



Welcome – we will start at 11:30 PST


Preparing for CDE® Exam 2019

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Preparing For the CDE® Exam

- Eligibility requirements
- Test Updates
- Get ready for success






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Topics

- ▶ Eligibility requirements
- ▶ Definition of a Diabetes Educator
- ▶ Exam content
- ▶ Study strategies
- ▶ Test taking tips
- ▶ [Resources](#)

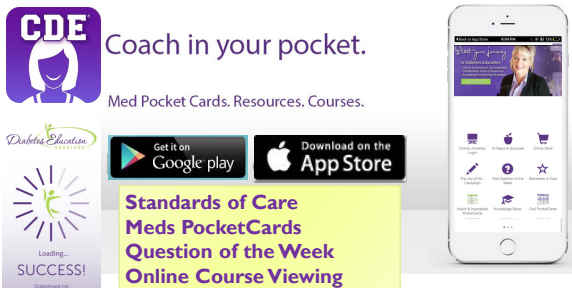




Some Notes of Clarification

- ▶ Diabetes Ed Services has no relationship with National Certification Board of Diabetes Educators (NCBDE).
- ▶ For more info visit www.ncbde.org

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CDE® Coach App – Download Success



The advertisement for the CDE Coach App features a smartphone displaying the app's interface. To the left of the phone, there is a logo for CDE (Diabetes Education Services) and a list of features: Med Pocket Cards, Resources, and Courses. Below the logo, there is a 'Loading... SUCCESS!' graphic. To the right of the phone, there are two download buttons: 'Get it on Google play' and 'Download on the App Store'. Below these buttons, a yellow box lists the app's features: Standards of Care, Meds PocketCards, Question of the Week, and Online Course Viewing.

Diabetes Education SERVICES

Why Take the CDE® Exam?



- ▶ Demonstrates to people with diabetes, employers, and third party payers that the CDE® possesses distinct and specialized knowledge, thereby promoting quality of care for patients with diabetes.
- ▶ CDE® is the recognized standard for competence in diabetes self-management education.
- ▶ Given the diabetes epidemic, access to CDE®s is critical

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What is a CDE®?

- ▶ A health care professional with comprehensive knowledge and experience in diabetes management, pre-diabetes, and diabetes prevention.
- ▶ Educates and supports people w/ diabetes to understand and manage the condition.
- ▶ Promotes self-management to achieve individualized behavioral and treatment goals that optimize health outcomes.



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2019 - Professional Practice Experience – Must meet all

- ▶ A minimum of two years (to the day) of professional practice experience in the discipline under which one is applying for certification
- AND
- ▶ Minimum of 1,000 hours of professional practice experience within the past 4 years in diabetes self-management education with a minimum of 40% (400 hours = about 8 hrs a week) accrued in the most recent year preceding application.
- AND
- ▶ Minimum of 15 clock hours of continuing diabetes education within 2 years prior to applying for certification.



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Unique Qualifications Pathway –

- ▶ Designed for health professionals holding an advanced degree in a health related area/concentration
- ▶ This pathway has different eligibility requirements and involves a “pre-application” process plus 2000 hrs DSME.
- ▶ For more: info@ncbde.org or call 877-239-3233



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Professional Degree, DSME Practice Hours, plus CE

- ▶ Only experience occurring AFTER completing your professional degree can be counted toward the Professional Practice Experience requirement.
- ▶ Need 1000 hours of DSME Practice Hours
- ▶ If on Unique Qualifications Pathway, need 2000 hours of DSME



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Practice hours through Volunteering

- ▶ 1000 of the needed professional practice hours can be gained through providing DSME as a volunteer
- ▶ Supervisor must attest that DSME provided meets criteria



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2019 Initial Certification Requirements¹ Review

Please review before completing application.

NOTE: The Certification Examination for Diabetes Educators is designed and intended for health professionals who have responsibilities that include the direct provision of diabetes education (DE), as defined by NCBDE. Refer to Definition of Diabetes Education section, [page 5](#).

¹This review list represents a summary of requirements. See [pages 4-5](#) for all details.

Yes No

- ☐ ☐ 1. As a clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, master certified health education specialist, certified clinical exercise physiologist, registered dietitian, dietitian nutritionist, or registered PA, is your license, certification or registration current, active and unrestricted?

OR

Do you hold a minimum of a master's degree in social work from a United States college or university accredited by a nationally recognized regional accrediting body?

OR

If you do not meet either of these, you are encouraged to investigate NCBDE's Unique Qualifications Pathway. Please visit our website for more information on that pathway.

