



25
years

Preparing for CDCES Exam 2025
(Certified Diabetes Care and Education Specialist)
Step 2

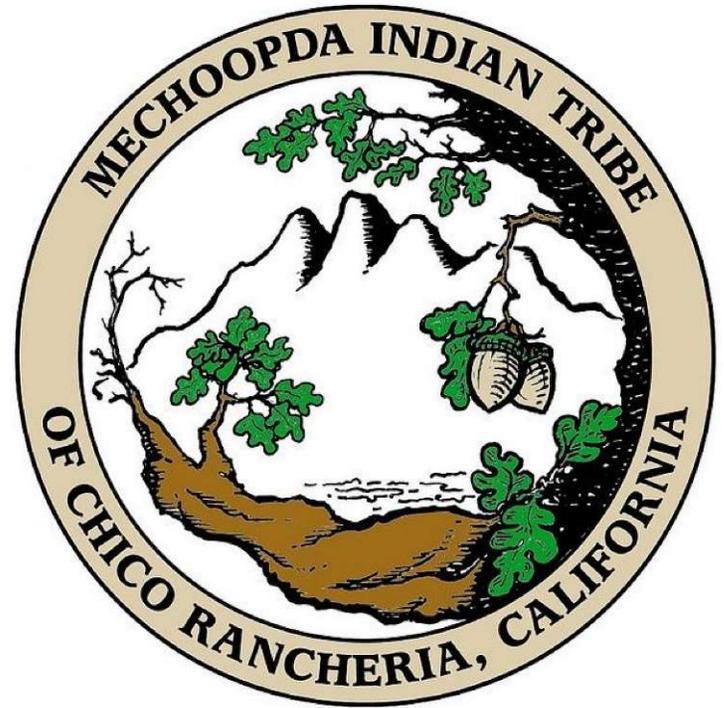
Beverly Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, her, and hers
President, Diabetes Education Services



Diabetes Education
SERVICES

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.



DiabetesEd.net Website Orientation



Online Courses ▾ Exam Resources ▾ Free! ▾ Events About Us ▾ Blog ▾ Q

Start your journey

Celebrating 25 Years
in Diabetes Education

- Online University & Live Seminars
- Certification Tools & Resources
- Accredited Continuing Education

GET STARTED



Coach Beverly

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

PocketCards



CDCES Coach App



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

CDCES Coach App

Download on the App Store >>

Download on Google Play >>

Question of the Week & Sample Questions

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.

Prep for CDCES Exam – Step 2

- ▶ 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” Step 1 Webinar for info on qualifications and gaining practice hours.





Start Your Journey



Step 1: Becoming a Diabetes Specialist (CDCES)

Step 2: Preparing to Take the CDCES Exam

Preparing for CDCES Exam?

Future CDCES – Click Here!

**Prep for CDCES Webinars
August 19 & Nov 13, 2025**

Preparing for BC-ADM Exam?

Future BC-ADM – Click Here!

**Prep for BC-ADM –
Aug 7, Nov 20**

Step 1 Becoming a Diabetes Specialist (CDCES)

1



June 17th 2025 At 11:30 AM

FREE Webinar (No CEs)

www.DiabetesEd.net

Focus on requirements to apply – Sept 16th

Step 2 Preparing to Take the CDCES Exam

2



Jan. 28th, 2025 At 11:30 AM

FREE Webinar (No CEs)

www.DiabetesEd.net

Focus on exam success.

