



25
years

Becoming a Diabetes Specialist (CDCES): Getting Started 2025

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



Diabetes Education
SERVICES

DiabetesEd.net Website Orientation



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The banner has a purple background with a faint image of a person. On the left, the text 'Start your journey' is in a white script font, followed by 'Celebrating 25 Years in Diabetes Education' in a white sans-serif font. Below this is a list of three bullet points: 'Online University & Live Seminars', 'Certification Tools & Resources', and 'Accredited Continuing Education'. A green 'GET STARTED' button is at the bottom center. On the right is a circular portrait of a smiling woman with blonde hair, identified as 'Coach Beverly' in a white script font.

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

PocketCards



CDCES Coach App



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"It's like having a coach
in your pocket!"

CDCES Coach App

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**Question of the Week
& Sample Questions**

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

We are Here to Help!



Bryanna Sabourin
Director of Operations
Certification Pathway Coach &
Customer Happiness Expert



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.

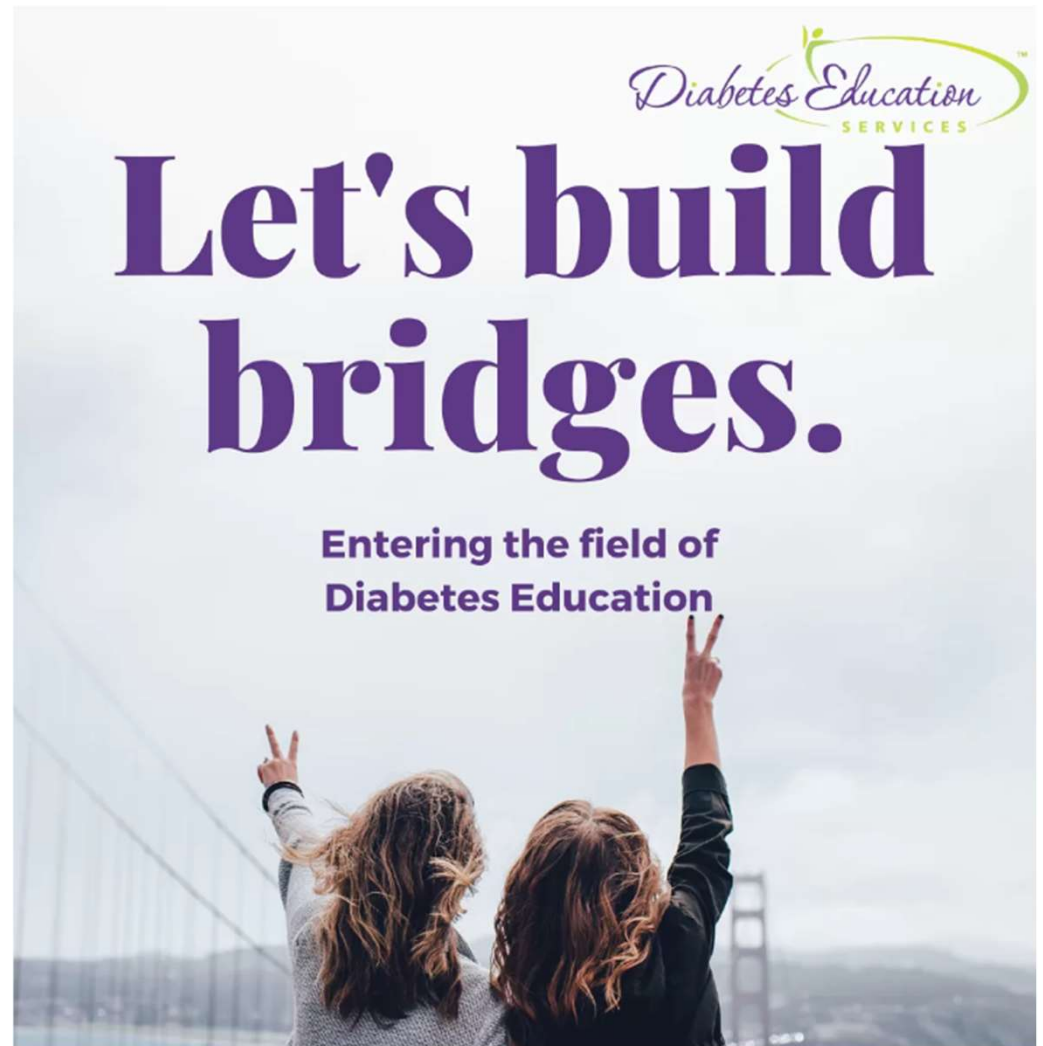
Land Acknowledgment

- ▶ 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 – Becoming A Diabetes Specialist

- ▶ Certified Diabetes Care and Education Specialist
 - ▶ Eligibility
 - ▶ Requirements
 - ▶ Getting Hours
 - ▶ Exam content
 - ▶ Study strategies
 - ▶ Resources



We are Looking for Mentors to help train the next generation of Diabetes Care & Education Specialists

Calling All Health Care Professionals

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

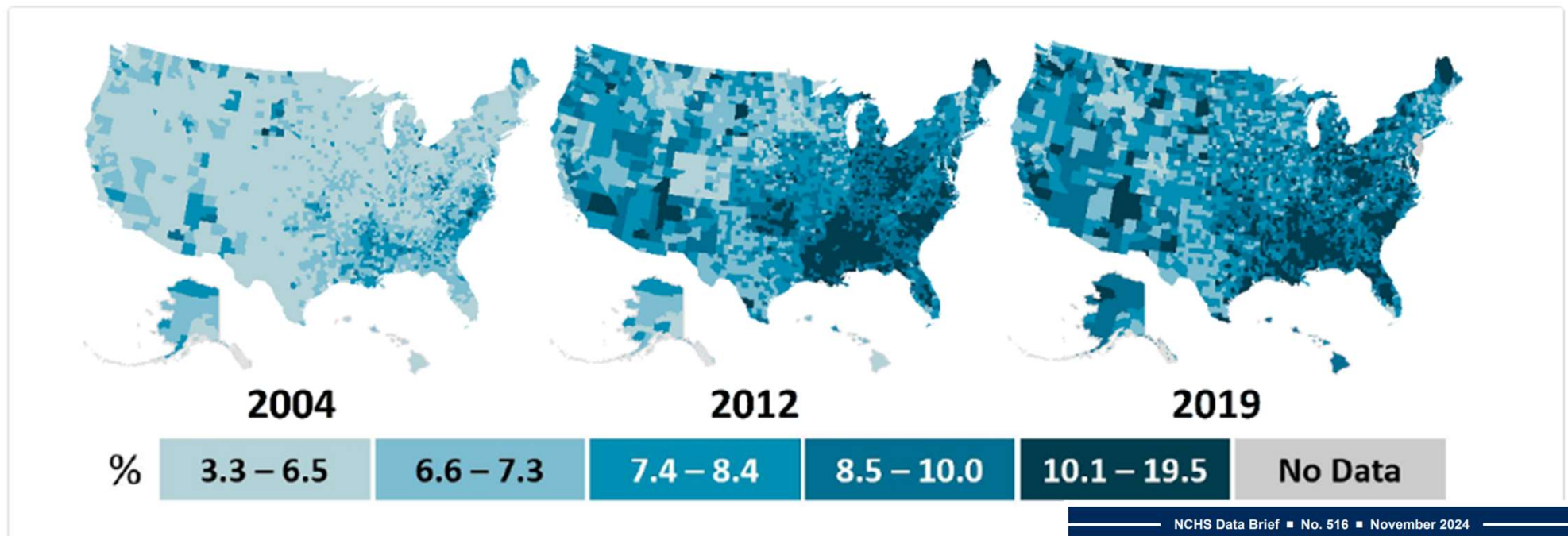
- ▶ Currently, 16% of people in the United States live with diabetes, and over 38% live with prediabetes according to the [CDC](#).
- ▶ Diabetes is more prevalent in communities of color and impacts individuals with less income and resources.
- ▶ CDCES's are influential in addressing health disparities and promoting equitable care through their work in health care settings across the country.



