



## HOW TO APPLY FOR CDCES CERTIFICATION VIA THE UNIQUE QUALIFICATIONS (UQ) PATHWAY

ELIGIBILITY REQUIREMENTS: REVIEW APPLICATION PAGES FOR DETAILED INFORMATION.

DOCUMENTS NEEDED TO APPLY UNDER THE UQ APPLICATION:

- [SECTION A: CANDIDATE DEGREE/TRANSCRIPT FORM](#)
- [SECTION B: PROFESSIONAL PRACTICE AND DCE HOURS FORM](#)
- [SECTION C: 30 CONTINUING EDUCATION \(CE HOURS\)](#)
- [SECTION D: CDCES RECOMMENDATION FORM](#) \*\* OR [SECTION E: HEALTH PROFESSIONAL RECOMMENDATION FORM](#) \*\*

\*\*EFFECTIVE 1/1/2025, APPLICANTS NEED TO EITHER PROVIDE ONE (1) CDCES RECOMMENDATION (SECTION D) OR TWO (2) HEALTH PROFESSIONAL RECOMMENDATIONS (SECTION E).

FEES:

- \$150 NON-REFUNDABLE FEE TO APPLY.
- IF YOUR APPLICATION IS APPROVED, THE \$150 APPLICATION FEE IS APPLIED TOWARD YOUR EXAM FEE.
- IF YOUR APPLICATION IS NOT APPROVED, THE \$150 FEE IS FORFEITED (NOT REFUNDED).

HOW TO APPLY: ONLINE APPLICATION PROCESS.

**STEP 1:** REVIEW THE REQUIREMENTS AND GATHER ALL YOUR SUPPORTING DOCUMENTS. APPLICANTS WILL UPLOAD ALL DOCUMENTS VERIFYING ELIGIBILITY DURING THE APPLICATION PROCESS.

**STEP 2:** CREATE AN ACCOUNT WITH CBDCE. GO TO [WWW.CBDCE.ORG](http://WWW.CBDCE.ORG) > SIGN IN > NEW USER? CREATE AN ACCOUNT! > FOLLOW THE PROMPTS TO CREATE YOUR CBDCE ACCOUNT AND PROFILE. IF YOU HAVE AN ACCOUNT WITH CBDCE, SIGN IN WITH YOUR LOGIN DETAILS.

**STEP 3:** ONCE IN YOUR CBDCE DASHBOARD > HOVER OVER CERTIFICATION (TOP NAVIGATION BAR) AND CLICK ON UNIQUE QUALIFICATION APPLICATION > CREATE NEW APPLICATION. REVIEW THE INSTRUCTIONS AND PROCEED THROUGH THE APPLICATION SECTIONS ENTERING YOUR DETAILS AND UPLOADING YOUR SUPPORTING DOCUMENTS.

**STEP 4:** PAYMENT. SUBMIT YOUR APPLICATION REVIEW FEE PAYMENT OF \$150 BY ENTERING YOUR PAYMENT INFORMATION IN THE SHOPPING CART AND SUBMITTING YOUR APPLICATION REVIEW FEE. THIS WILL SUBMIT YOUR APPLICATION.

**STEP 5:** CBDCE REVIEWS APPLICATION. YOU CAN TRACK THE STATUS IN YOUR CBDCE ACCOUNT > UQ APPLICATION > DETAILS.

**STEP 6:** IF YOUR APPLICATION IS APPROVED, YOU WILL BE SENT AN EMAIL ON THE APPROVAL AND INSTRUCTIONS ON APPLYING FOR AND PAYING THE EXAM FEE. (NOTING THAT THE \$150 APPLICATION REVIEW FEE IS APPLIED TOWARD YOUR EXAM FEE.)

**STEP 7:** UPON PAYMENT OF THE EXAM FEE, YOU WILL BE PROVIDED WITH A 90-DAY ELIGIBILITY WINDOW IN WHICH TO SCHEDULE AND TAKE YOUR EXAM. YOUR CBDCE ACCOUNT WILL SHOW YOU AS EXAM AUTHORIZED.

