




Preparing for CDCES Exam 2025
(Certified Diabetes Care and Education Specialist)


Beverly Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, her, and hers
President, Diabetes Education Services



DiabetesEd.net Website Orientation



PocketCards



CDCES Coach App


Question of the Week & Sample Questions


Beverly Thomassian, RN, MPH, CDCES, BC-ADM
CEO, coach, instructor, cheerleader, mentor

www.DiabetesEd.net | info@diabetesed.net | 530-893-8635

We are Here to Help!



Bryanna Sabourin
Director of Operations



Tiffany Bergeron
Customer Advocate &
Customer Happiness Expert

If you have questions, you can chat with us at www.DiabetesEd.net
or call 530 / 893-8635 or email at info@diabetesed.net

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

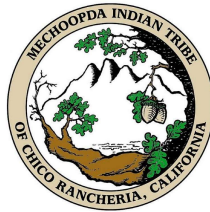
- ▶ Inclusion
- ▶ Diversity
- ▶ Equity
- ▶ Access



- ▶ We are committed to promoting diversity and inclusion in our educational offerings.
- ▶ We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- ▶ Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- ▶ We are committed to practicing cultural humility and cultivating our cultural competence.
- ▶ We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Land Acknowledgment

- ▶ We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.



Topics – Prep for CDCES Exam

- ▶ Getting ready to take Certified Diabetes Care and Education Specialist Exam Soon!
 - ▶ Exam content
 - ▶ Study strategies
 - ▶ Test taking tips
 - ▶ [Resources](#)



- ▶ [View our “Becoming a CDCES” Webinar for info on qualifications and gaining practice hours.](#)

Calling All Health Care Professionals

Our goal is to cast this net far and wide to address the rising prevalence of diabetes.

- ▶ Currently, 16% of people in the United States live with diabetes, and over 38% live with prediabetes according to the [CDC](#).
- ▶ CDCES defined: a compassionate teacher and expert who, as an integral member of the care team, provides collaborative, comprehensive, and person-centered care and education for people with diabetes"

Fast Facts with permission from www.CBDCE.org

Category	Percentage
Dietitian	45%*
Nurses	43%*
All Other Disciplines	3%*
Pharmacists	9%*
Age 30 or less, 1st time certified 2021-2023	27%*
Age 31-35, 1st time certified 2021-2023	21%*
Age 36-40, 1st time certified 2021-2023	16%*
Caucasian*	76%
African American*	3%
Hispanic*	7%
Asian*	6%
Native American & Other*	2%
No Response*	6%

Total Certified - @ 19,400 (as of 4/2024)

*4/2024 Figures

www.cbdce.org

CBDCE
Certification Board for
Diabetes Care and Education
Specialists - Certified Diabetes Educators

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01 — 03

Thinking about Earning the CDCES?

Join over 19,500 health care professionals who have validated their expertise and professionalism by earning the Certified Diabetes Care and Education Specialist (CDCES) credential.

Become Certified

CDCESs educate and support people affected by diabetes. Earn the most recognized credential in diabetes care and education.

Get started. →

CBDCE Handbook Checklist 2025

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	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, registered 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 CBDCE's Unique Qualifications Pathway. Please visit our website for more information on that pathway.		
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your practice experience occurred within the United States or its territories?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has all your practice experience occurred since you met requirement #1 above?
<input type="checkbox"/>	<input type="checkbox"/>	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 or are you using a Master's degree in a health-related field as a waiver for one of the two years?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you accrued 1000 hours of practice experience in diabetes care and education (DCE) within the last 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a minimum of 20% (or 200 hours) of the 1000 hours of DCE practice experience accrued within the past year?
<input type="checkbox"/>	<input type="checkbox"/>	7. Does your practice experience include at least some or all in the DCE process: assessment, education plan, interventions, ongoing support, monitoring and communication of participant progress, documentation, and development of DSME services/administration?
<input type="checkbox"/>	<input type="checkbox"/>	8. The Examination Content Outline (ECO) identifies what is covered on the Examination. Reminder that regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the ECO. Have you reviewed the ECO and assessed your knowledge across the ECO?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities** applicable to diabetes and provided by or approved by a provider on our List of Recognized Continuing Education Providers?

