



# DIABETES CARE AND EDUCATION SPECIALIST MENTORSHIP PROGRAM

## MENTEE INFORMATION & RESOURCES PACKET



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# PHASES OF A MENTORING RELATIONSHIP

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## Initiation phase

- Mentor is admired and respected for competence and ability to provide support and guidance
- Mentee represents someone with potential, can provide technical assistance and can transmit mentor's values

## Cultivation phase

- Positive expectations are tested against reality
- Career functions emerge first; psychosocial functions emerge as the interpersonal bond strengthens

## Separation phase

- Relationship is less central part of each individual's life at work; feelings of loss, anxiety
- Structural and emotional separation
- Provides opportunity for mentee to demonstrate skills and operate independently and for mentor to demonstrate that one has been successful in developing new talent

## Redefinition phase

- Relationship becomes, primarily, a friendship
- May have ambivalence, discomfort

(Kram 1983)



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# *INITIAL MEETING:*

## STRUCTURING TIME AND DISCUSSION

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Determine how to use your time together to establish a solid partnership and address mentoring goals and everyday issues. We suggest a first meeting of about 1½ hours covering the partnership:

**Goals and Priorities.** Mentor and mentee sharing of goals and priorities. For example: What does each person expect to get out of this partnership?

**Time and Commitment.** How much time and commitment is the mentee willing to put into the partnership and can the mentor accommodate the request? Are there any organizational needs prior to start? Is the mentee willing to do the necessary work?

**Gaps in Knowledge.** Identify and address gaps in knowledge and experience for mentor and mentee. Talk through your needs with your mentor. (Include the detailed information on your DCE needs that you provided in your mentee application).

**Expectations.** A critical component of a successful mentoring relationship is clarity of commitment and expectations. Mentors and mentees need to agree on:

- Scheduling and logistics of meeting
- Frequency and mode of communicating between meetings
- Responsibility for rescheduling any missed meetings
- Confidentiality
- “Off-limits” conversations
- Giving and receiving feedback
- Working with formalized mentee goals

**Next Steps.** Summarize discussion, clarify tasks, schedule follow-up meeting (See also page 13 in this document)



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# ***CULTIVATING THE RELATIONSHIP: BUILDING TRUST***

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When people trust each other, they allow their most authentic self to emerge. They feel free to share concerns, insecurities and doubts. Listening to each other builds trust. Sharing reservations and uncertainties builds trust. Most importantly, demonstrating by our acts that we are trustworthy builds trust.

<i><b>BEHAVIORS THAT BUILD TRUST</b></i>	<i><b>BEHAVIORS THAT DESTROY TRUST</b></i>
Being a proactive listener	Not paying attention to what is being said
Cooperating with others	Being competitive
Openly sharing and being vulnerable	Withholding and keeping people out
Actions are parallel to words	Acting contrary to words
Accepting and non-judgmental	Criticizing and disapproving
Authentic and true-to-self	Acting with a hidden agenda
Freely admitting mistakes and errors	Blaming others for mistakes
Actively seeking out different perspectives	Keeping a closed mind to new ideas
Encouraging others to succeed	Discouraging others from taking risks
Having a positive, upbeat outlook	Projecting a negative perspective
Honoring and respecting confidentiality	Breaking confidence
Demonstrating mutual respect	Not respecting the care team



# BEING PRO-ACTIVE AND MENTEE RESPONSIBILITIES

The most successful mentoring partnerships are those in which the mentee takes the initiative and truly drives the partnership. In a mentee-driven partnership, the mentee determines the pace, route and destination. The mentor is then able to offer insights and counsel that is focused on the mentee's goals.

BEING PRO-ACTIVE: CONSIDER THE FOLLOWING	MENTEE RESPONSIBILITIES
Create goals that are clear and defined.	Clarify agenda, goals and expectations by completing the Individual Development Plan.
	Develop a communication plan.
	Be organized.
	Complete your meeting journal.
Be comfortable asking for specific needs.	Initiate interactions with your mentor.
	Look for opportunities to share information with your mentor.
Professional interactions.	Respect mentors time.
	Follow through on commitments.
	Be open to hearing new ideas and perspectives.
	Be willing to change or modify my behaviors.
	Be willing to step outside your comfort zone.
	Be receptive to constructive feedback.
Personal interactions.	Do I make an effort to instill trust?
	Practice self-reflection.
	Do I show appreciation and gratitude?
	Am I comfortable with the mentor and with the relationship?

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# MENTEE STRATEGIES TO ACHIEVE MENTORING GOALS

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Whether your goals focus on broad issues or more specific developmental areas, your mentor's ability to help you attain those goals will be enhanced when you have clearly defined where you want to go and how you want to get there. It's important to think carefully about your goals and the challenges to achieving them.