Type 2 Diabetes in America 2025

- ▶ 16.8% with Diabetes - 37 million adults
 - ▶ 11% don't know they have it
- ▶ 38% with Prediabetes – 96 million adults

Figure 3. Age-adjusted, county-level prevalence of diagnosed diabetes among adults aged 20 years or older, United States, 2004, 2012, and 2019
<https://www.cdc.gov/nchs/data/databriefs/db516.pdf>



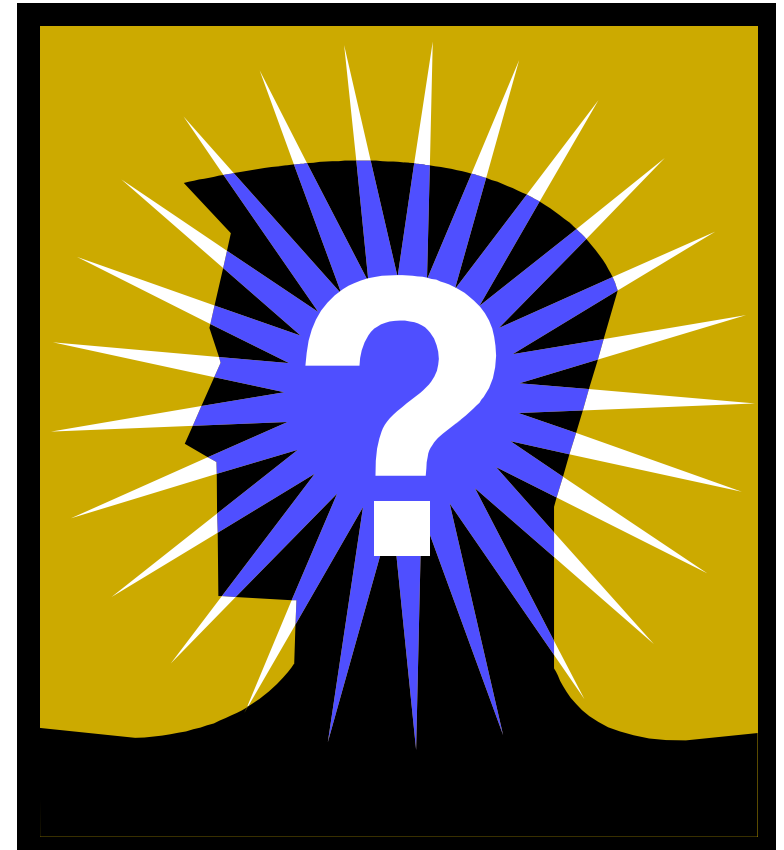
Data sources: US Diabetes Surveillance System; Behavioral Risk Factor Surveillance System.

Prevalence of Total, Diagnosed, and Undiagnosed Diabetes in
Adults: United States, August 2021–August 2023

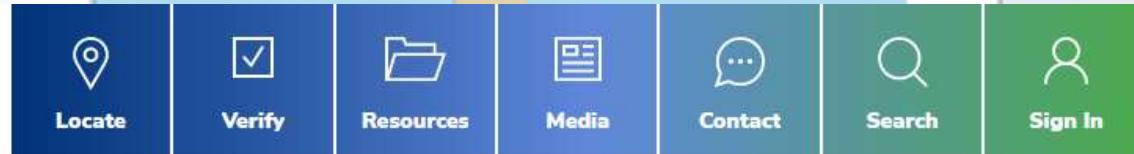
Jane A. Gwira, M.D., M.P.H., Cheryl D. Fryar, M.S.P.H., and Qiuping Gu, M.D., Ph.D.

Why Take the CDCES Exam?

- ▶ Provides a mechanism to demonstrate professional accomplishment and growth
- ▶ Provide formal recognition of specialty practice and knowledge at a mastery level
- ▶ Provides validation of demonstrated dedication to diabetes
- ▶ Promote continuing commitment to best practices, current standards and knowledge



www.cbdce.org



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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. →

What is a CDCES?

A Certified Diabetes Care and Education Specialist is a health professional who possesses comprehensive knowledge of and experience in diabetes prevention, prediabetes, and diabetes management.

The CDCES educates, supports, and advocates for people affected by diabetes, addressing the stages of diabetes throughout the lifespan.

The CDCES promotes self-management to achieve individualized behavioral and treatment goals that reduce risks and optimize health outcomes.