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

Applying to take the CDCES 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

▶ Audit required info:

- ▶ 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

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 CBDCE Online scheduling system
 - ▶ See application booklet for more details



CDCES Live Remote Proctoring (LRP)

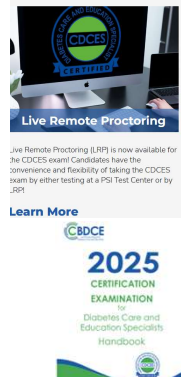
- ▶ Candidate uses own computer from home.
- ▶ A compatibility check of the computer's audio/video, webcam and system is required prior to scheduling.
- ▶ The candidate must have a computer with a web camera that can be moved to display the entire room, a microphone, and internet connection to download the PSI secure browser.
- ▶ Calculator built into program



<https://www.cbdce.org/apply-and-schedule>

CDCES Live Remote Proctoring

- ▶ **Breaks: You are NOT allowed any breaks during your LRP exam session.**
- ▶ **Identification:** You will be required to take a picture of yourself via the webcam. You will also be required to show via webcam your photo ID.
- ▶ **Room Scan:** You will be required to perform a 360° scan of your testing room. Room must be free of study materials, papers, reference materials, etc.
- ▶ **Calculator:** The LRP platform has a calculator built-in in the lower left-hand corner of screen.
- ▶ **Communicating with your proctor:** will be conducted via chat during the testing session.
- ▶ **Results will pop up on screen upon completion.**



When will I get my results?

- ▶ You will receive your test results the same day at testing site or if using remote proctoring.
- ▶ You can retake the test as many times as needed
- ▶ Cost –
 - ▶ 1st time \$350
 - ▶ Renewal - \$250



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



CDCES Exam First Time Pass rates

- 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%
- 2019 – 70%
- 2020 & 2021 & 2022 – 67%
- 2023 – 70%



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 175 questions are new - but are **not** counted in the determination of individual examination scores.
- ▶ Score based on 150 questions



Exam Content - Assessment

- ▶ **Assessment (37)**
 - ▶ Physical and Psychosocial (12)
 - ▶ Self-Management Behaviors and Knowledge (15)
 - ▶ Learning (10)



- I. Assessment (37)
 - A. Physical and Psychosocial (12)
 1. Diabetes-related health history (diagnosis, duration, symptoms, complications, treatment, comorbidities, healthcare utilization)
 2. Diabetes-specific physical assessment (diagnostics, vitals, inspection, abnormalities, etc.)
 3. Social determinants of health (economic, living situation, healthcare access, social support, and food/housing insecurity)
 4. General health history (family, medical, mental health, substance use, surgical, allergies and medication)
 5. Diabetes measures and other laboratory data
 6. Mental health/wellbeing (adjustment to diagnosis, coping ability, etc.)
 7. Considerations related to diabetes self-care practices (logistics, physical, language, cultural, spiritual, family/language dynamics, bias, and myths, etc.)
 - B. Self-Management Behaviors and Knowledge (15)
 1. Disease process
 2. Eating habits and preferences
 3. Activity habits and preferences
 4. Medication practices and preferences (prescription, non-prescription, complementary and alternative medicine)
 5. Monitoring and data collection (glucose, ketones, weight, dietary intake, activity, etc.)
 6. Use of technology
 7. Use of technology (monitoring, smart delivery systems, apps, online education, patient portals, etc.)
 8. Risk reduction of acute and chronic complications
 9. Problem solving
 - C. Learning (10)
 1. Goals and needs of learner
 2. Readiness to learn and change behavior
 3. Preferred learning styles (audio, visual, observational, psychomotor, individual vs. group, virtual, etc.)
 4. Literacy, numeracy, health literacy, and digital literacy
 5. Considerations related to learning (developmental stage, physical abilities, language preferences, cultural, spiritual, psychosocial, economic, family/language dynamics, learning disabilities, etc.)