**STEP 8:** SCHEDULE YOUR EXAM. LOGIN TO YOUR CBDCE ACCOUNT > CLICK ON GET CERTIFIED > UQ EXAM APPLICATION > SCHEDULE EXAM > WHERE YOU WILL BE REDIRECTED TO THE PSI TEST TAKER PORTAL TO SCHEDULE.



## **ELIGIBILITY REQUIREMENTS AND INSTRUCTIONS FOR SUBMISSION OF UNIQUE QUALIFICATIONS (UQ) PATHWAY APPLICATION**

1. **Degree Verification.**

Obtain and submit either\* an:

- a. Official transcript verifying receipt that you hold a minimum of a master's degree in a health-related area/concentration from a United States college or university that is accredited by a nationally recognized regional accrediting body. The transcript must identify the date the degree was conferred and the major/concentration.

**OR**

- b. Official independent evaluation verifying equivalency to a minimum of a master's degree in a health-related area/concentration from a United States college or university. The degree must be independently evaluated and the official independent evaluation submitted for use in the degree evaluation. Any evaluation must be provided by an organization that is a current member of the National Association of Credential Evaluation Services ([www.naces.org/members.html](http://www.naces.org/members.html)). A comprehensive evaluation is required and must verify equivalency to a minimum of a master's degree in a health-related concentration/area from a United States college or university

*\*Individuals who meet the discipline requirement under the Standard pathway must apply under the appropriate license/registration and cannot apply via the UQ pathway. Visit <https://www.cbdce.org/eligibility> for discipline listing.*

2. **Read and Agree to 'Canons'.**

Identify that you have read and will agree to abide by the [CBDCE's Canons of Ethical Conduct and Rules and Procedures.](#)

3. **Professional Practice Experience.**

*To address the impact of the COVID-19 pandemic on the ability of health professionals pursuing the CDCES credential to accrue practice experience in diabetes care and education (DCE), the CBDCE Board of Directors has approved moving the temporary changes to the professional practice requirement relating to DCE for initial certification to permanent status. These changes took are reflected in this UQ application*

***DCE Professional Practice Experience Requirement Changes for those applying under the Unique Qualifications Pathway:***

- 1) For UQ applications submitted minimum DCE experience needed in prior 12 months permanently reduced from 400 hours to 200 hours; and*
- 2) For UQ applications submitted, minimum 2000 hours of DCE experience needed can be accrued over a longer period of time. The time frame is permanently increased to 5 years from application date.*

Professional practice experience MUST be obtained in the United States or its territories. Provide necessary documentation that at the time of application you met the professional practice experience requirement for the UQ pathway as identified below:

- A. After degree conferred, a minimum of 2 years of experience working/volunteering under the auspices of that degree.**
- B. After degree conferred, a minimum of 2000 hours of diabetes care and education (DCE) experience with at least 200 of those hours accrued in the most recent year preceding submission of the UQ application. In meeting the hourly requirement, professional practice experience is defined as responsibilities within the past 5 years that include the direct provision of DCE, as defined below by CBDCE.**



### **Definition of Diabetes Care and Education<sup>±</sup> -**

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 our purposes, diabetes care and education (DCE) is used.

DCE<sup>±</sup> 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 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.
- *Service 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 National Standards for Diabetes Self-Management Education and Support, American Diabetes Association. Diabetes Care, updated every year as the 1<sup>st</sup> supplement of "*Diabetes Care*".

