, the Committee shall review the record leading to the conviction, plea and/or Agency finding and will thereafter send the CDCES or certification candidate a notice requesting the CDCES or certification candidate show good cause why he/she is not in violation of the Canons. This action will be conducted without the right to have a hearing, as described in Rule R5.6. Following receipt of the CDCES or certification candidate’s response, the Committee may proceed with a final determination in accordance with Rules R2.3 and R6.1. If the CDCES or certification candidate has been charged with a felony and/or possible violation of a pertinent rule or regulation, such charge will neither require nor preclude further action by the Committee.

R3.2 Affiliations. If the CDCES or certification candidate has been expelled or suspended for unethical or unprofessional conduct from a national, regional or state professional association, or had his/her license/registration or credential revoked or sanctioned in any way on ethical grounds by a federal or state licensing, registration, or certifying authority, the Committee shall review the records leading to the sanction(s), if available, and may, if appropriate, send the CDCES or certification candidate a notice that his/her/its credentialed status will be suspended, denied or revoked without further proceedings.

R3.3 Malpractice. If the CDCES or certification candidate has acknowledged committing or has been found to have committed malpractice, the Committee shall review the record leading to the findings, if available, and may thereafter send the CDCES or certification candidate a notice that his or her credentialed status will be suspended or revoked without further proceedings.

R3.4 Committee Hearing. Except in those instances set forth in Rule R3.1 above, if the CDCES or certification candidate’s credentialed status is revoked or suspended pursuant to Rule R3.2 or R3.3, within thirty (30) days from the date of notice of such decision, the CDCES or certification candidate shall be permitted to petition the Committee, in writing, to request an appeal hearing. The hearing shall be conducted orally by telephone conference call. The hearing may be conducted in person if the Committee determines that exceptional circumstances exist warranting an in-person hearing. The hearing shall be scheduled by the Committee within thirty (30) days of receipt of the CDCES or certification candidate’s notification, and shall take place within sixty (60) days thereafter at a date and time established by the Committee. The CDCES or certification candidate shall be responsible for all of his/her costs.

IV. DISCIPLINARY PROCEDURES: INITIAL CONSIDERATION

R4.1 Complaint. A complaint (“Complaint”) against any CDCES or certification candidate may be submitted by: (i) any party claiming to have been harmed by the unethical or unprofessional conduct of the CDCES or certification candidate; (ii) any national, regional or state professional association of which the CDCES or certification candidate is a member; (iii) any licensing or credentialing authority; (iv) CBDCE; or (v) the Committee. The Complaint must be in writing and must contain complete and accurate information as required by the Complaint form.

R4.2 Disclosure of Previous Actions. The Complainant shall inform the Committee of previous steps, if any, that have been taken with respect to the alleged unethical or unprofessional conduct and the results of such steps taken.

R4.3 Committee Complaint. The Committee may proceed on its own initiative when a CDCES or certification candidate appears to have violated the Canons by initiating an investigation and/or requesting information from the CDCES or certification candidate and/or by submitting a formal Complaint.

R4.4 Anonymous or Oral Complaint. The Committee may not act solely on the basis of an anonymous or oral Complaint.

R4.5 Additional Information. The Committee may, through correspondence or otherwise, seek supplementary information from the Complainant or any other party, when necessary, in order to completely evaluate the substance of the allegations. In the event that the Committee determines that additional information is necessary but the Complainant refuses to provide such information, the Committee may determine that the case should be closed.



V. DISCIPLINARY PROCEDURES: INITIAL ACTION

R5.1 Initial Determination. Within forty-five (45) days of receiving a Complaint from the Complainant, the Committee shall determine whether sufficient information exists to proceed with a formal investigation. The Committee shall not proceed until such time as the Committee is satisfied that the Complainant has complied with all procedural requirements. If the Committee concludes that an investigation is not warranted, it shall notify the Complainant of its determination within thirty (30) days thereafter.

R5.2 Formal Investigation. If the Committee determines that a formal investigation should ensue, it shall notify the Complainant and CDCES or certification candidate of its determination within thirty (30) days. The notification sent by the Committee to the CDCES or certification candidate shall include the Complaint and a description of the alleged behaviors involved in the Complaint, including the specific section of the Canons that the CDCES or certification candidate is alleged to have violated. The notification shall include a copy of the Canons and these Rules. The notification shall further contain the name of the Complainant. If the Complainant refuses to have his/her name known to the CDCES or certification candidate, the case shall be closed. The notification shall include a statement that the information submitted by the CDCES or certification candidate shall become part of the record and may be used in further proceedings.