INITIAL

- ☐ ☐ 2. Has your practice experience occurred within the United States or its territories?
- ☐ ☐ 3. Has all your practice experience occurred since you met requirement #1 above?
- ☐ ☐ 4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above?
- ☐ ☐ 5. Have you accrued 1000 hours of practice experience in diabetes education (DE) within the last 4 years?
- ☐ ☐ 6. Has a minimum of 40% (or 400 hours) of the 1000 hours of DE practice experience been accrued within the past year?
- ☐ ☐ 7. Have you completed a minimum of 15 hours of continuing education activities** applicable to diabetes within the past 2 years?

If the answer to any of the above questions is "no", you are not ready to apply for the Certification Examination for Diabetes Educators.

Before submitting an application, please refer to the application checklist on [page 38](#) in the instruction section of the Handbook.



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Quick Question – Multiple answers

What are some of the underlying themes of the CDE exam?

- a. CDEs create behavior change goals to motivate individuals
- b. CDEs empower individuals to improve diabetes self-management
- c. CDEs incorporate the individuals needs, goals and life experiences
- d. CDE's help all people with diabetes achieve an A1c less than 7%
- e. CDEs collaborate and provide ongoing care



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Diabetes Self-Management Education and Support (DSMES)

- ▶ All people with prediabetes and diabetes should participate in DSMES to facilitate the knowledge, skills and ability necessary to self-manage their diabetes.
- ▶ DSMES provides support to implement and sustain skills and behaviors needed for ongoing self-management.



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Diabetes Self Management Ed Benefits

- ▶ Improves knowledge
- ▶ Lowers A1c
- ▶ Lose weight
- ▶ Improved quality of life
- ▶ Reduced all cause mortality
- ▶ Reduced health care costs



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Diabetes Self Management Ed Benefits

- ▶ Increased primary care and preventive services
- ▶ Less frequent use of acute care and inpt admissions
- ▶ More likely to follow best practice recommendations (esp those with Medicare)
 - ▶ Only 5-7% of Medicare pts receive DSME)



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DSME Overall Objective

- | | |
|---|--|
| <ul style="list-style-type: none"> ▶ Participant Centered ▶ Support informed decision making ▶ Problem solving ▶ Active collaboration to improve clinical outcomes and quality of life | <ul style="list-style-type: none"> ▶ Avoid judgmental words that increase feelings of shame and/or guilt ▶ Choose words and phrases that put people first ▶ Avoid shame and blame |
|---|--|



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Poll Question 0

Which phrase best represents the principles for communicating with and about people living with diabetes.

- A. John is non-adherent to his insulin regimen and is not taking his insulin as prescribed
- B. John is in denial about his diabetes and frequently skips his insulin
- C. John is taking his insulin about 50% of the time
- D. John doesn't seem to care about his diabetes control at this time



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Language of Diabetes Education

Old Way

- ▶ Control diabetes
- ▶ Test BG
- ▶ Patient
- ▶ Normal BG
- ▶ Non-adherent, compliant



The Use of Language in Diabetes Care and Education
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New Way

- ▶ Manage
- ▶ Check
- ▶ Participant
- ▶ BG in target range
- ▶ Focus on what they are accomplishing

What we say matters



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Free Resources – Free Webinars

Language & Diabetes | FREE Webinar & Resources



What we say matters.

As educators, advocates, spouses, friends, and providers, our use of language can deeply affect the self-view of people living with diabetes everyday.

The language used in the health care setting is immensely important in determining the success of the interaction and long term relationships.

Thoughtful communication provides a sense of support and empathy and moves both provider and person with diabetes toward greater satisfaction and success.

Based on powerful research, there is growing movement within diabetes education and beyond, to rethink the words we use and the approaches we take when providing counsel to people with diabetes.

Let's lift people up by choosing language that is non-judgmental and person centered.

Enjoy our free Language and Diabetes FREE Mini-Webinar to learn more and take your communication to the next level!



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Definition of Diabetes Self-Management Education (DSME)

- Health professionals who have appropriate credentials and experience
- It involves person with prediabetes or diabetes, caregivers and educator
- Defined as **ongoing** process of facilitating the knowledge, skill, and ability necessary for self-care.



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Definition of Diabetes Education

Assessment: Participant's DE needs are identified with assessment & support of CDE



Education Plan: Individualized plan that reflects participant's self-management goals, current evidence and practice guidelines. Includes criteria for evaluating outcomes.



