

INSTRUCTIONS FOR SUBMISSION OF AUDIT DOCUMENTATION

1. Provide completed forms as necessary to document that at the time of application you met the discipline and professional practice experience requirements as identified in the *2023 Certification Examination for Diabetes Care and Education Specialists Handbook*. You are encouraged to contact the CBDCE national office at 847-228-9795 if you have any questions about the required documentation prior to submission.
2. Submit the materials for receipt by the audit deadline date using certified mail or a traceable courier service to:

CBDCE
Attn: Audit Process
1340 Remington Road, Suite J
Schaumburg, IL 60173

Telephone: 847-228-9795

(a) A certified mail, certificate of mailing or other courier receipt will serve as proof that the materials were submitted in the event the materials are not received by the deadline. Please be mindful that the audit materials **are sent to the CBDCE** national office (above address), NOT to PSI.

(b) If you would prefer to send electronically, CBDCE can set you up with a Dropbox for you to upload your documents. To request a Dropbox, send your request for an Exam Audit Dropbox to info@cbdce.org.

An audit submitted without all required information or incorrectly completed will be rejected. Any applicant who does not or cannot provide required information, or who does not meet eligibility requirements based on the documentation submitted, will be deemed incomplete and ineligible for the Exam. Eligibility requirements are not waived nor are exceptions made.

CHECKLIST – AUDIT MATERIALS FOR INITIAL CERTIFICATION

Use this checklist to ensure that you have completed all required procedures before submitting your audit documentation.

- CBDCE AUDIT FORMS.** Have you completed all required forms AND submitted sufficient documentation that you met all the requirements at the time of application?
- DISCIPLINE VERIFICATION.** Did you include a copy of your current license, certification, or registration or verification letter of licensure, certification, or registration?
- 2 YEARS PROFESSIONAL EXPERIENCE.** Do you have a minimum of 2 years of experience working/volunteering in your discipline verified? This may or may not include DCE. Did you include a Section B and C for this experience?
- 1000 HOURS DCE EXPERIENCE.** Do you have the minimum of 1000 hours of DCE experience accrued with 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 verified? Did you include your Section B and C as verification of that experience for each employer needed to bring to the requirement hours?
- 15 CONTINUING EDUCATION HOURS.** Did you earn 15 CE hours related to diabetes and approved by a recognized provider on the CBDCE List of Recognized Continuing Education Providers? Were these hours earned within the 2 years prior to your application date? Have you included the certificates of completion for the CE hours are the documents in the same order as the summary form?

Each CE document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, provided by, or approved by a recognized provider(s), and the total number of credits or contact hours awarded.

If content applicable to diabetes is not evident from the title of the activity, have you included a brief description?

- COPIES FOR YOUR FILES.** Have you made copies of all audit materials for your files?
- SUBMISSION OF AUDIT MATERIALS.** Have you arranged to send all audit materials to CBDCE by certified mail or traceable courier service?

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

Your audit documentation will be reviewed as quickly as possible upon receipt. Once approved by CBDCE, CBDCE will notify PSI of the approval and PSI will send you an email eligibility notification and postcard. Once you receive your email eligibility notification, you may then proceed to schedule your exam. Notifications of approved audits are sent by CBDCE to PSI. Contact CBDCE if you have not heard on your audit status within 3 weeks of sending.

SECTION A – Contact Information and Discipline Requirement Verification FormComplete BOTH sections.**1) APPLICANT INFORMATION**

Name (print/type) _____

For identification purposes, provide your birth month/day as reported on your exam

application: _____

Date on line application completed or paper application signed: _____
(exact month, day and year)Mailing Address: _____
Street Address Apt/Unit
City State Zip Code

Daytime phone (including area code): _____

Email address: _____

Signature _____ Date _____

2) DISCIPLINE VERIFICATION INFORMATIONCheck ONE only and include the original date of licensure/certification/registration as required.

- I applied under the license/certification/registration requirement: Enclosed is either a photocopy of current license, registration or certification from the issuing credentialing body or an official written verification form from the appropriate credentialing body. Note: Applicants must maintain current, active, unrestricted licensure or registration through the date of the Examination and throughout the certification cycle.

My original date* of licensure/registration is:_____/_____/_____
Month Day Year*See below:

- a. For clinical exercise physiologists, clinical psychologists, registered nurses, nurse practitioners, clinical nurse specialists, occupational therapists, optometrists, pharmacists (RPh or PharmD), physical therapists, physicians, or podiatrists, indicate the month/day/year you first received your license/certificate to practice in your professional discipline, i.e., the date your license/certificate was originally conferred.
- b. For PAs or registered dietitians/registered dietitian nutritionists, indicate the month/day/year you were first registered, e.g., for a registered dietitian, report the day you originally received registration with the Commission on Dietetic Registration, NOT state license information. PAs and registered dietitians/registered dietitian nutritionists should NOT report or submit state license information.
- I applied with an **advanced degree in social work** and provided a transcript at the time of application.



SECTION B – Professional Practice Experience

Complete one Section B for each position required to document meeting the practice requirement:

1) a minimum of 2 years of professional practice experience in the discipline under which you applied (e.g., applied as a RN – 2 years' experience working/volunteering as a registered nurse or applied as a RD – 2 years working/volunteering as a registered dietitian);

AND
2) 1000 hours of professional practice experience in diabetes care and education (DCE) in no more than 5 years prior to the date of application **WITH** at least 20% of those hours (200 hours) accrued in the 12 months prior to the date of application.

