

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

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



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.

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.](#)

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Start Your Journey

Preparing for CDCES Exam?

[Future CDCES – Click Here!](#)

Prep for CDCES Webinars
Nov 13, 2025

Preparing for BC-ADM Exam?

[Future BC-ADM – Click Here!](#)

Prep for BC-ADM –
Aug 20, Nov 20

Diabetes Education Services

Step 1: Becoming a Diabetes Specialist (CDCES)

Step 2: Preparing to Take the CDCES Exam

Step 1: Becoming a Diabetes Specialist (CDCES)

1

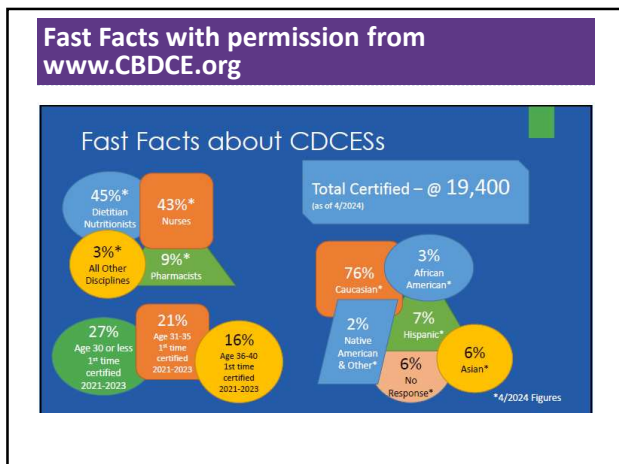
Focus on requirements to apply – Sept 16th

Step 2: Preparing to Take the CDCES Exam

2

Focus on exam success.

25 years



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](http://www.CDC.gov).
- 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"

Let's Build Bridges

Entering the field of Diabetes Care & Education

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. →

Yes

No

☐

☐

CBDCE Handbook Checklist 2025

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.

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2. Has your practice experience occurred within the United States or its territories?

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3. Has all your practice experience occurred since you met requirement #1 above?

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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?

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

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

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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?

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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?

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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?

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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

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Test Taking Window

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



CDCES Live Remote Proctoring (LRP)

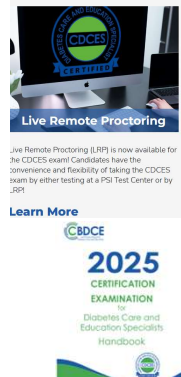
- ▶ Candidate uses own computer from home.
- ▶ A compatibility check of the computer's audio/video, webcam and system is required prior to scheduling.
- ▶ The candidate must have a computer with a web camera that can be moved to display the entire room, a microphone, and internet connection to download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



This is a challenging exam!

SO YOU DIDN'T PASS CDCES EXAM?



Join Coach Bev to Regroup & Reignite your Confidence!

FREE Webinar (No CEs)

Aug. 26th, 2025 At 11:30 AM

www.DiabetesEd.net

Not passing the CDCES exam can feel disheartening—but you are not alone. Over 30% of healthcare professionals don't pass the CDCES exam on their first try. Plus, this one setback doesn't define your potential or your ability to succeed.

Join Coach Bev for this *free, supportive webinar* designed to help you regroup, refocus, and reignite your confidence. Bev will share practical tips, common pitfalls, and an action plan to boost your readiness for next time.

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, edema, 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 (longevity, physical, language, cultural, spiritual, family/caregiver dynamics, heat and night, 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 (insulin, 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)

- A. Care and Education Interventions (105)**
1. Diagnose and individualize
 - a. Pathophysiology including hormones and their effects
 - b. Metabolic and nonmetabolic risk factors
 - c. Genetic and environmental factors
 - d. Psychological aspects and coping
 - e. Treatment goals (glycemic targets, blood pressure, lipids, etc.)
 - f. Individualized education plan
 2. Disease Process and Approach to Treatment (22)
 - a. Pathophysiology including hormones and their effects
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 - c. Genetic and environmental factors
 - d. Psychological aspects and coping
 - e. Treatment goals (glycemic targets, blood pressure, lipids, etc.)
 - f. Individualized education plan
 4. Person Centered Education on Self-Care Behaviors (58)
 - a. Pathophysiology including hormones and their effects
 - b. Metabolic and nonmetabolic risk factors
 - c. Genetic and environmental factors
 - d. Psychological aspects and coping
 - e. Treatment goals (glycemic targets, blood pressure, lipids, etc.)
 - f. Individualized education plan
 5. Evaluation, documentation and follow-up (8)
 - a. Pathophysiology including hormones and their effects
 - b. Metabolic and nonmetabolic risk factors
 - c. Genetic and environmental factors
 - d. Psychological aspects and coping
 - e. Treatment goals (glycemic targets, blood pressure, lipids, etc.)
 - f. Individualized education plan

EXAMINATION CONTENT OUTLINE

Exam | Care and Education Interventions

Care & Education Interventions (105)

Disease Process & Approach to Treatment (22)

Individualizes Education Plan (17)

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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 (NDSMES)
 - b. Describe the National Diabetes Prevention Program (NDPP)
 - c. Apply practice standards (ACE, 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
 - g. Promote primary and secondary diabetes prevention strategies to at-risk individuals and populations
 - h. Promote evidence-based care and education
 - i. Recognize the impact of diabetes (economic, access, genetics, ethnicity, geographic, etc.)
 - j. Integrate principles of diversity, equity, and inclusion



What to Study?



25 years growth, connection, inspiration

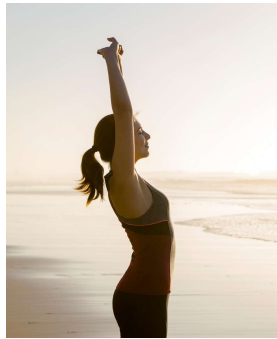
We are Here to Help You Earn the CDCES after your name!

- 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%.



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Download on Google Play




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:

- Increase evening dose of basal insulin
- Increase morning dose of bolus insulin
- Check 3am blood glucose
- Eliminate bedtime snack




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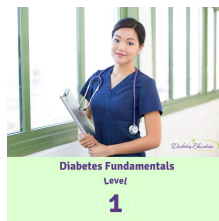
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- Expanded Accreditation! CE Credit through: AMA PRA Category 1 Credits™, ACPE, ANCC, CDR

Welcome to our DiabetesEd Online University
Our goal is to provide an exceptional user experience and build a sense of community.






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







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Level 2 | Standards of Care Intensive | 20 CEs


- Class 1 | ADA Standards of Care | 2.0 CEs | Recorded
- 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 | Dec 17, 24
- 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




Level 3 | Diabetes Mastery & Certification Readiness | 12+ Units Recorded and Ready

- Class 1 | Diabetes - Not Just Hyperglycemia | 1.75 CEs
- Class 2 | Standards of Care & Cardiovascular Goals | 1.5 CEs
- 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
- Class 7 | Screening, Prevention, & Treatment of Microvascular Complications | 1.5 CEs
- Class 8 | Coping & Behavior Change | 1.5 CEs
- Class 9 | Test-Taking Coach Session (48 Questions) | No CEs |







Level 4 | Advanced Level & Specialty Topics | 20 CEs

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



Expanded Accreditation

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Dates/Location:

October 22nd & 23rd

Courtyard San Diego Airport/Liberty Station

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Featured products

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Deluxe

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Hot Flashes & Hyperglycemia: What Clinicians Need to Know
Level 5

New! Level 5 | Hot Flashes & Hyperglycemia: What Clinicians Need to Know | Aug. 27th

\$ 29.00

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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You are Going to Do Great!



Thank You



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