Exam | Care and Education Interventions

- ▶ **Care & Education Interventions (105)**
 - ▶ Disease Process & Approach to Treatment (22)
 - ▶ Individualizes Education Plan (17)
 - ▶ Person Centered Education on Self-Care Behaviors (58)
 - ▶ Evaluation, documentation and follow-up (8)

- A. Disease Process and Approach to Treatment (22)
 1. Diagnosis and classification
 2. Pathophysiology involving biochemical/physiological/clinical/biochemical/phenomena
 3. Manifestation and non-manifestation to signs
 4. Clinical management actions: food, sleep, and stress
 5. Risk reduction of acute/chronic complications
 6. Treatment goals (glycemic metrics, blood pressure, lipids, risk reduction, quality of life)
- B. Individualized Education Plan (17)
 1. Determine patient-based or assessment, in collaboration with patient with diabetes, behavior and care team
 2. Identify evidence-based methods
 3. Set SMART goals
- C. Person-Centered Education on Self-Care Behaviors (58)
 1. Nutrition (Nutrition and Evidence)
 - a. American Diabetes Association (ADA) and Academy of Nutrition and Dietetics evidence-informed clinical practice guidelines (nutrient composition, dietary approaches, etc.)
 - b. Considerations (age, food security, sugar, alcohol and caffeine, educational attainment)
 - c. Fat types, food variety
 - d. Protein and essential amino acids, essential fatty acids
 - e. Alcohol (amount, practices)
 - f. Food (medication management, bioavailability, food safety)
 - g. Food and beverage (nutrient facts, ingredients, health claims, evidence, etc.)
 - h. Weight management
 - i. Dietary and food supplements
 - j. Special considerations (food allergies, food aversions, gastrointestinal, oral glucose, insulin therapy, insulin resistance, insulin therapy, etc.)
 2. Physical Activity
 - a. ADA and American College of Sports Medicine recommendations
 - b. Benefits, challenges, and safety considerations, post-exercise recovery and management, etc.
 - c. Activity goals (frequency, intensity, time, and type)
 - d. Adjustment of medications, food intake, and/or insulin for physical activity
 3. Medication Management
 - a. Evidence-based information for the Body of Diabetes Evidence (BDE) publications
 - b. Medication class, action, administration, side effects, contraindications, etc.
 - c. Medication-related (adverse) reactions (glycemic efficacy, impact on weight, type and duration of diabetes, etc., hypoglycemia)
 - d. Medication management
 - e. Insulin delivery systems
 - f. Insulin therapy
 4. Monitoring and Interpretation
 - a. Glucose (fingerstick/continuous glucose monitoring techniques, metrics)
 - b. HbA1c
 - c. A1C
 - d. Blood glucose
 - e. Weight
 - f. Lipids
 - g. Kidney health

Exam | Care and Education Interventions

- ▶ **Care & Education Interventions (105)**
- ▶ **Disease Process & Approach to Treatment (22)**
- ▶ **Individualizes Education Plan (17)**
- ▶ **Person Centered Education on Self-Care Behaviors (58)**
- ▶ **Evaluation, documentation and follow-up (8)**