2025

CERTIFICATION EXAMINATION

for

Diabetes Care and
Education Specialists

Handbook



Diabetes Care and Education Specialist (CDCES) Definition

“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”



2022 National Standards for
Diabetes Self-Management
Education and Support

Diabetes Care 2022;45:484–494 | <https://doi.org/10.2337/dc21-2396>

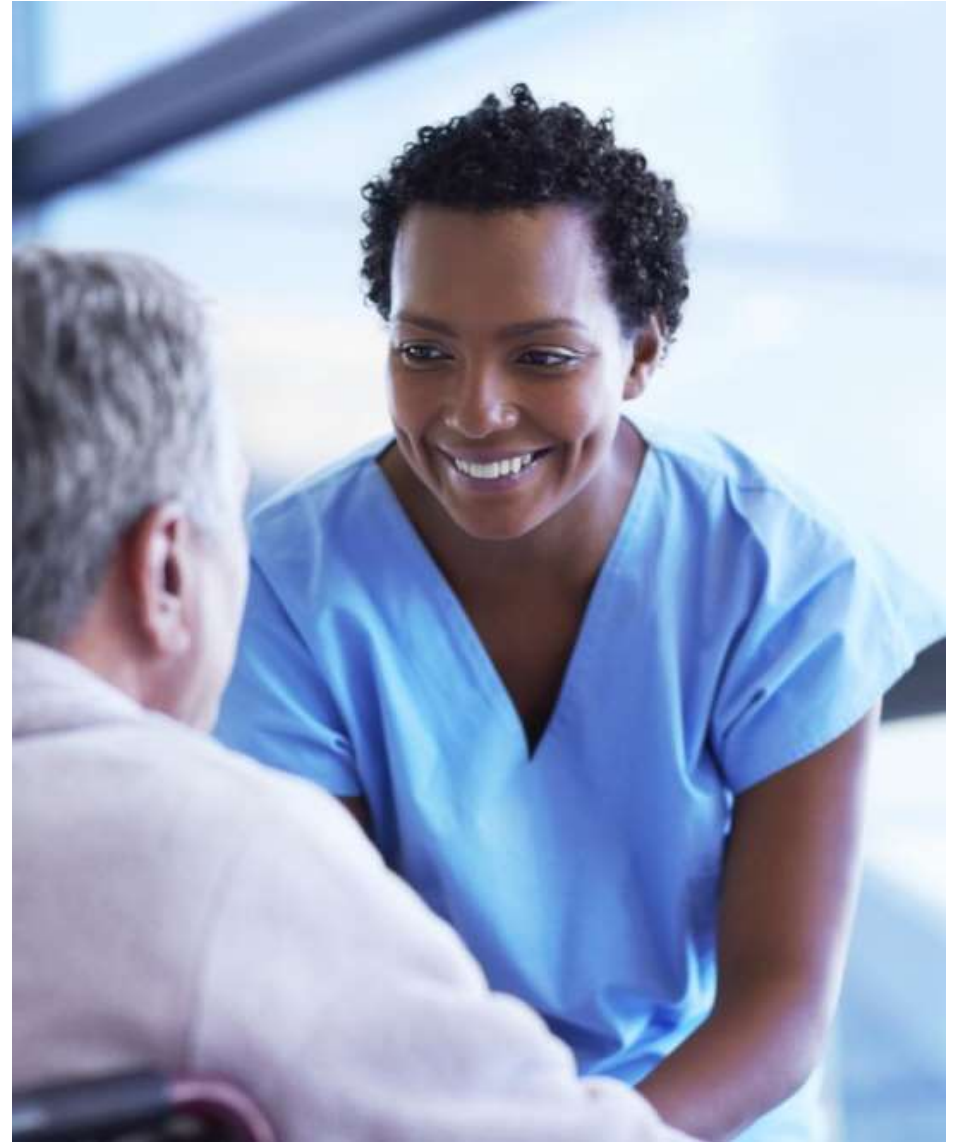
Definition of Diabetes Care & Education

- ▶ It is a component of a comprehensive plan of diabetes care.
- ▶ Involves the person with prediabetes and or diabetes, caregivers and specialists
- ▶ Ongoing process of facilitating the knowledge, skill, and ability necessary for self-care, as well as activities that assist a person in implementing and sustaining the health practices to manage on an ongoing basis, beyond or outside of formal self-management training.



Definition of Diabetes Care & Education

- ▶ Process incorporates the needs, goals and life experiences of the person and is guided by evidence-based standards.
- ▶ Includes practical problem-solving approaches and collaborative care.
- ▶ Address psychosocial issues, lifestyle change, and strategies to sustain self-management



Quick Question A

- ▶ Diabetes Care and Education Exam includes which of the following philosophies?
- ▶ A. Encouraging compliance improves outcomes
- ▶ B. Empower people to improve diabetes self-management
- ▶ C. Consider individual needs, goals and life experiences
- ▶ D. Help all people achieve an A1c less than 7
- ▶ E. Collaborate and provide ongoing care

Benefits of Becoming A CDCES

1. Improving Diabetes Outcomes and Quality of Live well-being.

2. Addressing Health Disparities:

CDCESs are essential in caring for diverse populations, including those disproportionately affected by diabetes.

We are a part of advocating for equity and increased access to care.

3. Reducing Healthcare Costs:

Diabetes education can significantly reduce healthcare costs by preventing complications

CDCESs contribute to cost savings by promoting preventive care and self-management.

4. Expansion of Care Models:

Growing emphasis on preventive health services and chronic disease management, health settings.

CDCES professionals are vital in addressing the diabetes crisis. Their expertise is increasingly in demand across various healthcare settings.

Diabetes Self Management Ed Benefits

- ▶ Improved knowledge
- ▶ Lower weight
- ▶ Improved quality of life
- ▶ Reduced mortality
- ▶ Positive coping
- ▶ Reduced cost
- ▶ Only 5-7% of Medicare/insured receive DSME)
- ▶ Increased primary care, preventive services
- ▶ Less frequent use of acute care and inpt admissions
- ▶ More likely to follow best practice recommendations (esp those with Medicare)



Steps to Becoming A CDCES

1. **Educational Requirement:** Hold a relevant degree such as in nursing, dietetics, pharmacy, or other health-related field.
2. **Professional Licensure:** Maintain an active license in a qualifying health discipline (e.g., RN, RD, MD, etc.) or have a degree in an eligible field like public health or social work.
3. **Experience Requirement:**
 - ▶ A minimum of two years (to the day) of professional practice experience in the discipline under which one is applying for certification.
 - ▶ Obtain at least 1,000 hours of diabetes education experience within the last five years, with at least 200 hours in the most recent year.
4. **Continuing Education:** Complete at least 15 hours of continuing education in diabetes management and care within 2 years before applying.



