



## Diabetes Care and Education Mentorship Program Partnership Agreement Form

Name of Mentor (print) \_\_\_\_\_

CDCES Number: \_\_\_\_\_

Agrees to serve as a mentor for

\_\_\_\_\_  
Mentee Name (Print)

The mentoring experience will begin on \_\_\_\_\_ (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 DE 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.*

Mentor signature \_\_\_\_\_  
(original)

Date \_\_\_\_\_

Mentee signature \_\_\_\_\_  
(original)

Date \_\_\_\_\_

**Upon completion:**

- ✓ Send original to CBDCE nation office via fax or mail.
- ✓ Mentor to retain copy for his/her records.
- ✓ Mentor will provide copy to mentee.

V6\_1/2025

**Certification Board for Diabetes Care and Education**

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