Fast Facts with permission from www.CBDCE.org

Fast Facts about CDCESs

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

45%*
Dietitian
Nutritionists

43%*
Nurses

3%*
All Other
Disciplines

9%*
Pharmacists

27%
Age 30 or less
1st time
certified
2021-2023

21%
Age 31-35
1st time
certified
2021-2023

16%
Age 36-40
1st time
certified
2021-2023

76%
Caucasian*

3%
African
American*

2%
Native
American
& Other*

7%
Hispanic*

6%
No
Response*

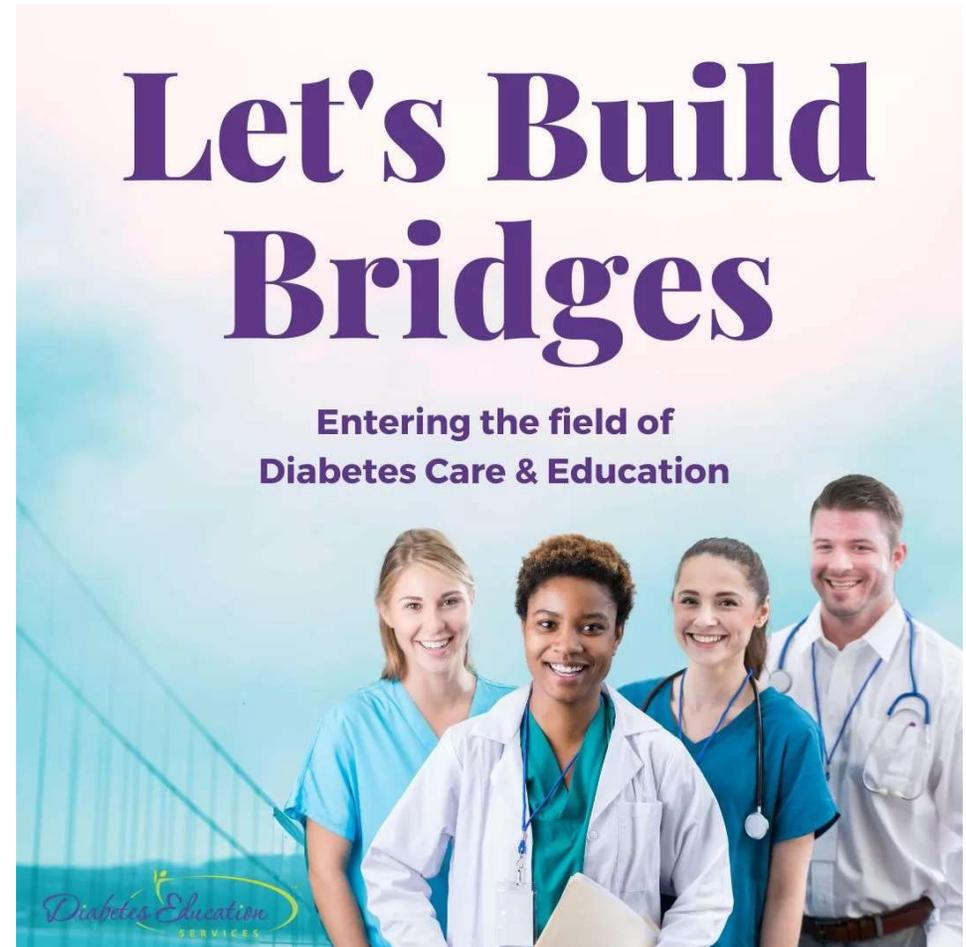
6%
Asian*

*4/2024 Figures

Calling All Health Care Professionals

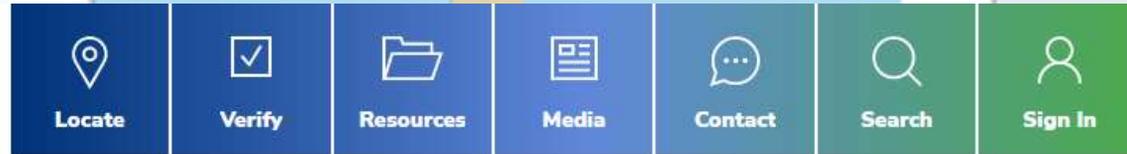
Our goal is to cast this net far and wide to address the rising prevalence of diabetes.

- ▶ 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”



We are providing Scholarships and supporting mentors to help train the next generation of Diabetes Care & Education Specialists.

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. →](#)

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?

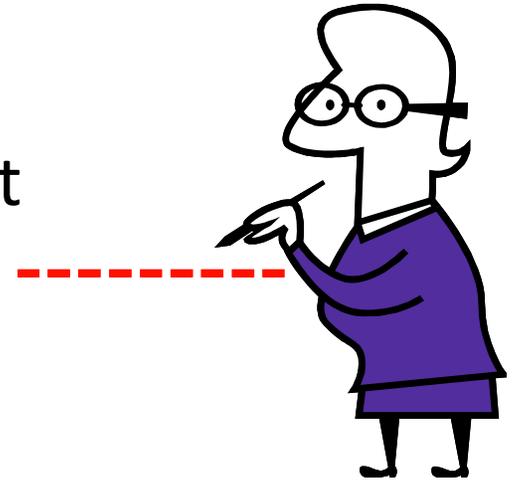
9. Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities** applicable to diabetes and provided by or approved by a provider on our list of Recognized Continuing Education Providers?

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.

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



Live Remote Proctoring (LRP) is now available for the CDCES exam! Candidates have the convenience and flexibility of taking the CDCES exam by either testing at a PSI Test Center or by LRP!