### **On the Other Hand...**

For initial certification, there are activities that are not considered DCE for purposes of certification eligibility and should NOT be included as part of Professional Practice Experience. While not an exhaustive list, the following are examples of such activities:

#### **Occupational Activities**

- demonstrating a basic skill in which the health professional is not providing DCE
- providing medical assessment or diagnosis
- conducting/participating in research activities in which the health professional is not providing DCE
- dispensing/prescribing medications
- promoting sales of diabetes medications, supplies, and products

#### **Professional Activities**

- providing continuing education to professionals (e.g., teaching nurses, physicians)
- membership or committee work in professional organizations

#### **Personal Activities**

- having diabetes or caring for a family member with diabetes
- diabetes-related volunteer activities that do not include some or all the components of DCE



4. Continuing Education (CE) Requirement.

**A minimum of 30 clock hours of continuing education activities applicable to diabetes accrued within the two (2) years preceding submission of an application and approved by a recognized provider on CBDCEs List of Recognized Providers. Applicants will need to provide (upload) certificates of completion for the 30 CE hours earned during the application process.**

*For continuing education requirements refer to Section C: Continuing Education Activities Informational Sheet for details on what qualifies.*

5. Recommendations/References.

Submit recommendations/references from at least one CDCES OR Two healthcare professionals, who is knowledgeable about the scope of services you provide. (Sections D for a CDCES recommendation OR Section E for your 2 health professional recommendations)

6. Payment.

Provide payment of the non-refundable UQ application review fee - \$150 due at the time of application submittal.

If the application is approved, the \$150 review fee will be credited towards the full application fee for initial certification in effect at the time of application. (e.g., if approved and the current application fee for those applying for initial certification is \$350, you will need to pay an additional \$200 to schedule an appointment for the examination). If approved, applicants will need to log back into their CBDCE account > click on the UQ application > pay the exam fee. If the UQ application review is NOT approved, no refund of the review fee is provided.

7. Additional Information.

Additional information may be requested (e.g., curriculum vitae, job description) as needed to complete the review process.

8. Submitting the Application.

Applicants will create an account at CBDCE and submit the application via an online process. During the application process, the applicant will need to upload all supporting documents. Prior to placing the UQ application, applicants will want to make sure they have all the required documents on hand to upload.

9. Application Approval.

If approved through the UQ pathway, the applicant will be sent an email on its approval and additional instructions on applying for the exam and paying the exam fee.

10. Incomplete/Ineligible Applications.

An application submitted without all required information or UQ pathway application review fee or incorrectly completed will be rejected. Any UQ pathway applicant who does not or cannot provide required information, fee, or who does not meet eligibility requirements based on the documentation submitted will not be approved to apply and schedule an Examination. Eligibility requirements are not waived nor are exceptions made.

**IMPORTANT INFORMATION:** We will be communicating via email regarding the status of the UQ application review process, so you will want to identify "@CBDCE.org" as a safe sender in your various email accounts. CBDCE is not responsible for communications that do not reach you due to non-receipt of email messages.

**Questions?**

Email us at [info@cbdce.org](mailto:info@cbdce.org)

Phone us at 847-228-9795

**Need to Create an Account with CBDCE?**

Go to [www.cbdce.org](http://www.cbdce.org) > Sign In > New User? Create an Account!

## **CHECKLIST FOR UNIQUE QUALIFICATIONS PATHWAY APPLICATION**

Use this checklist to ensure that you have met the requirements before submitting your application.

Applicants will apply online at CBDCE.

Log in to an existing CBDCE account at [www.cbdce.org](http://www.cbdce.org) > Sign in > Enter your login details

Need to create an account: Go to [www.cbdce.org](http://www.cbdce.org) > Sign In > New User? Create an Account!

- ☐ **SECTION A: CANDIDATE DEGREE/TRANSCRIPT FORM.** Have you submitted **EITHER** an official transcript verifying receipt of a minimum of a master's degree in a health-related area/concentration from a United States college or university that is accredited by a nationally recognized regional accrediting body? The transcript must identify the date the degree was conferred and the major/concentration; **OR** an official independent evaluation verifying equivalency to a minimum of a master's degree in a health-related area/concentration from a United States college or university. If using a degree from outside the US, the degree must be independently evaluated and the official independent evaluation submitted for use in the degree evaluation. Any evaluation must be provided by an organization that is a current member of the National Association of Credential Evaluation Services ([www.naces.org/members.html](http://www.naces.org/members.html)). A comprehensive evaluation is required and must verify equivalency to a minimum of a master's degree in a health-related concentration/area from a United States college or university.