Initial Certification Eligibility

▶ **Discipline** - Licenses (current, active, unrestricted license from one of the U.S. or its territories):

- ▶ Clinical Psychologist
- ▶ Registered Nurse (includes Nurse Practitioners, CNS)
- ▶ Occupational Therapist
- ▶ Optometrist
- ▶ Pharmacist
- ▶ Physical Therapist
- ▶ Physician (M.D. or D.O.)
- ▶ Podiatrist OR

▶ **B. Registrations/Certifications**

- ▶ Dietitian or dietitian nutritionist holding active registration with the Commission on Dietetic Registration
- ▶ PA holding active registration with the NCCPA
- ▶ Exercise physiologist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Physiologist
- ▶ Health educator holding active certification as a Master Certified Health Education Specialist from the National Commission for Health Education Credentialing

OR

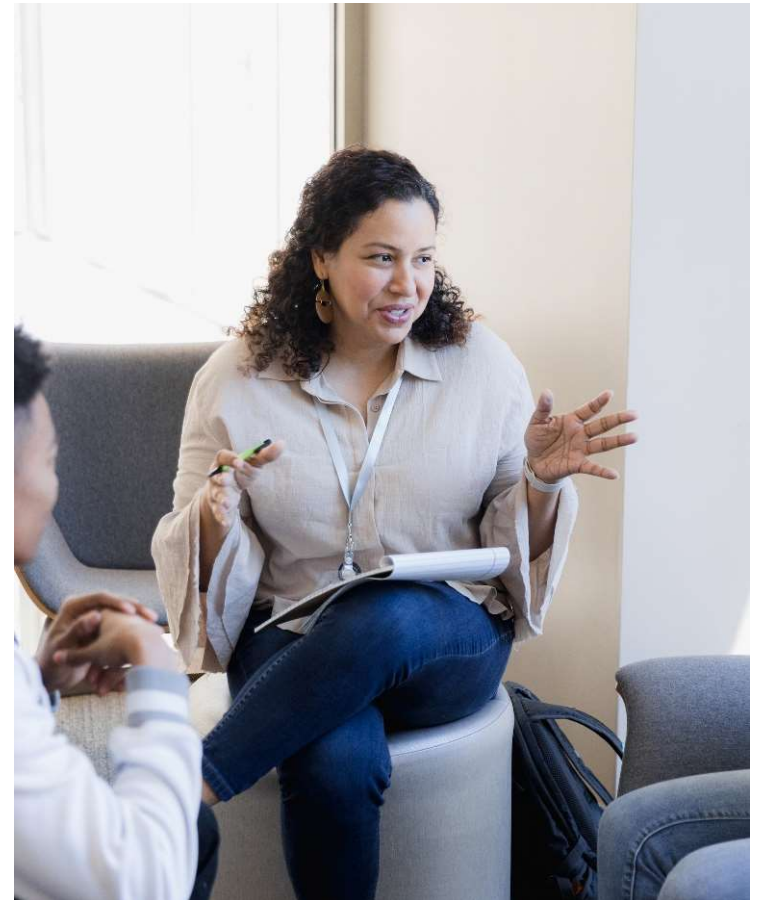
C. Health care professional with a minimum of a master's degree in **social work** from a United States college or university accredited by a nationally recognized regional accrediting body.

To verify the program, an official transcript that indicates that an advanced degree in social work was awarded must be submitted with the Application for the Examination if selected for audit



Unique Qualifications Pathway

- ▶ Available for individuals that do not qualify under the current list of disciplines that qualify for initial certification.
- ▶ Designed for health professionals holding an advanced degree in a health-related area/concentration from a U.S. college or university accredited by a nationally recognized regional accrediting body to pursue certification.
- ▶ This pathway has different eligibility requirements and requires pre-approval prior to applying for the Examination at www.CBDCE.org



Need 2000 DCE hours

Professional Degree, *DCE 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 DCE Practice Hours
- ▶ If on Unique Qualifications Pathway, need 2000 hours of DSME
- ▶ For more: info@CBDCE.org or call 877 -239- 3233



***DCE = Diabetes Care
and Education**

Professional Practice Experience

Must meet all - 2025

- ▶ 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 5 years in diabetes self-management education delivered face to face or electronic with a minimum of 200 hours (= about 4 hrs a week) accrued in the last 12 months.

AND

- ▶ Minimum of 15 clock hours of continuing diabetes education within 2 years prior to applying for certification.

2021- 2026 Practice Experience Updates Extended through 2026 and beyond? CBCDE

STANDARD PATHWAY		
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS (PRIOR REQUIREMENT)	PERMANENT REQUIREMENT CHANGE FOR ALL APPLICATIONS SUBMITTED FROM 1/1/2024 AND FORWARD*
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 1000 hours in no more than 4 years prior to applying	Total 1000 hours of DCE within 5 years

UNIQUE QUALIFICATIONS PATHWAY		
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS (PRIOR REQUIREMENT)	PERMANENT REQUIREMENT CHANGE FOR ALL APPLICATIONS SUBMITTED 1/1/2024 AND FORWARD*
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 2000 hours in no more than 4 years prior to applying	Total 2000 hours of DCE within 5 years

* Temporary changes were originally to set to end 2022 – 2025 were approved in November 2023 to move from temporary to permanent changes in the eligibility requirements for initial certification.

What Hours Count?

Excerpt from CBDCE Exam Handbook regarding what hours count towards the 1000-hour requirement:

- ▶ **Assessment:** The participant's DCE needs are identified. This process is led by the participant with the assessment and support of the educator.
- ▶ **Education and Care Plan:** The participant's individualized education and care plan is developed. The plan reflects the participant's self-management goals and current evidence and practice guidelines and includes criteria for evaluating outcomes.
- ▶ **Interventions:** The specialist delivers intervention options to assist the participant in meeting self-management goals.
- ▶ **Ongoing Support:** The specialist provides options for ongoing support and resources. The support option(s) is selected by the participant to best meet their self-management goals.



What Hours Count?

- ▶ **Participant Progress:** The specialist will monitor and communicate whether the participant is achieving their self-management goals and other outcome(s) to evaluate the effectiveness of interventions. Additional assessments are based on the participant's needs across the lifespan.
- ▶ **Documentation:** The specialist documents the assessment, education plan, intervention, and outcomes in the participant's health record.
- ▶ **Services Development/Administration:** Development and administrative activities performed as part of DSMES services.



Tracking your activities and hours consistently is key, and these varied approaches can help you meet the requirements while making a positive impact in the community.