Interventions: Educational and behavioral interventions that include strategies directed toward meeting participant's self-management goals.



Ongoing Support: Options and resources are provided by the educator and selected by the participant to meet self-management goals



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Definition of Diabetes Education

Participant Progress: Educator monitors and communicates whether participant is achieving self-management goals and other outcome(s) to evaluate effectiveness of interventions. Additional assessments are based on participant's needs across lifespan.



Documentation: Assessment, education plan, intervention, and outcomes are documented in participant's health record.



Services Development/Administration: Development and administrative activities performed as part of DSMES services



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Critical Points to Provide Self-Management Education

- ▶ At diagnosis
- ▶ Annually to assess education, nutrition and emotional needs
- ▶ When new complicating factors arise that influence self-management
- ▶ Transitions in care



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Applying to take the CDE® Exam

At the time of your online application you will receive:

- ▶ On-line notification of either approval
- ▶ Or that you have been selected for audit
- ▶ If you are submitting a paper application, call AMP if it has been more than 4 weeks since application was mailed and you have not received notice of receipt or audit. Call the AMP at (913) 895-4600



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What is included in audit if requested?

- ▶ Licensure
- ▶ Documentation of Professional Practice Experience –
 - ▶ A journal of weekly hours of providing DSME
 - ▶ Supervisor to verify
- ▶ CE course verification
- ▶ Employment verification signed by supervisor



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Test Taking Window

- ▶ The exam is administered on an ongoing basis
- ▶ Once application approved, candidates must schedule their testing appointment within a 90 day window on a date of their choosing
 - ▶ schedule an appointment to take the examination on a first-come, first-served basis through AMP's online scheduling system
- ▶ See application booklet for more details



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When will I get my results?

- ▶ You will receive your test results the same day
- ▶ If you take the exam after July 1, 2019, your results will be mailed.
- ▶ You can retake the test as many times as needed
- ▶ Cost –
 - ▶ 1st time \$350
 - ▶ Renewal - \$250



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Note from www.NCBDE.org

- ▶ **Beginning July 1, 2019**, updated examination content outline goes into effect.
- ▶ Prior to final scoring, all candidate scores and the passing point will be reviewed to ensure accuracy.
- ▶ Examination scores or pass/fail status will **not** be released at the conclusion of the testing appointments (for a period of time).
- ▶ Every effort will be made to mail score reports as quickly as possible after sufficient data has been collected.



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Scoring the Exam

- ▶ Reported as raw and scaled scores
 - ▶ Raw score: number of right answers
 - ▶ Scaled score: statistically derived from the raw score
- ▶ Total score determines pass/fail and is reported as a scaled score ranging between 0 and 99
- ▶ To pass: 70 scaled score units



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CDE® Exam First Time Pass rates

- ▶ 2009 – 69 % (test changed based on work study analysis and computerized)
- ▶ 2010 – 69%
- ▶ 2011 -65%
- ▶ 2012 – 63.5%
- ▶ 2013 – 67 and 69%
- ▶ 2014 - 66 and 67%
- ▶ 2015 - 62 and 64% (test updated)
- ▶ 2016 – 67%
- ▶ 2017 – 66%
- ▶ 2018 – 67%



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Exam Details

- ▶ Questions are linked directly to a task or tasks.
- ▶ Each question is designed to test if the candidate possesses the **knowledge necessary to perform the task or has the ability to apply it to a job situation.**
- ▶ 25 of the 200 questions are new - but are **not** counted in the determination of individual examination scores.



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Quick Question – Multiple answers

What are some study strategies that will help you succeed?

- Focus your study time on topics you are confident in.
- Take as many practice tests as possible
- Read as many books on diabetes as possible
- Develop a study plan and block off study time.
- Teach the content to someone else



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Overview of CDE® Exam



- ▶ Composed of 200 multiple-choice, objective questions with a total testing time of four (4) hours.
- ▶ Based on job analysis completed in 2018, which surveyed diabetes educators about the tasks they performed.
- ▶ Exam outline updated in July 2019



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Certification Examination for Diabetes Educators