R5.3 Response to Complaint. The CDCES or certification candidate is required to provide to the Committee, and personally sign, his/her written response within fifteen (15) business days from the date of the notification sent by the Committee. The CDCES or certification candidate's response must be complete, accurate and fully responsive to the Complaint. Failure to respond or any other unwarranted delay by the CDCES or certification candidate, or the lack of the CDCES or certification candidate's cooperation, shall in no way prevent the continuation or conclusion of the proceedings by the Committee as it deems fit.

R5.4 Additional Information. If, after receipt of the CDCES or certification candidate's response, the Committee determines that additional information is warranted from either or both the Complainant or the CDCES or certification candidate, or from any third party, it shall notify the Complainant and the CDCES or certification candidate of the request for additional information. The parties shall provide the additional information no later than fifteen (15) days from the date of the request for additional information.

R5.5 No Further Action. Once all of the information has been received pursuant to Rules R5.3 and R5.4 above, the Committee may conclude that the Complaint has no basis in fact, is insufficient or is likely to be corrected on its own merit and, therefore, may determine to close the case without

further action. Such decision shall be made within forty five (45) days of the Committee's receipt of all of the information. If the Committee determines to close the case, it shall inform both the Complainant and the CDCES or certification candidate.

R5.6 Right to a Hearing. If the Committee, having received all information pursuant to Rules R5.3 and R5.4 above, determines that further action is warranted, it shall notify the Complainant and the CDCES or certification candidate that the Committee is prepared to consider all of the information before it and render a decision on that basis. The CDCES or certification candidate may request that, prior to such analysis and decision, he/she be afforded the opportunity to have a hearing before the Committee so that he/she may present his/her interpretation of the facts before the Committee. If the CDCES or certification candidate desires to have a hearing before the Committee, he/she must so notify the Committee, in writing, within fifteen (15) days of the Committee's notification to the CDCES or certification candidate and Complainant as set out in this Rule R5.6. The CDCES or certification candidate's failure to timely request a hearing shall be deemed a waiver by the CDCES or certification candidate of the right to a hearing. All hearings shall be by telephone conference call unless, due to exceptional circumstances, the Committee determines in its sole discretion to conduct an in-person hearing. The Complainant shall be invited to be present during the hearing. If the Complainant is invited to be present during the hearing but does not attend, the hearing and investigation shall not be suspended or revoked. The Complainant's failure to attend may be considered as a factor in the Committee's determination relating to that particular matter.

R5.7 Peer Review. The hearing process shall be conducted through peer review. The CDCES or certification candidate may be accompanied by any third party, including legal counsel. However, the CDCES or certification candidate, personally, and not any other party including without limitation the CDCES or certification candidate's legal counsel, shall make all presentations, responses and address all issues to the Committee.

R5.8 Committee Panel. The Committee may, in its discretion, establish a panel ("Panel") consisting of at least three (3) Committee members, to act on its behalf at any hearing referred to in these Rules. The Panel shall conduct any such hearing in accordance with these Rules and shall report all findings during the hearing to the Committee for the Committee's consideration and determination.

R5.9 Hearing Date/Time. If the CDCES or certification candidate requests a hearing pursuant to Rule R5.6, the Committee shall schedule a hearing date no later than sixty (60) days after receipt of the CDCES or certification candidate's request. The Committee shall notify the CDCES



or certification candidate and Complainant of the date and time of the hearing. If the hearing is conducted by telephone conference call, the Committee, in its sole discretion, shall determine the date and time of the hearing. If the hearing is conducted in-person, the Committee, in its sole discretion, shall determine the location, date, and time of the hearing. The CDCES or certification candidate and Complainant shall each pay all of his/her own costs, respectively.

VI. DISCIPLINARY PROCEDURES: DISPOSITION OF COMPLAINT

R6.1 Committee Action. If the Committee concludes that some type of action is warranted, it shall adopt any one (1) or more of the following sanctions or take any other appropriate action:

- a. require that the CDCES or certification candidate cease and desist the alleged conduct;
- b. require the supervision of the CDCES or certification candidate as the Committee sees necessary;
- c. reprimand the CDCES or certification candidate if the Committee determines there has been a Canons violation but no damage to another person, the public or the profession has occurred;
- d. censor the CDCES or certification candidate if the Committee determines there has been a Canons violation but the damage done is not sufficient to warrant more serious action;
- e. place the CDCES or certification candidate under probation and actually and systematically monitor the CDCES or certification candidate for a specific length of time;
- f. if appropriate, refer the matter to the national, regional and state professional association and/or a state licensing, registration, or certifying authority;
- g. suspend or revoke the CDCES or certification candidate's credential;
- h. require the CDCES or certification candidate to take remedial personal rehabilitative and/or educational actions; and/or
- i. take any other action as set forth in Rule R2.3 above.

