



Diabetes Care and Education Mentorship Program Experience Verification Document

Name of Mentee (print) _____

1. Total Diabetes Care and Education Hours Accrued

Has successfully completed _____ hours of professional practice in diabetes care and education (DE) in the Diabetes Education Mentorship Program.

2. Accrual Period Documentation for Diabetes Care and Education Hours

The start date for the accrual of hours: _____ (mm/dd/yyyy).

The end date for the accrual of hours: _____ (mm/dd/yyyy).

Note: For initial certification examination eligibility, volunteer experience under a CBDCE approved mentor is acceptable for meeting the professional practice experience in diabetes care and education (DCE). Acceptable hours must have been accrued no earlier than five (5) years prior to the date of application for the Examination, e.g., applying for Examination on July 30, 2025, all acceptable DCE practice experience must have been obtained between July 30, 2020 and July 30, 2025. Current requirements include the need for 1000 DCE hours earned within the 5 years prior to applying for the Examination with a minimum of 200 hours of DCE to be accrued within the 12-month period prior to applying for the Examination.

3. Verification Signature

Mentor signature _____
(original)

Name of Mentor (print) _____

CDCES Number: _____ Date _____

Upon completion of the mentorship, to close out the partnership:

- ✓ Complete this form including signature and submit original signed form to CBDCE national office via fax or mail.
- ✓ Mentor will retain a copy for his/her records and may use this form as verification of mentorship CE under the Expanded Activities, CBDCE Mentorship Program category.
- ✓ Mentor will provide mentee with a copy of this document for his/her submission with their application/audit documentation as verification of the hours accrued from the mentorship partnership.

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