- 1. Needs Analysis
 - a. Health Complications (Diabetes, Prevalence, and Treatment)
 - b. Longitudinal and Systemic Assessment
 - c. Health Assessment
 - d. Diabetes Assessment (DAA)
 - e. Assessment Strategies (see 105)
- 2. Disease Complications and Comorbidities (Cases, Prevention, and Treatment)
 - a. ADA Class of Practice screening recommendations
 - b. Endocrine (Hypothyroidism, Diabetes, etc.)
 - c. Non-endocrine
 - d. Neurological
 - e. Hematological
 - f. Eye (Diabetic Retinopathy, Cataracts, Glaucoma, etc.)
 - g. Heart (Coronary Artery Disease, Heart Failure, etc.)
 - h. Renal (Diabetic Nephropathy, Chronic Kidney Disease)
 - i. Dermatological (Diabetic Dermopathy, Blister, etc.)
 - j. Infectious (Diabetic Foot, Cellulitis, etc.)
 - k. Oral and Gum Disease
 - l. Other (Cognitive Dysfunction, Insulin Dysregulation, Thyroid Disease, etc.)
- 3. Patient Safety
 - a. SA Days
 - b. Patient and other providers
 - c. Changes in schedule (OT, religious, cultural, etc.)
 - d. Travel
 - e. Pregnancy
 - f. Acute and chronic disease (diabetes, insulin, insulin, etc.)
 - g. Adherence and Patient Self-Management (ASMEI, etc.)
- 4. Living with Diabetes and Prevalence
 - a. Self-Management
 - b. Transition of care
 - c. Social (Diabetes, Diabetes, Diabetes, genetic, treatment, etc.)
 - d. Physical (Diabetes, Diabetes, Diabetes, diabetes, etc.)
 - e. Psychological (Diabetes, Diabetes, Diabetes, diabetes, etc.)
 - f. Psychosocial (Diabetes, Diabetes, Diabetes, diabetes, etc.)
 - g. Role (Responsibilities of care (individual, family, team, etc.)
 - h. Role (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - i. Social (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - j. Social (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - k. Social (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - l. Social (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
- 5. Evaluation, Documentation, and Follow-up (8)
 - a. Evaluation (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - b. Assessment and program (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - c. Self-management (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - d. Support (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - e. Support (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
 - f. Support (Diabetes, Diabetes, Diabetes, Diabetes, etc.)
- 6. Needs, Assessment, and Communication (Individuals) (Plan for follow-up, care, education, support, and referral)

Exam Content – Standards & Practices

- ▶ **Standards & Practices (8)**
- ▶ **National Standards for Diabetes Self Management Education and Support**
- ▶ **Diabetes Prevention Program**
- ▶ **Practice Standards**
- ▶ **Advocate**
- ▶ **Evidence-based care and education**
- ▶ **Consider Social Determinants of Health**
- ▶ **Inclusion, Diversity, Equity**

- III. Standards and Practices (8)
 - A. Describe the current National Standards for Diabetes Self-Management Education and Support (DSME/ES)
 - B. Describe the National Diabetes Prevention Program Standards (National DPP)
 - C. Apply practice standards (AAACE, ADA, Endocrine Society, etc.)
 - D. Describe population health strategies
 - E. Collaborate with other healthcare professionals to advance team-based care
 - F. Advocate for people with diabetes (access to medications and supplies, care in institutional settings, policies, etc.)
 - G. Promote primary and secondary diabetes prevention strategies in at-risk individuals and populations
 - H. Promote evidence based care and education
 - I. Recognize the impact of disparities (economic, access, gender, ethnicity, geographic, etc.)
 - J. Incorporate principles of diversity, equity, and inclusion



Articles to Read to Prepare for CDCEs Exam

- ADA Standards of Care 2025** – This yearly publication by the American Diabetes Association outlines the national goals of care based on the best research for diabetes management. This is one of the most important guidelines to read as a Certified Diabetes Care and Education Specialist.
- Summary of Revisions: Standards of Care in Diabetes 2025** – The 2025 Standards of Care includes revisions to incorporate precision and inclusive language. Edits were made to consistently apply terminology that empowers people with diabetes and recognizes the individual at the center of diabetes care.
- Pharmacologic Approaches to Glycemic Treatment – 2025** – This ADA/EASD hyperglycemia road map details strategies to improve glucose management for both Type 1 and Type 2 Diabetes. Section 9 of Standards of Care, 2025.
- Screening and Diagnosis of Diabetes Mellitus 2025** – One page cheat sheet that summarizes screening, risk status, and diagnostic criteria for diabetes. Great for your office and as a study tool.
- Med Cheat Sheets | Cholesterol and Hypertension Medications 2025** – These summary sheets are helpful for your clinical practice and preparing for certification exams. Put exam success, be familiar with the general concepts, side effects and precautions of these medications.
- Language & Diabetes. What we say matters | Resource page** – Language is powerful and can have a strong impact on perceptions as well as behavior. This mini webinar and article provide recommendations for the language used by healthcare professionals and others when discussing diabetes through spoken or written words whether directed to people with diabetes, colleagues, or the general public, as well as research questions related to language and diabetes.
- ADCEES 1st Self-Care Behaviors – A must-read for anyone entering the field of Diabetes or as a reference for those already in the field.** These 7 Self-Care Behaviors™ provide a framework for patient-centered diabetes self-management education and training (DSME/ES) and care.
- American Association of Clinical Endocrinology Consensus Statements: Comprehensive Type 2 Diabetes Management Algorithm – 2025 Update.** This link provides the **complete executive and slide set summary** by the American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus. If you are taking the CDCEs or BC-ADM exam, we encourage students to be familiar with the slide content that reviews diabetes management.
- 2025 National Standards for Diabetes Self-Management Education and Support** – A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. An important document to review for those providing Diabetes Self-Management Education or those considering taking the certification exam.
- Landmark Studies** – short cheat sheets that highlight the major diabetes trials and the significant findings.