- ☐ **SECTION B: PROFESSIONAL PRACTICE AND DCE HOURS FORM**

**2 YEARS EXPERIENCE IN DEGREE.** Do you have a minimum of 2 years of experience working/volunteering under the auspices of your advanced degree? This may or may not include DCE. Did you have a completed **Section B** as verification for that experience?

**2000 HOURS DCE EXPERIENCE.** Do you have the minimum of 2000 hours of diabetes care and education (DCE) experience accrued within the 5 years prior to your application date with at least 200 of those hours accrued in the year prior to your date of this application? Did you include a completed **Section B** as verification of that experience? If this was accrued with more than one employer, you will need to submit a separate Section B for each employer needed to bring you to the required 2000 hours.

- ☐ **SECTION C: 30 CONTINUING EDUCATION (CE) HOURS.** Did you earn at least 30 CE hours related to diabetes and are those activities approved by a recognized provider on CBDCE List of Recognized Continuing Education Providers?

**Do you have the certificates of completion for the 30 CE hours to upload in the application? 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. Reminder that continuing education needs to be provided by or approved by one of the providers on our list of Recognized Continuing Education Providers.**

- ☐ **SECTION D: CDCES RECOMMENDATION FORM.** Do you have a CDCES who will be completing a recommendation form (Section D) for you, have them complete Section D? If not, you will need two (2) Section Es.

- ☐ **SECTION E: HEALTHCARE PROFESSIONAL RECOMMENDATION FORMS.** If you do NOT have a CDCES recommendation, you will need two (2) recommendation forms from two (2) healthcare professionals. Have each healthcare professional each complete a Section E form.

- ☐ **COPIES FOR YOUR RECORDS.** We recommend you keep a file of the UQ pathway application materials submitted.

- ☐ **SUBMITTING THE APPLICATION AND PAYING THE APPLICATION REVIEW FEE.** Upon submittal of the application, you will need to pay the \$150 non-refundable application review fee. You will do this online. Once your eligibility is approved, you'll need to submit the exam fee balance. This is done in your CDCES account.

- ☐ **TRACKING APPLICATION STATUS.** You can track the status of your UQ application in your CDCES account.



**SECTION A – Contact Information and Advanced Degree Information Form.**

**1) APPLICANT INFORMATION**

Name (print) \_\_\_\_\_

Email address (required)\*: \_\_\_\_\_

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**2) EDUCATION INFORMATION**

My advanced degree (minimum of a master's degree) is in the following health related major/concentration:

\_\_\_\_\_

Date degree was conferred: \_\_\_\_\_(mm/dd/yyyy)

Name of United States College or university that conferred advanced degree OR organization that completed degree equivalency review and provided the equivalency documentation:

\_\_\_\_\_

**If conferred in the United States, an official transcript for my advanced degree is included with this UQ application. The transcript includes information on the degree awarded, the date it was awarded, and the area of concentration. If the degree was awarded outside the United States, the equivalency documentation must be provided.**

My bachelor's degree was awarded in the following major/concentration:

\_\_\_\_\_

Initials: \_\_\_\_\_



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

*Complete this page for each employer that is verifying your experience.*

*Applicant completes top portion; verifier completes bottom portion.*

Applicant's Name: \_\_\_\_\_

Applicant's Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Institution/Practice Site: \_\_\_\_\_

Address: \_\_\_\_\_

**1. Employment status:** I am currently employed/self-employed or volunteered in this position.

☐ YES ☐ NO

**2. Dates of experience in this position:**

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy) (mm / dd / yyyy)

**3. For the employment dates identified above, my diabetes care and education (DCE) hours accrued are:**

3a. A total of \_\_\_\_\_ DCE hours were accrued and earned within the 5 years prior to the date of this application but after achievement of my discipline or advanced degree. (Minimum 1000 hours required to meet the requirement; 2000 hours for the Unique Qualifications)

3b. Of the total in [3a] above, \_\_\_\_\_ DCE hours were accrued within the 12 months prior to the date of this application. (Minimum 200 DCE hours required to be accrued in 12 months prior to application date.)