**Use the questions below to appraise your goals.**

## **Specific**

- Have you used the Examination Content Outline to help you identify specific goals/gaps/study areas of practice needed?
- Are the goals definite and precise?

## **Measurable**

- Are your goals quantifiable?
- Have you decided how to measure success?

## **Attainable**

- Do you have an action plan to achieve your goals?
- Have you considered the outcome of achieving your goals?

## **Realistic**

- Are your goals realistic?

## **Timely**

- Have you determined a completion date?
- Can you achieve success within the time allotted?

## **Other**

- What challenges/barriers might you encounter?
- Will you need additional resources or tools to address your challenges?
- Are your goals agreed upon and supported by your mentor?
- Confirm next steps, schedule date, time, place of future meeting, and topics of discussion

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# ***SAMPLE DOCUMENTS***

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The following section of sample documents are being provided to you as additional tools that can be used in your mentorship partnership. You and your mentor may review the documents and agree upon which ones, if any, you will use in your partnership. Should you use these documents they do not need to be returned to CBDCE and should be kept with your own mentorship records.

Thank you.

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# FIRST MEETING CHECKLIST

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## Get to Know Each Other

- Share information about your life

## Establish Guidelines

- When and where will we meet?
- How will we schedule meetings?
- How will we communicate between meetings?
- What agenda format will we use?
- Will there be any fixed agenda items to be discussed at every meeting?
- How will we exchange feedback?
- How will we measure success?

## Agreements

- Review mentorship guidelines agreement, modify, if necessary, sign and exchange (optional)
- Review CBDCE partnership agreement, sign and send to CBDCE

## Confirm Next Steps

- Schedule date, time and place of future meetings, and topics for discussion

*"A lot of people have gone further than they thought they could because someone else thought they could."*

- Unknown

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# MENTORING GUIDELINES AGREEMENT

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*This Agreement is for use in your mentorship partnership  
and does not need to be returned to CBDCE.*

As a mentor and mentee in the Diabetes Educator Mentorship Program, we agree to abide by the following set of guidelines:

1. Commit to making the time to meet on a regular basis.
2. Keep the content of our conversations confidential.
3. Practice active listening.
4. Provide each other with constructive and helpful feedback.

5. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Date: \_\_\_\_\_

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# DESIGNING YOUR GOALS

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Whether your goals focus on broad issues or more specific developmental areas, your mentor's ability to help you attain those goals will be enhanced when you have clearly defined where you want to go and how you want to get there. It's important to think carefully about your goals and the challenges to achieving them.

**Use the questions below to design and appraise your SMART goals.**

## **Specific**

- Have you reviewed the Examination Content Outline?
- Have you identified specific goals?
- Are the goals definite and precise?

## **Measurable**

- Are your goals quantifiable?
- Have you decided how to measure success?

## **Attainable**

- Do you have an action plan to achieve your goals?
- Have you considered the outcome of achieving your goals?

## **Realistic**

- Are your goals realistic?

## **Timely**

- Have you determined a completion date?
- Can you achieve success within the time allotted?

## **Other**

- Are your goals in line with the examination content outline?
- Will you need additional resources or tools to be successful?

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# INDIVIDUAL DEVELOPMENT PLAN (IDP)

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*The IDP form is for use in your mentorship partnership and does not need to be returned to CBDCE.*

**Instructions to Mentees:** Please complete this IDP form with your three goals and give a copy to your mentor before your initial mentoring session. You may also want to provide your mentor with your DCE hour needs and availability information that you provided with your mentee application.

**Instructions to Mentors:** Please review the Individual Development Plan (IDP) at regular intervals to assess goal accomplishments.

## **Mentee Goals:**

1. a. Goal:

b. Expected outcome:

c. Target date to complete:

d. Plan for barriers:

2. a. Goal:

b. Expected outcome:

c. Target date to complete:

d. Plan for barriers:

3. a. Goal:

b. Expected outcome:

c. Target date to complete:

d. Plan for barriers:

Mentee Signature: \_\_\_\_\_ Date \_\_\_\_\_

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# ***MENTORING MEETING JOURNAL***

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Note: Both Mentor and Mentee to Complete Prior to Meeting

Use this page to record the discussion points in each of your mentoring meetings.