Examination Content Outline EFFECTIVE STARTING JULY 1, 2019

I. Assessment of the Diabetes Continuum (59)

A. Learning (19)

1. Goals and needs of learner
2. Learning readiness (attitude, developmental level, perceived learning needs, etc.)
3. Preferred learning style (audio, visual, observational, psychomotor, etc.)
4. Technology learning and use (device, software, apps, virtual coaching, patient portals, etc.)
5. Challenges to learning (concrete vs. abstract thinking, literacy and numeracy, language, cultural values, religious beliefs, health beliefs, psychosocial and economic issues, family dynamics, learning disabilities, etc.)
6. Physical capabilities/limitations (visual acuity, hearing, functional skills, etc.)
7. Readiness to change behavior (self-efficacy, value of change, etc.)
8. Health and Psychosocial Status (19)
9. Diabetes-related health history (diagnosis/demonstration, duration, symptoms, complications, treatment, etc.)
10. General health history (family history, allergies, medical history, etc.)
11. Diabetes-specific physical assessment (vital signs, skin inspection, sensation, etc.)
12. Data trends (laboratory and self-collected)
13. Current use of technology (insulin, pumps, sensors, apps, software, etc.)
14. Treatment plans and myths (pathophysiology, causes, complications, insulin, weight gain, etc.)
15. Family/long-term dynamics and social supports
16. Substances use (alcohol, tobacco, marijuana, caffeine, etc.)
17. Life transitions (living situation, insurance coverage, age-related changes, etc.)
18. Mental health status (adjustment to diagnosis, coping ability, etc.)
19. Challenges to diabetes self-care practices (cognitive, language, cultural, spiritual, physical, economic, etc.)

- C. Knowledge and Self-Management Practices (21)
1. Disease process
2. Eating habits and preferences
3. Exercise habits and motivation

4. Insulin-related methods (injection, administration, risk, timing, simulation, technology-based platforms, etc.)
5. Goals for therapy changes (S.M.A.R.T. goals, A1C, etc.)
6. Educator based on individualized Care Strategies (25)
7. General topics
 - a) Classification and diagnosis
 - b) Insulin and non-insulin-dependent diabetes
 - c) Pathophysiology (auto-immunity, monogenic, insulin resistance, secondary diabetes, endocrine-related risks, etc.)
 - d) Effects and interactions of activity, food, medication, and stress
 - e) Drug and non-drug treatment options (insulin, risk/benefit, etc.)
 - f) Immunizations
 - g) Therapeutic goals (A1C, blood pressure, lipids, renal and hepatic, etc.)
 - h) Laboratory test interpretation (A1C, lipids, renal and hepatic, function tests, etc.)
 - i) Diabetes-related drugs for decision support (Diabetes Prevention Program, Diabetes Attitudes Wishes and Needs study, clinical trials, etc.)
8. Living with diabetes and prediabetes
 - a) Healthy coping (problem solving, complications, life transitions, etc.)
 - b) Psychosocial problems (depression, eating disorders, diabetes, etc.)
 - c) Health-related quality of care (individual, family, team, etc.)
 - d) Social/Financial issues (employment, insurance, disability, discrimination, school issues, etc.)
 - e) Lifestyle management
 - f) Personal history (blood glucose logs, food records, etc.)
 - g) Safety (sharps disposal, medical ID, driving, etc.)
 - h) Hygiene (hand, eye, foot, etc.)
9. Monitoring
 - a) Diabetes (insulin selection, continuous glucose sensing, etc.)
 - b) A1C
 - c) A1C
 - d) Blood pressure and weight
 - e) Lipids and cardiovascular risk
 - f) Blood and/or urine ketones (ketoneuria, microalbuminuria)



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Exam Content - Assessment

- ▶ Assessment (59)
 - ▶ Learning (19)
 - ▶ Health and Psychosocial Status (19)
 - ▶ Knowledge and Self-Management Practices (21)



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Exam Content - Intervention

- ▶ Intervention (89)
 - ▶ Collaboration with Individual, Family, Caregiver, and Healthcare Team (18)
 - ▶ Educate based on individualized care strategies (35)
 - ▶ Meds, MNT, acute and chronic complications, problem solving
 - ▶ Evaluate, Revise and Document (26)
 - ▶ Follow-up, support and referral (9)



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Exam Content – Disease Management

- ▶ Education and Program Standards (28)
 - ▶ Education services standards
 - ▶ National Standards for Diabetes Self Management Education and Support (8)
 - ▶ Clinical Practice (18)
 - ▶ Inpt and Outpt Standards for ADA, AACE
 - ▶ Promote Diabetes Advocacy (2)