What to Study?



220 Test Questions – Assess your Knowledge



DiabetesEdUniversity.com
\$49 for 220+ Questions

Online Courses – Live Conferences – Virtual Conferences – Bundles – Books – Extensions –

Home > Toolkits > Test Taking Practice Exam Toolkit | Webinar + 220 Sample Practice Test Questions



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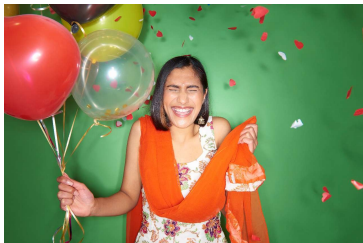


Certification Exam Study Group

<https://www.facebook.com/groups/diabeteseducationspecialiststudygroup>

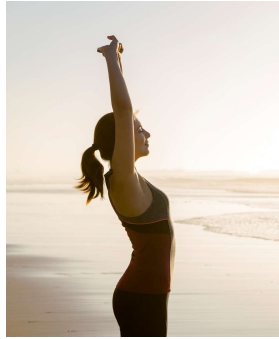
We are Here to Help You Earn the CDCES after your name!

- CDCES Prep Bundle &
- Virtual Conference
- includes Free Bundle of Courses that address these content areas included in the exam.



Taking the Exam

- ▶ Questions
- ▶ Answers
- ▶ Pitfalls



Keep it Person Centered

- ▶ Focus on psychosocial needs and social determinants of health.
- ▶ Start where the participant is at.
- ▶ Keep the participants characteristics in mind (age, type of diabetes, etc.)
- ▶ We are supporting efforts toward behavior change.



Increase success

- ▶ If the answer you wanted isn't there – Pivot, breathe and readjust.
- ▶ Try not to overthink question/answers.
- ▶ Make sure that the answer you choose fits the situation.
- ▶ Focus on national goals and avoid using your work setting's goal.



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



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



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
- ▶ Test anxiety – have a plan on how to address
- ▶ Work even simple math problem on scratch paper



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



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



Vignette Style Question

▶ Read the following vignette to answer the next 3 questions.

▶ A 47 yr old man with newly diagnosed type 2 diabetes and hypertension. 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



Vignette Style Question 1

- ▶ He says finding time to exercise is challenging due to his work schedule. Using the transtheoretical model, what stage of change is he in?
- A. Contemplation
 - B. Cost vs. Benefit
 - C. Precontemplation
 - D. Denial



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Vignette Style Question 2

- ▶ He requests information about healthy eating. Which meal planning approach best suits this individual until he can see a registered dietitian?
- A. Very low-calorie diet
 - B. Eliminate all concentrated sweets
 - C. Eat 3 meals a day with snacks in between
 - D. Plate Method



Sample Question 3 – Carb Counting

JL uses an insulin pump and is carb counting using exchange list. A typical breakfast includes: ½ banana, 1 cup of milk, 2 tablespoons almond butter and 1 piece whole grain bread. LS’s insulin to carb ratio for breakfast is 1:12, for lunch and dinner it is 1:15. Based on this, how much insulin does LS need for breakfast?