Date:
Check-In (e.g., urgent issues, work-life balance, personal issues):
Goal Discussion:
Action Items:

Next meeting date: \_\_\_\_\_

# RESOURCES

## ***CBDCE RESOURCES:***

Certification FAQs:

<https://www.cbdce.org/faqs>

Eligibility Requirements for Certification:

<https://www.cbdce.org/eligibility>

[CDCES Examination Handbook](#)

[https://www.cbdce.org/documents/20123/66178/CBDCE-exam-handbook\\_Current.pdf/8e2fda09-9289-947c-7587-712a4e74f10a?t=1588269156519](https://www.cbdce.org/documents/20123/66178/CBDCE-exam-handbook_Current.pdf/8e2fda09-9289-947c-7587-712a4e74f10a?t=1588269156519)

[CDCES Examination Content Outline](#)

[https://www.cbdce.org/documents/20123/108727/Examination\\_Content\\_Outline\\_1July2019.pdf/6cb276b6-a50b-acc2-0736-5a5852b9d39c?t=1589316167908](https://www.cbdce.org/documents/20123/108727/Examination_Content_Outline_1July2019.pdf/6cb276b6-a50b-acc2-0736-5a5852b9d39c?t=1589316167908)

Mentorship Program Information:

<https://www.cbdce.org/become-a-mentee>

Mentor Listing:

[https://www.cbdce.org/documents/20123/108678/MentorList\\_Website\\_mrg.pdf/817f179c-e43e-4232-f35e-720fcade9826?t=1589057103933](https://www.cbdce.org/documents/20123/108678/MentorList_Website_mrg.pdf/817f179c-e43e-4232-f35e-720fcade9826?t=1589057103933)

Mentee Application Packet:

[https://www.cbdce.org/documents/20123/108678/MenteeApp\\_Current\\_V2\\_CDCES\\_fillable.pdf/6d70e7f9-454a-feba-bab2-2bdf58451cab?t=1589056948852](https://www.cbdce.org/documents/20123/108678/MenteeApp_Current_V2_CDCES_fillable.pdf/6d70e7f9-454a-feba-bab2-2bdf58451cab?t=1589056948852)

## ***OTHER RESOURCES:***

American Diabetes Association Standards of Care in Diabetes: [www.diabetes.org](http://www.diabetes.org)

[The American Diabetes Association Releases the Standards of Care in Diabetes—2024](#)

2022 National Standards for Diabetes Self-Management Education and Support:

<https://diabetesjournals.org/care/article/45/2/484/140905/2022-National-Standards-for-Diabetes-Self>



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## **CBDCE Mentorship Program: Mentee Application Process**

Thank you for your interest in becoming a mentee in CBDCE's Diabetes Care and Education Specialist Mentorship Program.

### **Program Requirements:**

1. This program is open to individuals who hold a license, registration or certification in a specific discipline that aligns with the standard pathway eligibility rules to take the CDCES exam.<sup>1</sup> You can view the list of disciplines [here](#).
2. Complete the necessary steps to submit your application and receive approval to join the CBDCE Mentorship Program.

### **How To Join as a Mentee:**

Step 1: Create an account at CBDCE<sup>2</sup>.

You will first need to create an account with CBDCE. To do this, go to [www.cbdce.org](http://www.cbdce.org) > click Sign In > New user? Create an account! > follow the prompts to create your CBDCE account. When creating your account, you'll also need to complete a series of demographic questions. If you currently have an account with CBDCE, you can skip to Step 2.

Step 2: Complete Parts 1, 2, and 3 of this application and submit via mail/fax to:

CBDCE  
Mentorship Program  
1340 Remington Road, Suite J  
Schaumburg, IL 60173

Fax: 847-228-8469

Step 3: Application Status.

Approved applications: Upon approval, you will be notified of the approval via email and will be provided with a list of the available mentors. From there, you will contact the mentor of your choosing to determine if a partnership can be arranged between you and the mentor.

Unapproved applications: If your application is not approved, you will be notified via email on the status of the application.

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<sup>1</sup> Individuals applying under the Unique Qualifications Pathway are not eligible to join this program.

<sup>2</sup> Applications submitted without a CBDCE account created will be rejected and not reviewed until notified that a CBDCE account has been set up.



## **Part 1: Mentee Information**

Name \_\_\_\_\_

Have you created an account with CBDCE:            YES            NO

## **Part 1: Discipline Verification**

***\*You MUST provide a copy of your current license or registration or advanced degree in social work with your mentee application.***

License/Registration/Certification Details:

License/Registration/Certificate Number: \_\_\_\_\_

Date License/Reg/Certificate Originally Issued: \_\_\_\_\_ (MM/DD/YYYY)

License/Reg/Certificate Expiration Date: \_\_\_\_\_ (MM/DD/YYYY)

**OR**

Advanced degree in Social Work

Date Awarded: \_\_\_\_\_

Degree received from: \_\_\_\_\_

## **Part 2: DCE Hour Needs and Availability**

To assist your mentor in your mentoring needs and availability, please read and answer the following list of questions as to your DCE hour needs and availability. If you decide to proceed with matching with a Mentor – please share this information with them at your first meeting.

### *A. Diabetes Knowledge:*

- Are you familiar with the ADA or AACE Standards of Care?