Preparing for the CDCES Exam FREE Webinar & Resource Page

[Practice Hours Spreadsheet Tracker.](#) Step 2



What Hours DON'T Count

Occupational Activities

- ▶ demonstrating a basic skill in which the health professional is not providing DCE
- ▶ providing medical assessment or diagnosis
- ▶ conducting/participating in research activities in which the health professional is not providing DCE
- ▶ dispensing/prescribing medications
- ▶ promoting sales of diabetes medications, supplies, and products

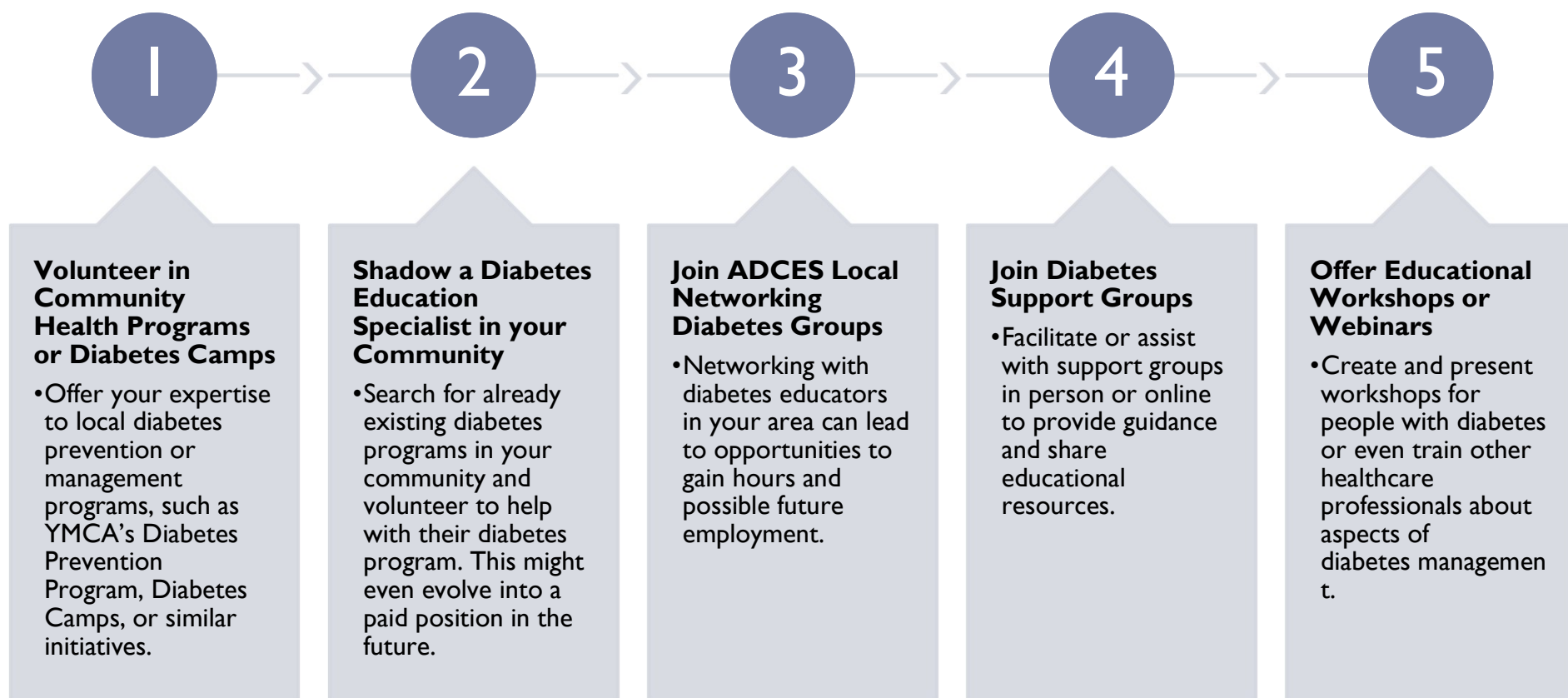
Professional Activities

- ▶ providing continuing education to professionals (e.g., teaching nurses, physicians)
- ▶ membership or committee work in professional organizations

Personal Activities

- ▶ having diabetes or caring for a family member with diabetes
- ▶ diabetes-related volunteer activities that do not include some or all of the components of DCE

How to Get Your Hours



How To Get Your Hours



Collaborate with Pharmacies

Partner with local pharmacies to provide diabetes education to people picking up diabetes-related medications or supplies.



Participate in Health Screenings or Free Health Clinics

Assist with diabetes screenings, provide educational coaching at health fairs, or sign up to provide diabetes coaching at your local free clinic.



Support Long-Term Care Facilities

Offer diabetes-related education to staff and residents in long-term care or assisted living facilities.



Write or Develop Educational Content

If you're skilled in writing, contribute to diabetes educational materials for local papers and websites. You can count the time spent on research and content development towards your hours.



[Join our Facebook Certification Exam Study Group](#)

This group is over 1000 members strong, and they share information, support, and resources for exam success! A great place to check in with your peers and receive ongoing support and inspiration.

CBDCE Handbook Checklist 2025

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, 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.

☐
☐

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 or are you using a Master's degree in a health-related field as a waiver for one of the two years?

☐
☐

5. Have you accrued 1000 hours of practice experience in diabetes care and education (DCE) within the last 5 years?

☐
☐

6. Do you have a minimum of 20% (or 200 hours) of the 1000 hours of DCE practice experience accrued within the past year?

☐
☐

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 DSMES services/administration?

☐

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?

☐

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.

DCE Overall Objective

- ▶ **Participant Centered**

- ▶ Support informed decision making
- ▶ Problem solving
- ▶ Active collaboration to improve clinical outcomes and quality of life



- ▶ Avoid judgmental words that increase feelings of shame and/or guilt
- ▶ Choose words and phrases that put people first
- ▶ Avoid shame and blame

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



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Language that Respects the Individual & Imparts Hope Confirmation

What We Say Matters

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Free!



Free Webinars

CDCES Prep Webinar & Resources
BC-ADM Prep Webinar & Resources
Test Taking Practice Exam Sample Questions Toolkit
CDCES or BC-ADM – Which is Right for Me?
3 Steps to DeFeet Amputation
Language that Respects the Individual and Imparts Hope

From the Gut to the Butt – Exploring the GI System
Health Impact of Adverse Childhood Experiences
Mindfulness Webinar for Diabetes Specialists
Behavior Change Theory Made Easy
Strategies to Revitalize your Diabetes Program or Business
Testimonials – Live Webinars



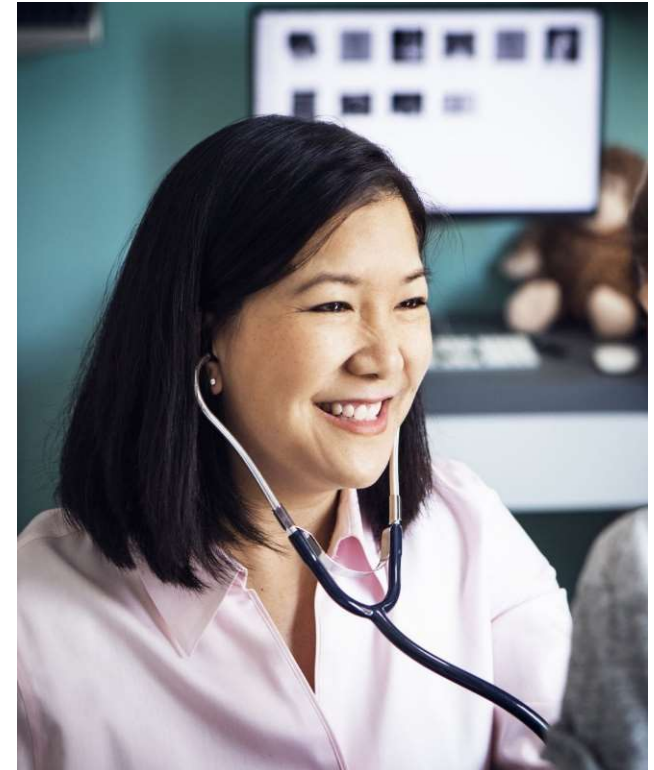
Keep Informed

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Renewing My CDCES – What Is Required?
FREE Resource Catalog

Watch the recorded version!