- ▶ For detailed outline look in Testing Handbook



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Linked-In Post directly from NCBDE

posted on Linked In 2015

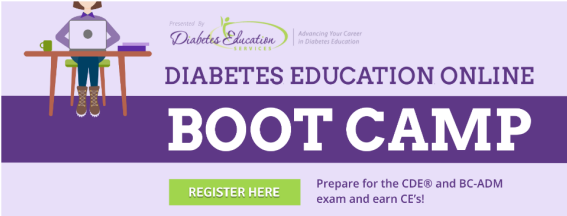
- ▶ Exam questions are tied directly to a task on the exam content outline.
- ▶ A helpful idea- think outside your area of practice or population when reviewing the exam content outline
 - ▶ work with an adult population - think about pediatrics or gestational –
 - ▶ or mainly Type 1 population - think about Type 2 population.
- ▶ Look for resources (whether say c.e. activities or hard copy/online resources) that will help you address those areas of weakness.
- ▶ Hope that helps and best of luck!



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What to Study?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



DIABETES EDUCATION ONLINE

BOOT CAMP

[REGISTER HERE](#) Prepare for the CDE® and BC-ADM exam and earn CE's!

- ▶ Our Level 3 Boot Camp CDE® is the next step on **your path** to becoming a Certified Diabetes Educator - \$269
- ▶ Designed to help you pass the CDE® Exam.
- ▶ 2019 series recorded and ready for viewing
- ▶ Series of 9 Courses – Join live or listen later
- ▶ Live course series on now – includes technologies

DiabetesEdUniversity.com


Diabetes Ed Course – Earn 32 CES



- ▶ **21 CEs for the Live Seminar plus – Friends Discount, save \$80**
- ▶ **13 Bonus Online Courses, Earn 13.0 CEs** – we include the content that *best* helps you succeed at the CDE® Exam and clinical practice.
- ▶ **Plus 100+ page syllabus, healthy breakfast all days, gourmet lunches, CE certificates and a fun and engaging learning environment.**
- ▶ **Course fee of \$599**

Taking the Test

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



Reading too Fast Pitfalls

- ▶ Choosing a “good” answer, but not the right one for the **stem**
 - ▶ **key intent of question**
- ▶ Failing to read an important words (always, never, most, probably, usually)
- ▶ Choosing an answer you did not understand because the others seem too easy



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Empowerment Errors

- ▶ Focusing on the medical need rather than the psychosocial needs
- ▶ Failing to keep in mind the patient's characteristics (age, type of diabetes, etc.)
- ▶ We are supporting patients efforts toward behavior change.



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Thinking Pitfalls

- ▶ Imaging a right answer and getting thrown when it is not among the choices
- ▶ Over thinking question/answers
- ▶ Choosing an answer that did not fit the situation
- ▶ Using the goals in your clinical setting. Focus on national goals.



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Take a Practice Test – Learn how to “work” test questions

- ▶ Weed through the details
- ▶ Make sure you REALLY understand key intent of question
- ▶ Find the stem
 - ▶ Identifies key intent of the question
- ▶ Read all the options or answers
- ▶ Eliminate obvious wrong answers
- ▶ Select **BEST** option



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Look for Clues in The Answers

- ▶ Answers with the following words are usually **incorrect**: always, never, all, none, only, must, and completely
- ▶ Answers with the following words are usually **correct**: seldom, most, generally, tend to, probably, usually



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Getting to the Right Answers

- ▶ Do not leave any answers blank
- ▶ Look for clues in the question
- ▶ Don't get lured in by juicy answers
- ▶ Avoid imposing your life experience into the question/answer
- ▶ Keep breathing – Get up and move
- ▶ Even simple math problem should be worked out on scratch paper



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Three Types of Questions

- Recall – facts, principles, procedures
- Application – ie – application of knowledge that varies based on pt characteristics
- Analysis – integration or synthesis of a variety of concepts or elements (ie evaluating complex problems with many variables).



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Sample Question -1

- ▶ A patient is admitted to the hospital with elevated glucose levels with a strong family history of diabetes. She is started on fluid replacement and is placed on a clear liquid diet. Her father is in the room and is very concerned. Which of the following would suggest a diagnosis of new onset type 1 diabetes vs type 2 diabetes?



- A. Hyperglycemia
- B. Polyuria
- C. Ketosis
- D. Polydipsia



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Sample Question 2

- ▶ MJ has type 1 diabetes and wants to know the possible complications that can result from hyperglycemia during the first trimester of pregnancy. Which of the following complications can result from 1st trimester hyperglycemia?