Yes

No

- Do you use these Standards in your current role?

Yes

No

- With what populations do you have diabetes care and education experience in (e.g., pediatrics, Type 1, Type 2, etc.)



Name \_\_\_\_\_

**Part 2: DCE Hour Needs and Availability (continued)**

*B. Your Time Commitment:*

- Please indicate below how many hours per week and/or per month you can devote to accumulating hours working with a mentor?  
\_\_\_\_\_ Hours per week  
\_\_\_\_\_ Hours per month
- How many TOTAL DCE hours are you looking to gain through the mentorship program?  
\_\_\_\_\_ Total hours over \_\_\_\_\_ time (2 months, 1 year, etc.)
- Do you prefer:
  - A pre-determined schedule – determined on a monthly basis
  - A pre-determined schedule – determined on a quarterly basis
  - On an as needed basis
- What time of day and/or days works best for you?
  - Mornings
  - Afternoon
  - Full-day
  - Other. Please describe.  
\_\_\_\_\_
  - Specific days of the week. Please provide.  
\_\_\_\_\_

*C. Your Mentorship Goals:*

- What type of mentor are you looking for? Who would be your ideal candidate?
- Describe your ideal mentoring experience.
- What is the preferred setting you're looking to mentor in?



Name \_\_\_\_\_

**Part 2: DCE Hour Needs and Availability (continued)**

*D. Diabetes Care and Education Practice Hour Goals:*

Are there specific DCE experiences are you looking for? (Refer to the CBDCE Examination Handbook for DCE practice experience definitions.) Check all that apply.

- Assessment
- Care and Education Plan
- Interventions
- Ongoing Support
- Participant Progress
- Documentation
- Services Development/Administration
- Other: please describe: \_\_\_\_\_

*E. What is your timeline for taking the Certification Examination for Diabetes Care and Education Specialist?*

- 6 Months
- 12 Months
- 18+ Months

*F. If you are currently employed:*

- Does your current job provide you with the ability to accumulate DCE practice hours?
  - Yes
  - No
- Approximately how many DCE hours do you accumulate weekly in your current role?
- Is your current workplace aware of your plans to be in this program and do they support it?
  - Yes
  - No
  - Other



Name \_\_\_\_\_

G. Review the CDCES Examination Content Outline. Perform a self-assessment to identify your strengths and weaknesses.

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_

H. Other Considerations:

- ✓ Do you have the ability to travel or ability to connect virtually with the mentor?
- ✓ Have you thought about the expenses that might be incurred, i.e., travel expenses, time off of work, study materials?
- ✓ What flexibility do you have to support your mentoring experience in relation to your personal and professional commitments?
- ✓ Prior to your initial meeting, plan to provide your curriculum vitae and/or resume, and your DCE hour needs and requirements from this application to the prospective mentor.

### **Part 3: Program Verification**

<b>Please review the requirements below and verify your understanding of the Mentorship Program with your initials.</b>	
<b>Your Initials</b>	<b>Requirements</b>
	<b>Should I be accepted into the Program, I agree to complete and submit appropriate documentation by the identified deadlines.</b>
	<b>I agree that CBDCE may rely on the accuracy of the representations made herein. Should I be accepted in the Program, I agree that CBDCE shall not be responsible for my actions or inactions during participation in the Program.</b>
	<b>Once I begin a mentorship partnership, I understand that pages 2-6, which includes my DCE hour needs and requirements that are included in this application, may be provided to my mentor in support of the partnership goals.</b>
	<b>Completing this Mentee Application does not guarantee a mentorship partnership. Upon application acceptance, CBDCE will provide mentee with the names and contact information of the available Mentors. The Mentee is responsible for contacting available mentors to see if a partnership can be arranged.</b>

Signed:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Thank you for applying as a mentee in the CBDCE mentorship program. Next Steps.

You've created an account at CBDCE and completed Mentee Application:

Submit your completed Mentee application (4 pages) plus a copy of your current license/registration to CBDCE. Please retain a copy for your records.

**If you haven't created an account with CBDCE, you must do so prior to submitting this application. Applications without a CBDCE account will NOT be processed.**

Submit via email, mail or fax to:

CBDCE  
Mentorship Program  
1340 Remington Road, Suite J  
Schaumburg, IL 60173

Fax: 847-228-8469

Application Review:

CBDCE will review the application and contact the mentee via email of any missing documentation or information on your application.

Application Approval:

Once a mentee's application for the Program has been approved it is valid for one year. An approval letter with a list of available mentors with full contact information is provided via mail to the mentee. It is the responsibility of the mentee to contact mentors regarding their availability.

Questions - Contact CBDCE:

Via email: [info@cbdce.org](mailto:info@cbdce.org).

Via phone: 847-228-9795