Exam Steps to Becoming A CDCES

1. **Apply for the CDCES** exam through the Certification Board for Diabetes Care and Education (CBDCE).
2. **Prepare** using study materials, review courses, and practice exams related to diabetes education.
3. **CDCES Exam:** 175-question certification exam, which covers topics including assessment, care and education strategies, standards and practices.
4. **Maintain Certification:** You can renew your certification every five years through continuing education, fulfilling practice hour requirements, or retaking the exam.



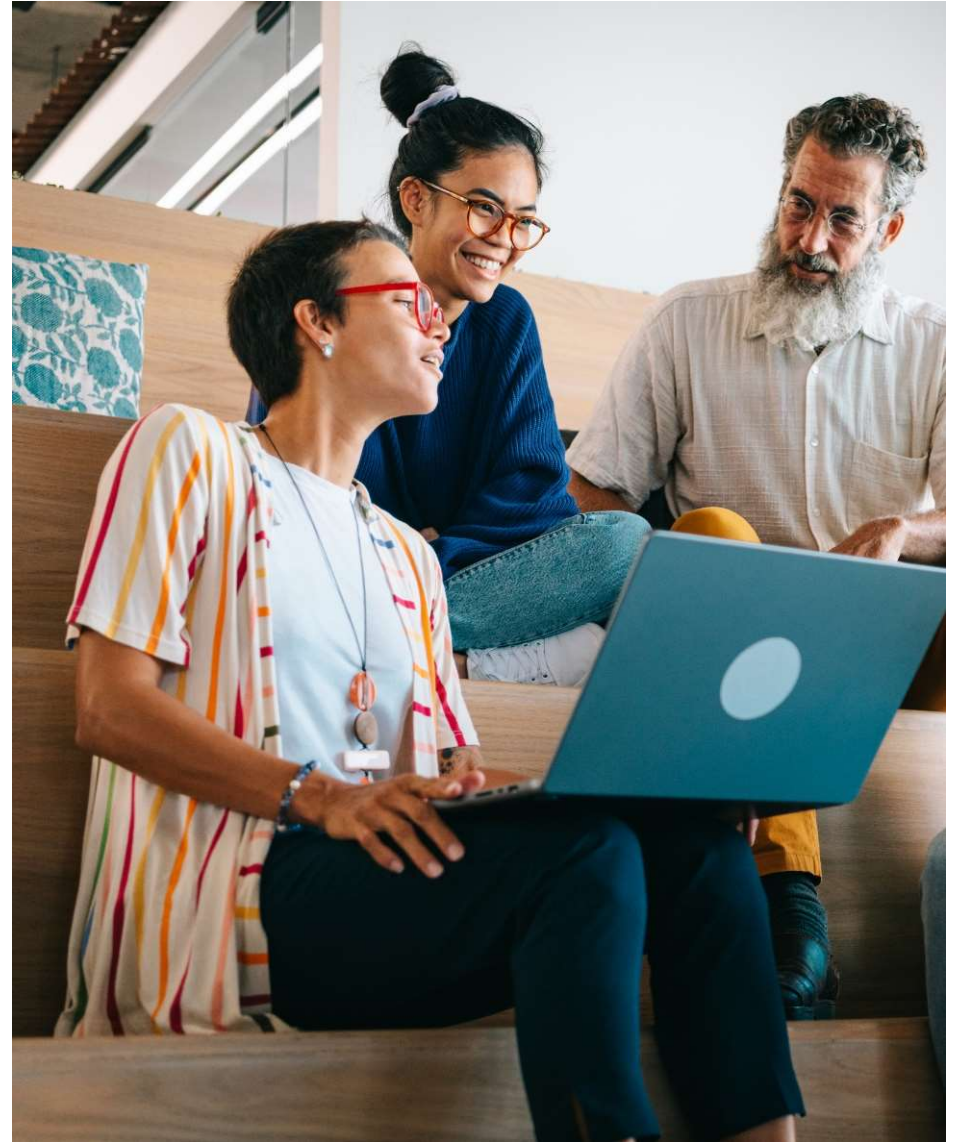
Exam Details

- ▶ 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



Overview of CDCES Exam

- ▶ 175 multiple-choice, objective questions with a total testing time of four (4) hours.
- ▶ Based on job analysis which surveyed diabetes educators about the tasks they performed.



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-relevant health history (diagnosis, duration, symptoms, complications, treatment, comorbidities, healthcare utilization)
2. Diabetes-specific physical assessment (biometrics, site inspection, extremities, etc.)
3. Social determinants of health (economic, living situation, healthcare access, social supports, 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 (cognitive, physical, language, cultural, spiritual, family/caregiver dynamics, fears and myths, life transitions, 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, nonprescription, complementary and alternative medicine)
5. Monitoring and data collection (glucose, ketones, weight, dietary intake, activity, etc.)
6. Use of resources
7. Use of technology (monitors, 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/caregiver 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)

II. Care and Education Interventions (105)

A. Disease Process and Approach to Treatment (22)

1. Diagnosis and classifications
2. Pathophysiology including honeymoon period, dawn phenomenon
3. Modifiable and non-modifiable risk factors
4. Lifestyle management (activity, food, sleep, and stress)
5. Pharmacological approaches and options
6. Treatment goals (glycemic metrics, blood pressure, lipids, risk reduction, quality of life)

B. Individualized Education Plan (17)

1. Develop plan based on assessment, in collaboration with person with diabetes/pre-diabetes and care team
2. Identify instructional methods
3. Set S.M.A.R.T. goals