- A. macrosomia
- B. vascular defects
- C. shoulder dystocia
- D. spina bifida



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Vignette Style Question

- ▶ Read the following vignette to answer the next 3 questions.
- ▶ A 47 yr old man with newly diagnosed type 2 diabetes.
Additional known information.
 - ▶ Married, with 2 teenagers
 - ▶ Professor with a BMI of 32
 - ▶ Started on Metformin 500mg BID
 - ▶ Father died of kidney failure secondary to diabetes



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Vignette Style Question 1

- ▶ Given what you know about this person, what emotions would you expect him to express?
 - A. Fear of hypoglycemia
 - B. Reluctance to start on insulin
 - C. Panic disorder
 - D. Fear of complications

▶ analysis



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Vignette Style Question 2

- ▶ What is most likely to be a potential barrier to lifestyle change?
 - A. Difficulty exercising
 - B. Excessive alcohol intake
 - C. Teenage children
 - D. Long work hours



▶ analysis



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Vignette Style Question 3

- The person requests information about healthy eating. Which meal planning approach best suits this individual until he can see a registered dietitian?
- A. 1,200 calorie exchange plan
 - B. Eliminate all concentrated sweets
 - C. Eat 3 meals a day with snacks in between
 - D. Healthy eating based on the “My Plate” method
- application



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Sample Question 3

Metformin is an antidiabetic agent different than that of sulfonylurea drugs. Some features of the drug are that it:

- A. Stimulates insulin secretion and increases hepatic glucose production.
- B. Causes hypoglycemia
- C. Lowers hyperglycemia in persons with diabetes, but does not lower blood glucose levels in people without diabetes.
- D. Results in weight gain and increase in plasma glucose levels.

recall



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Med and Insulin PocketCards

NEW Accordion 2-sided
PocketCards

DiabetesEd.net



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Sample question 4

A person with type 2 is on a twice daily dose basal/bolus insulin and complains of waking up with morning headaches. If the fasting capillary BG is 291, this person should be advised to:

- A. Increase evening dose of basal insulin
- B. Increase morning dose of bolus insulin
- C. Check 3am blood glucose
- D. Eliminate bedtime snack

analysis



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Study Habits

- ▶ Find your best time of day to study
- ▶ Determine your learning style
 - ▶ Auditory – discussion, study groups, tapes
 - ▶ Visual – books, handouts, notes, videos
 - ▶ Kinesthetic – workshops, demonstration
- ▶ Set up a study space
- ▶ Set up a study plan
 - ▶ Schedule your time
 - ▶ Make an appointment with yourself



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Study Group

- ▶ Set a location, time and schedule
- ▶ Have an agenda
- ▶ Set the rules
 - ▶ Everyone does their share
 - ▶ Everyone commits to attend
- ▶ Can be a great source of moral support and can help decrease test anxiety



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Study Time

- ▶ Review of what you know: 30 to 40%
- ▶ Learning new materials: 60 to 70 %
- ▶ CDE® prep courses, flash cards & sample tests
- ▶ Teach the content to someone else
- ▶ Use down time/waiting time productively



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Knowledge = Confidence

- ▶ Most important aspect of test taking
- ▶ Knowing the content will improve your confidence
- ▶ As you study your knowledge base expands



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208 Test Questions



ONLINE
UNIVERSITY

DiabetesEdUniversity.com
\$49 for both (208 Questions)



Test Taking Toolkit - 200+ practice questions

\$49.00

Quantity

1

Add to Cart



DESCRIPTION REVIEWS

Title: Test Taking Toolkit

Whether you are preparing for the CDE® or BC-ADM exam, this test taking toolkit is designed to prepare you for success. This toolkit includes two courses with over 200 practice questions to help you prepare and simulate the exam. Plus, we have added a FREE bonus course, Language and Diabetes - What we say matters. Coach Beverly added this course because she believes it contains critical content for the exam and for our clinical practice!



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Combating Test Anxiety

- ▶ Positive thinking and affirmations
- ▶ Use relaxation techniques we teach pts
- ▶ Take practice exam
- ▶ Rest well night before
- ▶ Know how to get to test site
- ▶ Arrive at exam room early
- ▶ Know your stuff – self-study or courses



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Diabetes Ed Course – Earn 32 CES



- ▶ **21 CEs for the Live Seminar plus – Friends Discount, save \$80**
- ▶ **13 Bonus Online Courses, Earn 13.0 CEs** – we include the content that *best* helps you succeed at the CDE® Exam and clinical practice.
- ▶ **Plus 100+ page syllabus, healthy breakfast all days, gourmet lunches, CE certificates and a fun and engaging learning environment.**
- ▶ **Course fee of \$599**



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CDE® Success Page



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