- A. 3.5 units
- B. 3.8 units
- C. 3.0 units
- D. 2.8 units

Vignette Style Question 4

KL is 72 years old with a 10 year history of type 2 diabetes. KL’s has a BMI of 24.6, A1C of 7.3% and LDL cholesterol of 72 mg/dL. GFR is 62 and UACR is less than 30 gm/g. Has a history of hypertension. Current meds for diabetes include metformin ER 850mg BID, sitagliptin (Januvia) 25mg. Based on the ADA Standards of Care, what is the next best action?

- A. Start a SGLT-2 inhibitor to lower A1C and preserve renal function.
- B. Determine KL’s A1C goals and explore social determinants of health.
- C. Stop sitagliptin and suggest initiation of a GLP-1 Receptor Agonist to reduce risk of CV disease.
- D. Refer KL to a RD/RDN to help get A1C less than 7%.



What We Say Matters: Language that Respects the Individual and Imparts Hope | FREE Webinar & Resources



Watch the recorded version!

Sample Question 5

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 loss and can cause kidney damage.



Med and Insulin PocketCards



NEW Accordion 2-sided PocketCards

Glucagon Treatment for Diabetes-Related Hypoglycemia

Name / Density	Quantity	Age	Pink / Age Not Listed	Age / Pink / Name
Glucagon Hydrochloride 1mg/0.5mL	1000 units (1000 units/5mL)	> 2 years	> 2 years	> 2 years
Glucagon Hydrochloride 1mg/0.5mL	1000 units (1000 units/5mL)	> 2 years	> 2 years	> 2 years
Glucagon Hydrochloride 1mg/0.5mL	1000 units (1000 units/5mL)	> 2 years	> 2 years	> 2 years
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Glucagon Hydrochloride 1mg/0.5mL	1000 units (1000 units/5mL)	> 2 years	> 2 years	> 2 years

Diabetes Education **25** YEARS CELEBRATING

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Standards of Care
 Meds PocketCards
 Question of the Week
 Online Course Viewing

Sample question 6

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, advise person to:

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



220 Test Questions – Assess your Knowledge



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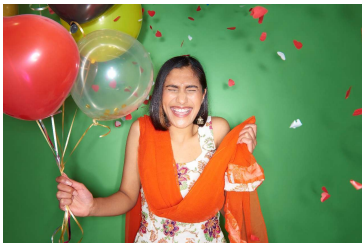
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Level 1 – Diabetes Fundamentals
Ready for Viewing

Class 1: Getting to the Nitty Gritty | 1.5 CEs
 Class 2: Nutrition & Exercise 1.5 | CEs
 Class 3: Meds Overview for Type 2 | 1.5 CEs
 Class 4: Insulin Therapy & Pattern Management | 1.75 CEs
 Class 5: Goals of Care | 1.5 CEs
 Class 6: Hypoglycemia, Sick Days, & Monitoring | 1.5 CEs

Diabetes Fundamentals
Level
1

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Essential Study Tools

ADA Standards of Care in Diabetes
Level
2

ADCES E-Book Bundle


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ADA 2025 Standards
 - On CDCES Coach App
 - CDCES Resource page
Standards of Care
 - Recorded version
 available for one full year

Level 2 | Standards of Care Intensive | 20 CE

- Class 1 | ADA Standards of Care | 2.0 CE | **Jan 30, 2025**
- Class 2 | Assessing & Promoting Well-Being: From Populations to Person-Centered Approach | 1.5 CE
- Class 3 | Cardiovascular Disease & Diabetes Standards | 1.5 CE
- Class 4 | Critical Assessment of Diabetes Patient Standards | 2.0 CE
- Class 5 | Hospital & Hyperglycemia Standards | 1.5 CE
- Class 6 | Hyperglycemic Crises, DKA & HHS Standards | 1.0 CE
- Class 7 | Lower Extremity Assessment Standards | 1.5 CE
- Class 8 | Meds Management for Type 2 Standards | 1.5 CE | **Dec 17, 24**
- Class 9 | Microvascular Complications, Eye, Kidney Nerve Disease Standards
- Class 10 | Older Adults & Diabetes Standards | 1.5 CE
- Class 11 | Pregnancy & Diabetes Standards | 1.5 CE
- Class 10 | Tots to Teens - Diabetes Standards | 1.5 CE