[Learn More](#)



2025

CERTIFICATION

EXAMINATION

for

Diabetes Care and
Education Specialists

Handbook



<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.**



Live Remote Proctoring (LRP) is now available for the CDCES exam! Candidates have the convenience and flexibility of taking the CDCES exam by either testing at a PSI Test Center or by LRP!

[Learn More](#)



2025

CERTIFICATION

EXAMINATION

for

Diabetes Care and
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Handbook



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%

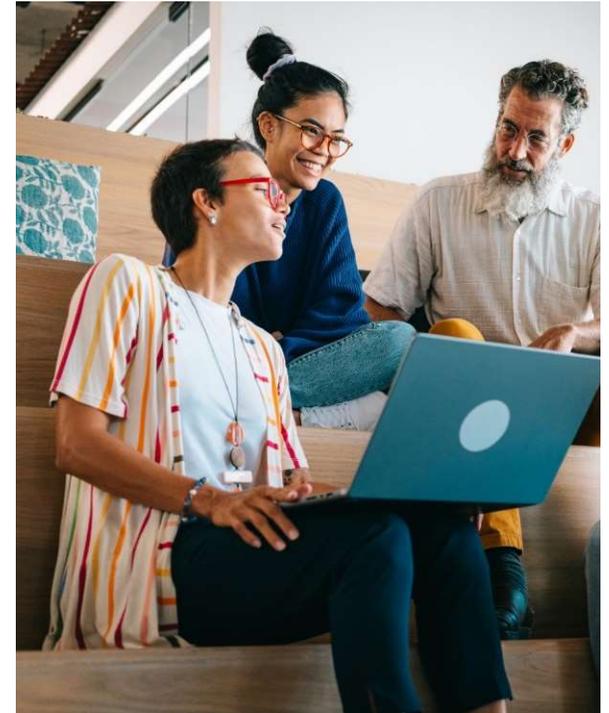
2020 & 2021 & 2022 – 67%

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-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)
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- ▶ 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)

- Describe the current National Standards for Diabetes Self-Management Education and Support (NSDSMES)
- Describe the National Diabetes Prevention Program Standards (National DPP)
- Apply practice standards (AACE, ADA, Endocrine Society, etc.)
- Describe population health strategies
- Collaborate with other healthcare professionals to advance team-based care.
- Advocate for people with diabetes (access to medications and supplies, care in institutional settings, policies, etc.)
- Promote primary and secondary diabetes prevention strategies in at risk individuals and populations
- Promote evidence-based care and education
- Recognize the impact of disparities (economic, access, gender, ethnicity, geographic, etc.)
- Incorporate principles of diversity, equity, and inclusion



Free!

Free Webinar

CDCES Prep Webinar & Resources
BC-ADM Prep Webinar & Resources

From the Gut to the Butt - Exploring the GI System
Health Impact of Adverse Childhood Experiences

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.

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 questions related to language and diabetes.

ADCES 7TM 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 BehaviorsTM provide a framework for patient-centered diabetes self-management education and training (DSME/T) and care.

American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm—2023 Update – This link provides the **complete executive** and **slide set summary** by an 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.

2022 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 – a short cheat sheets that highlights the major diabetes trials and the significant findings.

What to Study?



220 Test Questions – Assess your Knowledge



DiabetesEdUniversity.com
\$49 for 220+ Questions

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Certification Exam Study Group