R6.2 Notification. The Committee shall notify the Complainant and CDCES or certification candidate of its determination and action to be taken within thirty (30) days of the date of its decision.

R6.3 Appeal. The CDCES or certification candidate shall have fifteen (15) days from the date of the notification to appeal the Committee's findings. The CDCES or certification candidate must notify the Committee in writing within fifteen (15) days of the date of the Committee's notification if he/she intends to appeal. The appeal must be mailed by certified mail, return receipt requested or by verifiable overnight

express mail service, to CBDCE's headquarters. The CDCES or certification candidate's notification must include all reasons and bases for the appeal. If the CDCES or certification candidate does not appeal the Committee's decision within the fifteen (15) day time period, the Committee's conclusions and sanctions shall be deemed final, effective immediately. The Committee shall so notify the Complainant and the CDCES or certification candidate.

R6.4 Panel. The Board may elect to establish a panel consisting of three (3) of its members ("Appeal Panel"), who are not simultaneously serving on the Committee, to act on its behalf to review, consider and make a final determination about an appeal of a Committee decision.

R6.5 Board. If the CDCES or certification candidate appeals a decision by the Committee regarding the imposition of discipline and/or sanctions, he/she must do so by submitting a written appeal statement. The Board or Appeal Panel shall consider the written appeal statement and all available evidence. The CDCES or certification candidate shall pay for all of his/her own costs.

VII. BOARD'S DECISION

R7.1 Further Consideration. The Board or Appeal Panel may, after reviewing the decision of the Committee, determine that the Committee did not properly review the evidence prior to making its final decision in the matter. In such case, the Board or Appeal Panel may remand the matter back to the Committee for further consideration.

R7.2 Board or Appeal Panel's Decision. The Board and Appeal Panel shall only overrule the Committee's decisions in the event of the following:

- a. the Canons were incorrectly applied;
- b. the findings of facts by the Committee were clearly erroneous;
- c. it would be unjust or unfair to implement the Committee's decision;
- d. the procedures used by the Committee were in serious and substantial violation of the Canons and these Rules; and/or
- e. the disciplinary sanctions determined by the Committee were grossly disproportionate to the facts.

In no event shall the Board and Appeal Panel be bound by the Committee's determination regarding the sanction.

R7.3 Notification. Within sixty (60) days of receipt of the written appeal statement, the Board or Appeal Panel shall notify the Complainant and the CDCES or certification candidate of its decision which shall be final. The Board and Appeal Panel's decision may not be appealed. Once the Board or Appeal Panel's decision has been made, it shall notify the Committee, which shall implement the Board or Appeal Panel's directives.



R7.4 Publication of Sanction. CBDCE shall report, at least annually, the names of all sanctioned CDCES or certification candidates and the violations of the Canons involved. In addition, CBDCE shall notify all interested national, regional and state professional associations as well state licensing and certifying authorities; and, on request, any interested person or public agency deemed necessary to protect the public and/or who recognizes the standards of CBDCE.

VIII. CLOSE OF CASE

R8.1 Close of Case. Once the final decision has been made by the Committee, the Board or Appeal Panel, the matter shall be closed and the files shall be retained at CBDCE's headquarters.

IX. REQUEST FOR REINSTATEMENT OF CREDENTIAL

R9.1 Reinstatement Request. CBDCE will consider all written reinstatement requests, which must include the following information: (i) the date of the final Committee or Board or Appeal Panel disposition; (ii) a complete statement of reasons that the CDCES or certification candidate believes support the reinstatement request; and (iii) copies of all relevant documents and materials supporting the reinstatement request. CBDCE will provide its decision to the CDCES or certification candidate within forty five (45) days of receipt of the reinstatement request.

X. GOVERNING LAW/VENUE

R10.1 Governing Law. The laws of the State of Illinois shall govern these Rules.

R10.2 Venue. The CDCES or certification candidate and CBDCE agree to file and pursue all claims and suits regarding these Rules solely with the applicable court in the jurisdiction in which CBDCE's headquarters are located.



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