C. Person-Centered Education on Self-Care Behaviors (58)

1. Nutrition Principles and Guidelines
 - a) American Diabetes Association (ADA) and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, dietary approaches, etc.)
 - b) Carbohydrates (types, food source, sugar alcohol and substitutes, carbohydrate counting)
 - c) Fats (types, food source)
 - d) Protein (food source, renal disease, wound care)
 - e) Alcohol (amount, precautions)
 - f) Food and medication integration (medication timing, meal timing, etc.)
 - g) Food label interpretation (nutrition facts, ingredients, health claims, sodium, etc.)
 - h) Weight management
 - i) Dietary and herbal supplements
 - j) Special considerations (food allergies, food aversion, gastroparesis, celiac disease, metabolic surgery, failure to thrive, disordered eating, etc.)
2. Physical Activity
 - a) ADA and American College of Sports Medicine recommendations
 - b) Benefits, challenges, and safety (comorbidities, post exercise delayed onset hypoglycemia, etc.)
 - c) Activity plan (frequency, intensity, time, and types)
 - d) Adjustment of monitoring, food, and/or medication for planned and unplanned activities
3. Medication Management
 - a) ADA/European Association for the Study of Diabetes (EASD) guidelines
 - b) Medications (class, action, administration, side effects, contraindications, etc.)
 - c) Medication selection (cardiorenal protection, glycemic efficacy, impact on weight, types and duration of diabetes, cost, hypoglycemia risk)
 - d) Medication adjustment
 - e) Insulin delivery systems
 - f) Immunizations
4. Monitoring and Interpretation
 - a) Glucose (device selection, use, testing techniques, metrics)
 - b) Ketones
 - c) A1C
 - d) Blood pressure
 - 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)

- h) Hepatic function
- 5. Acute Complications: Causes, Prevention, and Treatment
 - a) Hypoglycemia and hypoglycemia unawareness
 - b) Hyperglycemia
 - c) Diabetic ketoacidosis (DKA)
 - d) Hyperosmolar hyperglycemic state (HHS)
- 6. Chronic Complications and Comorbidities: Causes, Prevention, and Treatment
 - a) ADA Clinical Practice screening recommendations
 - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
 - c) Sexual dysfunction
 - d) Neuropathies
 - e) Nephropathy
 - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
 - g) Lower extremity problems (ulcers, Charcot foot, etc.)
 - h) Dermatological (wounds, ulcers, site reactions)
 - i) Infection (genitourinary tract, pulmonary, skin and soft tissue)
 - j) Dental and gum disease
 - k) Other comorbidities (depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
- 7. Problem Solving
 - a) Sick days
 - b) Surgery and other procedures
 - c) Changes in schedules (shift, religious, cultural, etc.)
 - d) Travel
 - e) Emergency preparedness
 - f) Assistive and adaptive devices (talking meter, magnifier, etc.)
 - g) Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
- 8. Living with Diabetes and Prediabetes
 - a) Life changes
 - b) Transitions of care
 - c) Special populations (pediatric, adolescence, geriatric, transplant, etc.)
 - d) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
 - e) Psychosocial wellbeing (depression, disordered eating, distress, etc.)
 - f) Role/Responsibilities of care (individual, family, team)
 - g) Safety (sharps disposal, medical ID, driving, etc.)
 - h) Personal hygiene (dental, skin, feet, etc.)
 - i) Social/Financial considerations (employment, insurance, disability, discrimination, school issues, etc.)
- D. Evaluation, Documentation, and Follow-up (8)
 - 1. Evaluate the effectiveness of interventions related to:
 - a) achievement and progress toward goals
 - b) self-management skills
 - c) psychosocial wellbeing
 - d) weight, eating habits, medications, activity
 - e) glycemic metrics
 - 2. Revise, document, and communicate individual's 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 (NSDSMES)
- B. Describe the National Diabetes Prevention Program Standards (National DPP)
- C. Apply practice standards (AACE, 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



Quick Question – Multiple answers

What are some study strategies that will help you succeed?

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



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 latest 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 person-first and inclusive language. Efforts were made to consistently apply terminology that empowers people with diabetes and recognizes the individual at the center of diabetes care.

2025 Abridged Standards of Care – This collection provides an abridged version of the American Diabetes Association's (ADA's) Standards of Care in Diabetes—2025 designed especially for primary care professionals. Developed by the ADA's Primary Care Advisory Group*, this new resource contains the evidence-based clinical practice recommendations most pertinent to primary care—all presented in a user-friendly format. Its recommendations are substantively the same as in the complete ADA Standards of Care, but presented in succinct bullet points and helpful graphics.

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. For exam success, be familiar with the general concepts, (side effects and precautions) of these medications.

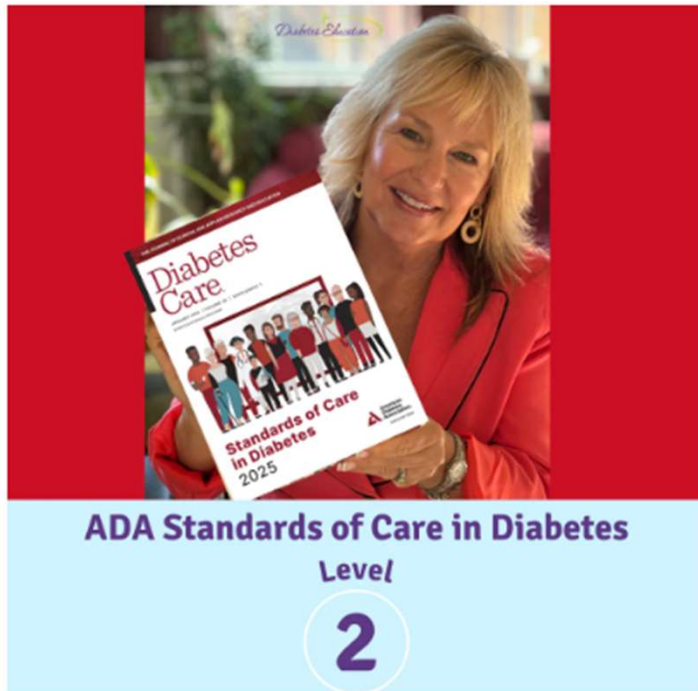
Language & Diabetes. What we say matters | Resource page

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 health care 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

What to Study?