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

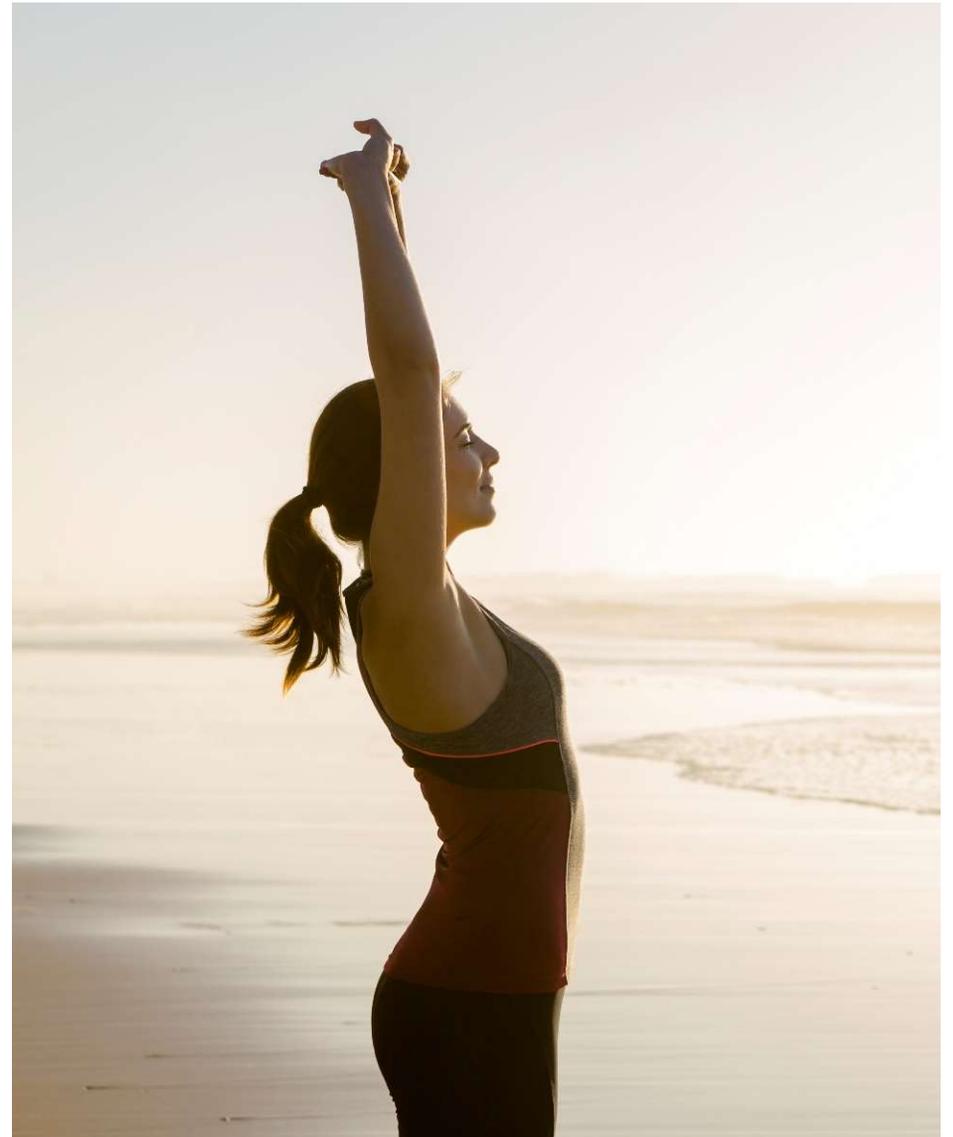
We are Here to Help You Earn the CDCES after your name!

- **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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FREE Webinar (No CEs) or Earn 1.0 CE for \$19



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- 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
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- Renewing My CDCES – What is Required?
- FREE Resource Catalog

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: $\frac{1}{2}$ 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%.



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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.



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Glucagon Treatment for Diabetes-Related Hypoglycemia



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Glucagon Emergency Kit Injection requires mixing glucagon powder + diluent filled syringe	1mg / 1mL vial + syringe	1 mg	0.03mg/kg or < 6yr or < 25 kgs 0.5mg ≥ 6yr or > 25kgs 1mg	All ages approved SubQ or IM admin Expires in 2 years at room temp.
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.*

All PocketCard content is for educational purposes only. Please consult prescribing information for detailed guidelines.



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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



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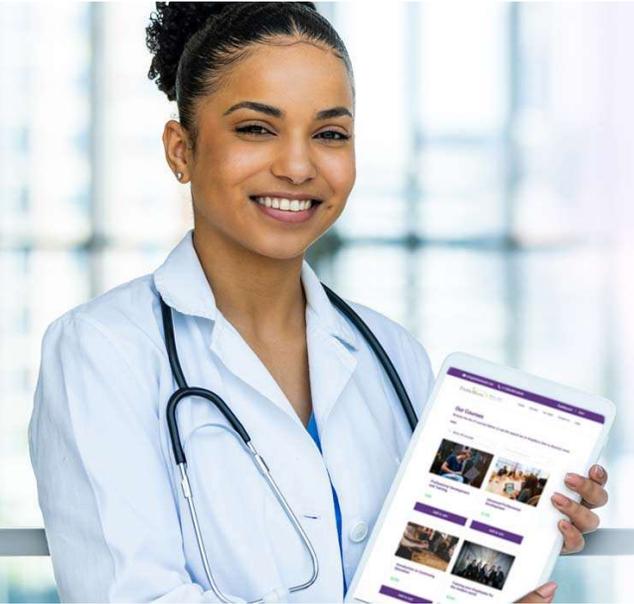
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Standards of Care Intensive

