

INSTRUCTIONS FOR SUBMISSION OF UNIQUE QUALIFICATIONS (UQ) ELIGIBILITY 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). 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. 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 completed forms as necessary to document that at the time of application, you met the professional practice experience requirement for those educators seeking to use 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[±] - 2024

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[±] 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 1st 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 Requirement.

Provide completed form as necessary to document that at the time of application you met the continuing education requirement for those educators seeking to use the UQ pathway.

A minimum of 30 clock hours of continuing education activities applicable to diabetes within the two (2) years preceding submission of an application.

For continuing education details refer to Guidelines for Reporting Continuing Education Activities provided in the UQ Pathway Eligibility Application packet or the 2024 Certification Examination Handbook, Appendix II, Continuing Education Guidelines – Initial Certification.

5. Recommendations/References.

Submit recommendations/references (Sections D and E of the application) from at least one CDCES and one additional health professional, each of whom is knowledgeable about the scope of services you provide.

6. Payment.

Provide payment of the non-refundable UQ application review fee - \$150, made payable to CBDCE via check or money order. If your application is approved, the \$150 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 your UQ application review is unsuccessful, no refund of the fee is provided.

7. Additional Information.

Additional information may be requested (e.g., curriculum vitae, job description).

8. Submitting the Application.

Submit all the materials and payment in one packet for receipt using certified mail or a traceable courier service to:

CBDCE
Attn: UQ Pathway Application
1340 Remington Road, Suite J
Schaumburg, IL 60173
(Telephone: 847-228-9795)

We suggest sending via certified mail or other courier receipt to serve as proof that the materials were submitted in the event the materials are not received. Please retain a copy of your application and support documents for your own records.

9. Application Approval.

If approved through the UQ pathway, you will be sent an email and hard copy letter notifying you of the approval along with information on applying for, scheduling, and taking the CDCES exam. You are encouraged to review the current Certification Examination for Diabetes Care and Education Handbook for general information on the examination policies and procedures. You are also encouraged to contact the CBDCE national office at 847-228-9795 if you have any questions about the required documentation prior to submission.

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 schedule an Examination. Eligibility requirements are not waived nor are exceptions made.

CHECKLIST FOR UNIQUE QUALIFICATIONS PATHWAY APPLICATION

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

- TRANSCRIPT.** 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). 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.
- 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 include a 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 your 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 hours.
- 30 CONTINUING EDUCATION (CE) HOURS.** Did you earn at least 30 CE hours related to diabetes and approved by a recognized provider on CBDCE List of Recognized Continuing Education Providers? Did you complete Section C? Have you included the certificates of completion for the CE hours? *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.*
- CDCES RECOMMENDATION FORM.** Did you obtain a completed Section D?
- ADDITIONAL HEALTH PROFESSIONAL RECOMMENDATION FORM.** Did you obtain a completed Section E?
- APPLICATION REVIEW FEE.** Have you submitted payment of the non-refundable UQ application review fee?
- COPIES FOR YOUR RECORDS.** Have you made copies of all UQ pathway application materials for your files?
- SUBMITTING THE APPLICATION.** Have you arranged to send all materials and fee to CBDCE by certified mail or traceable courier service?

Retain this checklist, a copy of your UQ Pathway application materials, and the proof of mailing for your records. Under no circumstances are materials, including copies, returned to applicants.

Your documentation will be reviewed and notifications of decisions on UQ applications are sent by CBDCE as soon as possible after receipt. However, please note that the review process may take from 6-8 weeks after receipt, dependent on the status of the application.

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.



SECTION A – Contact Information, Canons of Ethical Conduct Attestation, and Advanced Degree Information Form. Complete ALL sections.

1) APPLICANT INFORMATION

Name (print) _____

Gender: ___ Male ___ Female ___ Do Not Wish To Answer

For identification purposes, provide the full date of birth (mm/dd/yyyy): _____

Mailing Address: _____
Street Address Apt/Unit

_____ City State Zip Code

Daytime phone (include area code): _____ Extension: _____

Email address (required)*: _____

I attest that I have read the requirements, and prior to applying, meet both the professional practice and continuing education requirements. I also understand that additional information may be requested (e.g. curriculum vitae, job description).

Signature _____ Date _____(mm/dd/yyyy)

2) CANONS OF ETHICAL CONDUCT ATTESTATION

I attest that I have read and agree to abide by CBDCE's [Canons of Ethical Conduct and the Canons' Rules and Regulations.](#)

Initials: _____ Date: _____(mm/dd/yyyy)

3) 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 for standard application; 2000 hours for 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 Summary Form

Submit one Section C. Application for initial certification requires that individuals document accrual of **30 clock hours** of continuing education in content areas applicable to diabetes in the 2 years prior to the date of UQ application. All CE must be approved by a provider on the CBDCE List of Recognized Providers. Refer to the Guidelines for Reporting Continuing Education Activities provided in the UQ Eligibility Application packet before completing this form. Make additional copies of this form as needed to document your continuing education activities.

Applicant's Name: _____

Title of Activity	CBDCE Recognized Provider* (Do not use abbreviations or acronyms for first listing of an organization) *Provider must appear on the CBDCE List of Recognized Providers.	Date Attended or Completed	Hours Being Claimed**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
TOTAL HOURS** **(must total at least 30 clock hours in no more than 2 years prior to the date of UQ application)			

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

At least one of the two recommendations for approval through the UQ Pathway must be completed and submitted by an active Certified Diabetes Care and Education Specialist (CDCES) confirming your experience as a diabetes care and education specialist.

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 – Additional Health Professional Recommendation Form

Two recommendations confirming your experience as a diabetes educator must be submitted with the application, with at least Section E form submitted by an active CDCES. The second recommendation, Section F, can be from a CDCES or other health professional, preferably a referral source.

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)

Guidelines for Reporting Continuing Education Activities – Initial Certification

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 Hour

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.

C. Recognized Continuing Education Providers

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

- Association of Diabetes Care and Education Specialists (ADCES)
- American Diabetes Association (ADIAB)
- 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

Continuing education from accredited academic institutions within the United States or its territories granting degrees related to professional practice is also accepted.