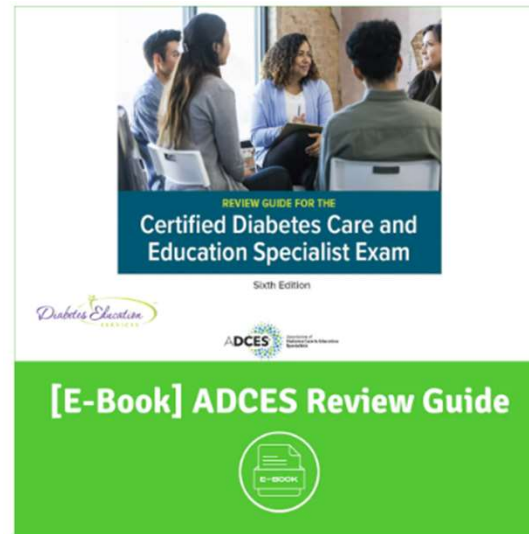


Essential Study Tools



ADA 2025 Standards

- On CDCES Coach App
 - CDCES Resource page
- PocketCard Bundle**



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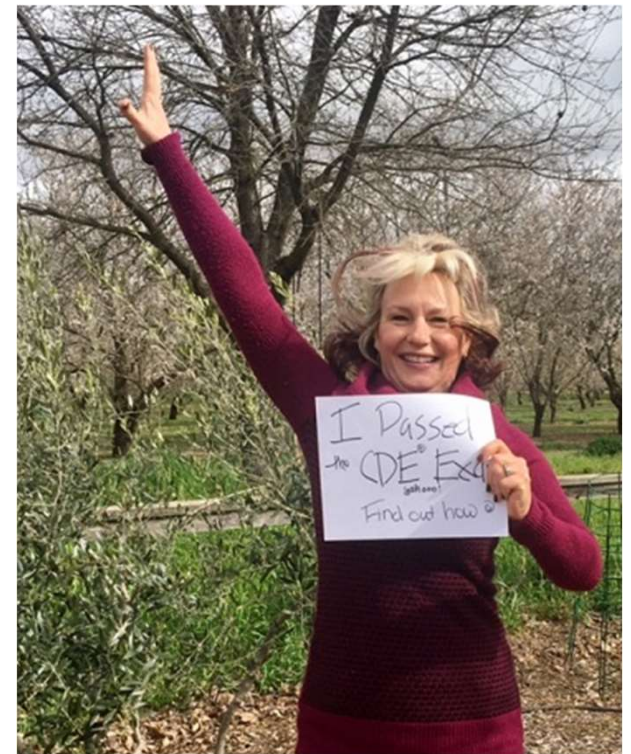
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Gvoke Injectable liquid stable glucagon solution	0.5mg/1.0mg prefilled syringe or 0.5mg/1.0mg HypoPen auto-injector	1 mg	< 2yr: not recommended 2- 12 yrs < 45kg 0.5mg ≥ 45kg 1mg 12 years or older 1mg	Approved Age 2+ SubQ admin in arm, thigh, abdomen Expires in 2 years at room temp (keep in foil pouch).
Baqsimi Nasal glucagon powder	3 mg intranasal device	3 mg	< 4 yrs: not recommended 3 mg dose for 4 years or older	Approved Age 4+ Nasal admin Expires ~ 2 yrs at room temp (keep in shrink-wrapped tube)

*All raise BG 20+ points. Can cause nausea, vomiting. After admin, roll person on side. Seek medical help. If no response after 1st dose, give 2nd dose in 15 mins. When awake, give oral carbs ASAP when safe to swallow. Please consult package insert for detailed info.

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



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- Class 3 | Insulin Therapy - From Basal/Bolus to Pattern Mgmt | 1.5 CEs
- Class 4 | Insulin Intensive, Monitoring, Sick Days, Lower Ext | 2.0 CEs
- Class 5 | Meds for Type 2 - What you need to know | 1.5 CEs
- Class 6 | Exercise & Medical Nutrition Therapy | 1.0 CE
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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



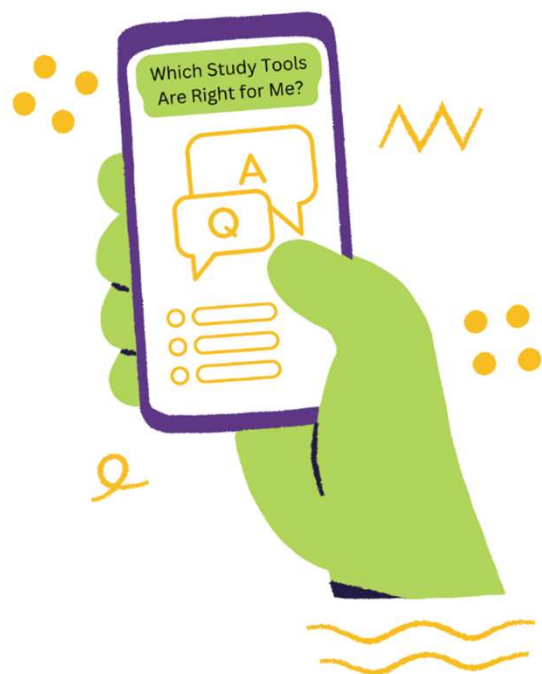
I want to thank you all for the support you give to Diabetes Educators, but also to those of us preparing for the CDCES Exam. I truly want to THANK YOU for that! I just passed my exam on June 1st, 2023. I appreciate all that you do to simplify the updates and new evidence based practice information. 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



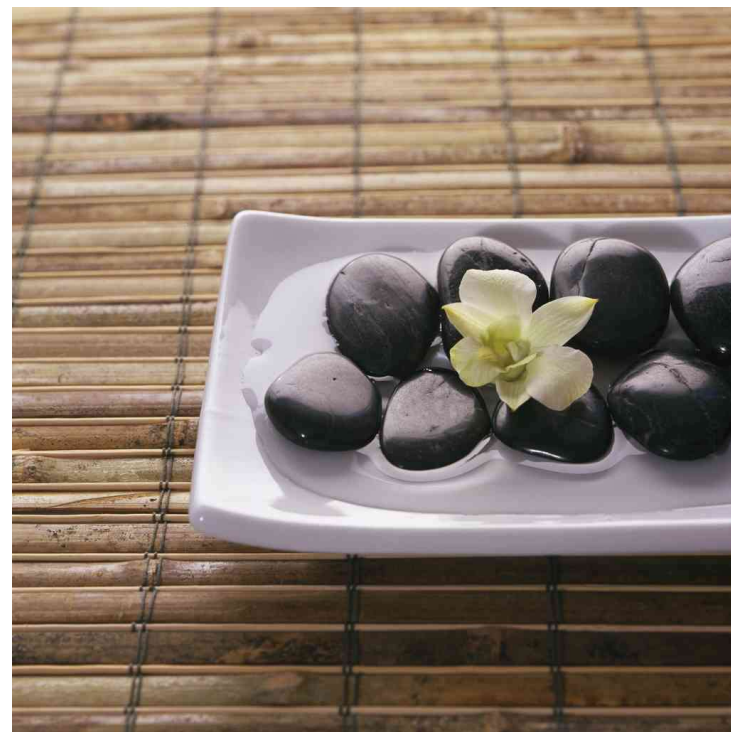
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