Level

2



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- Class 10: Strategies to Revitalize Your Diabetes Program or Business | 1.5 CEs
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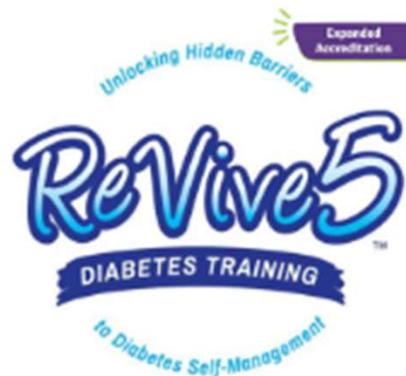
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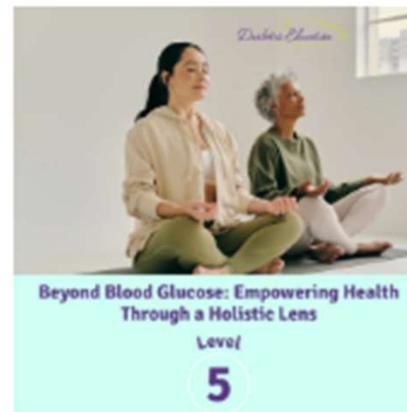
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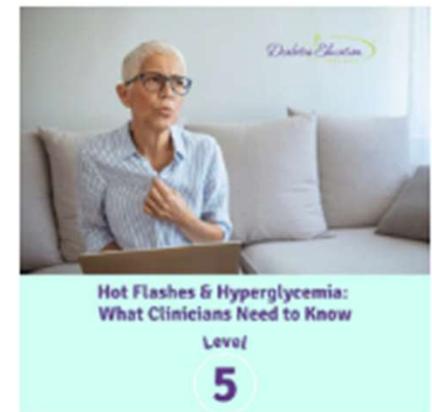
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Knowledge = Confidence

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



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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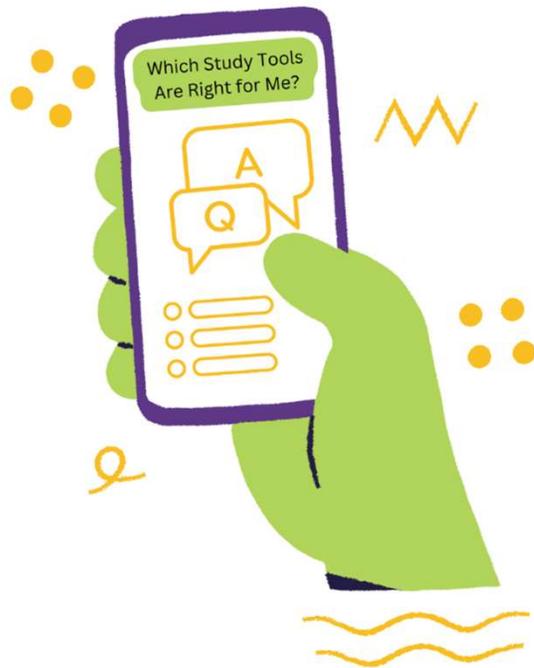
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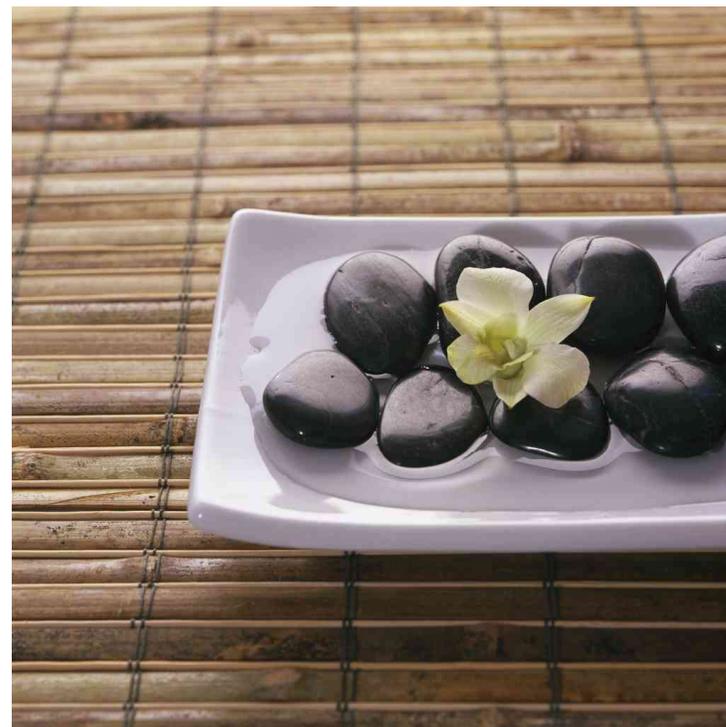
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