Level 3 | Diabetes Mastery & Certification Readiness | 12+ Units
Recorded - 2025


- Class 1 | Diabetes - Not Just Hyperglycemia | 1.75 CE
- Class 2 | Standards of Care & Cardiovascular Goals | 1.5 CE
- Class 3 | Insulin Therapy - From Basal/Bolus to Pattern Mgmt | 1.5 CE
- Class 4 | Insulin Intensive, Monitoring, Sick Days, Lower Ext | 2.0 CE
- Class 5 | Meds for Type 2 - What you need to know | 1.5 CE
- Class 6 | Exercise & Medical Nutrition Therapy | 1.0 CE
- Class 7 | Screening, Prevention, & Treatment of Microvascular Complications | 1.5 CE
- Class 8 | Coping & Behavior Change | 1.5 CE
- Class 9 | Test-Taking Coach Session (48 Questions) | No CE



Level 4 | Advanced Level & Specialty Topics | 20 CE

- Class 1: Type 2 Diabetes Intensive | 2.25 CE
- Class 2: Cancer & Diabetes | 1.5 CE
- Class 3: 3 Steps to DeFeet Amputation; Assess, Screen, & Report | 1.25 CE
- Class 4: Insulin Calculation Workshop | From Pumps & Beyond | 2.0 CE
- Class 5: Solving Glucose Mysteries for Type 1 | 2.0 CE
- Class 6: Solving Glucose Mysteries for Type 2 | 1.75 CE
- Class 7: Basal Bolus Therapy in Hospital | 1.75 CE
- Class 8: From the Gut to the Butt – Exploring the GI System | 1.5 CE
- Class 9: The Impact of Adverse Childhood Experiences on Health | 1.0 CE
- Class 10: Strategies to Revitalize Your Diabetes Program or Business | 1.5 CE
- Class 11: What We Say Matters: Language that Respects the Individual and Imparts Hope | 0.75 CE
- Class 12: Behavior Change Theories Made Easy | 1.0 CE
- Class 13: NON-CPEU Mindfulness & Compassion in the Diabetes Encounter Webinar | No CE



CDCES / BC-ADM Success Page

Melissa is a Registered Dietitian Nutritionist based out of North Miami. She is most passionate about using her Medical Nutrition Therapy coupled with Motivational Interviewing skills to help our most vulnerable populations. Since she became a Dietitian and began working with her community, she knew she would pursue a specialization in Diabetes Management to maximize her impact and help those who need it most. She is very excited to join the CDCES community of providers!

Melissa Dolan, MS, RDN, LD/N, CDCES



I want to thank you all for the support you give to Diabetes Educators, but also to those of us preparing for the CDCES Exam. I truly want to THANK YOU for that! I just passed my exam on June 1st, 2023. I appreciate all that you do to simplify the updates and new evidence based practice information. The cheat sheets you provided were the one thing that I would say helped really reinforce the information for me. I also watched the boot camp videos. I had less stress because of your supportive site and that helped so much! I am so honored to be able to make Diabetes easier for patients everyday.

Carolyn Fletcher, BSN, RN, CDCES



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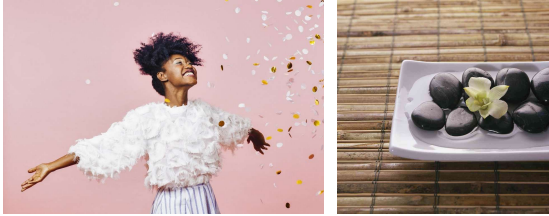
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Thank You



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