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

For self-employment positions - A licensed healthcare professional, e.g., department head, chief of staff, Certified Diabetes Care and Education Specialist or other health professional, who knows you and is familiar with your practice can complete this section.

**Verification of Professional Practice and DCE Experience**

I have reviewed the above employment/volunteer/self-employed practice experience and am familiar with her/his professional practice and/or practice in diabetes care and education and verify that to the best of my knowledge all information is accurate, complete, and truthful. I understand I may be contacted regarding this information and I am NOT the applicant, spouse, business partner or an employee of the applicant.

**Verifier Name (printed)** \_\_\_\_\_

☐

I am the supervisor and verifying the applicant's employment/volunteer practice experience

☐

I am verifying the applicant's self-employment practice experience

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

(Original Signature Only)

**Title** \_\_\_\_\_ **Department** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Daytime Telephone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

## SECTION C – Continuing Education Activities Informational Sheet

Applicants applying for CDCES certification under the Unique Qualifications (UQ) Pathway must accrue 30 clock hours of continuing education (CE) in content areas applicable to diabetes. These CE hours must be accrued/earned in the 2 years prior to the date of the UQ application and the CE activities must be approved by one of CBDCE's Recognized Continuing Education Providers.

**Applicants will be required to upload the CE certificates for the 30 CE hours online in the UQ application – Section C of the application.**

All CE must be approved by a provider on the CBDCE List of Recognized Continuing Education Providers (see list below).

### Recognized Continuing Education Providers

Association of Diabetes Care and Education Specialists (ADCES)  
American Diabetes Association (ADiAbA)  
Academy of Nutrition and Dietetics (Academy), formally the American Dietetic Association  
Accreditation Council for Pharmacy Education (ACPE) Accredited or Approved Providers  
Accreditation Council for Continuing Medical Education (ACCME- AMA) Accredited or Approved Providers  
American Nurses Credentialing Center (ANCC)  
Accredited or Approved Providers  
American Academy of Family Physicians (AAFP) American Academy of Nurse Practitioners (AANP) American Academy of Optometry (AAO)  
American Academy of Physician Assistants (AAPA) American Association of Clinical Endocrinologists (AACE) American College of Endocrinology (ACE)  
American College of Sports Medicine (ACSM) American Medical Association (AMA) American Nurses Association (ANA)  
American Occupational Therapy Association (AOTA) American Osteopathic Association (AOA)  
American Physical Therapy Association (APTA) American Psychological Association (APA) American Podiatric Medical Association (APMA)  
Commission on Dietetic Registration (CDR) Accredited or Approved Providers  
Council on Continuing Medical Education (CCME-AOA) Approved Sponsors  
Council on Podiatric Medical Education (CPME-APMA) Approved Sponsors  
International Diabetes Federation (IDF)  
National Association of Clinical Nurse Specialists (NACNS)  
National Association of Social Workers (NASW)  
National Commission for Health Education Credentialing (NCHEC) Designated Providers



## Additional Guidelines for Reporting Continuing Education Activities

### Expectations:

- Health professionals specializing in diabetes education will demonstrate through renewal of certification:
  - knowledge and skills are up-to-date
  - ability to practice proficiently, safely, and in a manner consistent with current National Standards of Diabetes Self-Management Education and Support (NSDSMES)
- All CDCES 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.