Applicant's Name: _____ ****Position #** _____
**** (list positions chronologically with #1 present position)**

Position Title: _____ Department: _____

Institution/Practice Site: _____

Street Address _____

City, State and Zip Code _____

1. **Employment status** (circle/check one ONLY): Yes No I am currently employed/self-employed or volunteered in this position.

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

FROM / / TO / / Note: "TO" date can be no later than the date the
(mm / dd / yyyy) (mm / dd / yyyy) on line application was submitted OR paper application signed)

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)

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.)

4. **Practice setting** (check one only):

- Hospital Inpatient Only
- Hospital Outpatient Only
- Both Hospital Inpatient & Outpatient
- Other (specify) _____
- Non-Hospital Outpatient
- Provider's Office (MD, DO, NP)
- Community Health Agency
- Home Health Agency
- Self-Employment/Private Practice

5. **Provide a description of the setting.** Use a separate sheet of paper if necessary

6. **Delivery method for DCE you provide(d) in this position** (check one only):

- Face to face only
- Electronic only (e.g., telephone, internet, virtual)
- Face to face and electronic

7. **For self-employment positions only, include referral information below:**

Applicants who are claiming self-employment experience must report sources of patient/client referrals, including names, addresses and telephone numbers, the length of time each has been a referral source, and number of patients/clients referred. Use a separate sheet if necessary. Health care professionals who may not have referral sources (e.g., physicians) must describe the process by which persons with diabetes come to their practices. **Complete information must be provided for each referral source.**

Name of Referral Source	Address and Telephone	Length of Time as Referral Source	Number of Patients/ Clients Referred

I do not have referral sources for my private practice. Provide a separate sheet of paper describing the process by which persons with diabetes come to your practice.



SECTION C – Professional Practice Verification Form *Provide one Section C* for each Section B submitted.*

For employment/volunteer positions, the immediate supervisor must complete **Box 1**.

**Note: To verify experience in the CBDCE Diabetes Care and Education Mentorship Program, submit the Mentorship Program Experience Verification Document in place of Section C.*

For self-employment positions, a licensed health 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 must complete **Box 2**.

Applicant's Name: _____ Position # _____

Box 1 – For Employment/Volunteer Verification. This statement must be signed and dated.

This applicant:

- 1) provides/d DCE as defined in the *2023 Certification Examination for Diabetes Care and Education Specialists Handbook*
- 2) has provided correct information regarding dates of experience and hours of DCE being claimed on Section B for this position; and
- 3) if DCE is/was provided solely by electronic means, there is a provision for client referral to another health care professional when face-to-face education is/was indicated.

I have reviewed Section B for this position and attest that I am the applicant's supervisor and that to the best of my knowledge all information is accurate, complete, and truthful. I understand I may be contacted regarding this information.

Supervisor's Name (printed) _____
(Must be applicant's immediate supervisor or notation regarding reason qualified individual other than immediate supervisor completing form must be included with this document)

Signature _____ Date Signed _____
(Original Signature Only)

Title _____ Department _____

Institution _____

Street Address _____

City _____ State _____ Zip Code _____ Daytime Telephone _____

Email Address _____

Box 2 – For Self-Employment Verification. This statement must be signed and dated.

- 1) I have known the applicant above since _____ (mm/yyyy) in my capacity as _____ (your professional title).
- 2) I am familiar with her/his practice in diabetes care and education.
- 3) I (circle/check one) → YES NO refer/referred individuals with diabetes to this practice.
- 4) The applicant a) provides/d DCE as defined in the *2023 Certification Examination for Diabetes Care and Education Specialists Handbook*; and b) if DCE is/was provided solely by electronic means, there is a provision for client referral to another health care professional when face-to-face education is/was indicated.
- 5) I am NOT the applicant, spouse, business partner or employee of the applicant.
- 6) I have reviewed Section B for this position and attest that to the best of my knowledge all information is accurate, complete, and truthful. I understand I may be contacted regarding this information.

Name (printed) _____ Relationship to Applicant _____

Signature _____ Date Signed _____
(Must be true signature and not typed in)

Title _____ Department _____

Institution _____

Street Address _____

City _____ State _____ Zip Code _____ Daytime Telephone _____



SECTION D – Continuing Education Activities Summary Form

Submit one Section D. Application for initial certification requires that individuals document accrual of 15 clock hours of continuing education in content areas applicable to diabetes in the 2 years prior to the date of application. Refer to the Guidelines for Reporting Continuing Education Activities provided in the Audit Documentation packet before completing this form.

Applicant’s Name: _____

Title of Activity	CBDCE Recognized Provider* (Do not use abbreviations or acronyms) *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.			
TOTAL HOURS**			
** (must total at least 15 clock hours in no more than 2 years prior to the date of application)			

Guidelines for Reporting Continuing Education Activities – Initial Certification

1. 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 individuals 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. Continuing Education 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 Examination Content Outline published in the *2022 Certification Examination for Diabetes Care and Education Specialists Handbook* is considered applicable to diabetes.
- All continuing education activities must be completed before submitting the application.
- Must be at a professional level that enhances the quality and effectiveness of diabetes care and 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 for initial certification:

- 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.

C. 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.

Recognized Continuing Education Providers

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

American Association of Diabetes Care and Education Specialists (ADCES) (formerly AADE)
American Diabetes Association (ADA)
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 PAs (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 are also accepted.