### Continuing education activities:

- Must be 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 Certification Handbook for Diabetes Educators is considered applicable to diabetes.
- Must be completed as defined by the renewal of continuing education cycles policy. (All continuing education activities must be completed prior to the application deadline and before submitting the application.)
- Must be at a professional level that enhances the quality and effectiveness of diabetes self-management education practice.
- Does not have to be discipline specific nor does it 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

### Activities acceptable for continuing education:

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

### Activities not acceptable for continuing education:

- Academic courses
- Other certification/credentials awarded
- Elected office or serving on Boards and/or Committees
- Articles or books written by the applicant
- Journal clubs or professional reading
- Presentations or lectures by the applicant
- Posters or poster sessions and exhibits
- Preceptorships or mentor hours
- Research
- Volunteer activities

### Continuing Education Hours:

A. 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.

B. 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.

## SECTION D – Certified Diabetes Care and Education Specialist (CDCES) Recommendation Form

UQ applicants must submit, during the application process, EITHER one (1) recommendation from an active CDCES OR two (2) recommendations from 2 health professionals confirming your experience as a diabetes care and education specialist. Use this form (Section D) for a CDCES recommendation.

If you do not have a CDCES recommendation, use Section E form for the recommendations from two (2) Health Professionals.

Applicant's Name: \_\_\_\_\_

### 1) CDCES Contact Information

Name of CDCES (please print): \_\_\_\_\_

Certification Number: \_\_\_\_\_

Daytime phone (include area code): \_\_\_\_\_ Extension: \_\_\_\_\_

Email address (required): \_\_\_\_\_

Practice Site: \_\_\_\_\_

Mailing address: \_\_\_\_\_

### 2) Applicant Recommendation Details

a. How do you know this individual in their role providing diabetes care and education (e.g., co-worker, employee referral source)?

\_\_\_\_\_

b. I have known this individual for \_\_\_\_\_ years in their role providing diabetes care and education (DCE).

c. I have worked with this individual for \_\_\_\_\_ years. (Use "N/A" if you have not worked with this person)

d. Do you refer people/clients to the applicant for DCE or to the program (where the applicant provides DCE)?

Yes ☐ No ☐ (Check one)

If you answered yes, please provide the following:

How many years have you referred to this individual/program? \_\_\_\_\_

How many people/clients have you referred to this individual/program in that time? \_\_\_\_\_

What is the date of the most recent referral to this individual/program? \_\_\_\_\_ (mm/yyyy)

### 3) CDCES Signature

I know this applicant and am knowledgeable about the scope of services she/he performs in their role providing DCE. To the best of my knowledge this applicant abides by CBDCE's [Canons of Ethical Conduct](#). I recommend this applicant be approved to take the Certification Examination for Diabetes Care and Education Specialists.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

## SECTION E – Health Professional Recommendation Form

If you do not have a CDCES recommendation, then you must provide two (2) recommendations from two healthcare professionals confirming your experience as a diabetes care and education specialist. This form must be submitted during the application process.

Applicant's Name: \_\_\_\_\_

### 1) Contact Information

Name of Individual (print): \_\_\_\_\_

Health care credentials: \_\_\_\_\_

Are you an active CDCES? Yes ☐ No ☐ (check one)

If yes, certification number: \_\_\_\_\_

Daytime phone (include area code): \_\_\_\_\_ Extension: \_\_\_\_\_

Email address (required): \_\_\_\_\_

Practice Site: \_\_\_\_\_

Mailing address: \_\_\_\_\_

### 2) Applicant Recommendation Details

a. How do you know this individual in their role providing diabetes care and education (e.g., co-worker, employee, referral source)?

\_\_\_\_\_

b. I have known this individual for \_\_\_\_\_ years in their role providing diabetes care and education (DCE).

c. I have worked with this individual for \_\_\_\_\_ years. (Use "N/A" if you have not worked with this person)

d. Do you refer people/clients to the applicant for DCE or to the program (where the applicant provides DCE)?

Yes ☐ No ☐ (check one)

If you answered yes, please provide the following:

How many years have you referred to this individual/program? \_\_\_\_\_

How many people/clients have you referred to this individual/program in that time? \_\_\_\_\_

What is the date of the most recent referral to this individual/program? \_\_\_\_\_(mm/yyyy)

### 3) Signature

I know this applicant and am knowledgeable about the scope of services she/he performs in their role providing DCE. I recommend this applicant be approved to take the Certification Examination for Diabetes Care and Education Specialists.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_(mm/dd/yyyy)