



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



Start your journey

Celebrating **25 Years** in Diabetes Education

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

GET STARTED

Beverly Thomassian, RN, MPH, CDCES, BC-ADM

CEO, coach, instructor, cheerleader, mentor

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



Astraea Ballinger
Brand Ambassador
Customer Happiness Advocate

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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[ONLINE COURSES](#)
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Start Your Journey

Preparing for CDCES Exam?

[Future CDCES – Click Here!](#)

Prep for CDCES Webinars
Jan 27, 2026

Preparing for BC-ADM Exam?

[Future BC-ADM – Click Here!](#)

Prep for BC-ADM –
Nov 20 & Feb 5, 2026

Step 1: Becoming a Diabetes Specialist (CDCES)

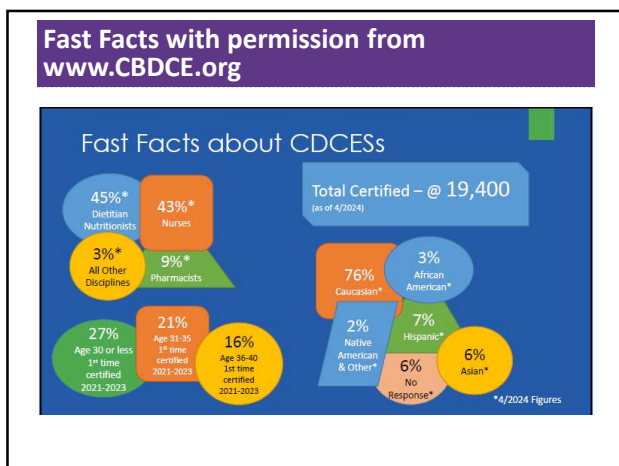
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Focus on requirements to apply – Dec 18th

Step 2: Preparing to Take the CDCES Exam

2

Focus on exam success.



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.



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.		
☐	☐	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 DSME 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)

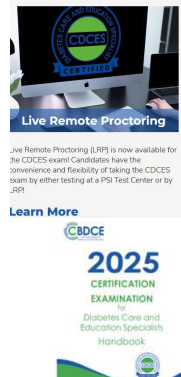
- ▶ Candidate uses own computer from home.
- ▶ A compatibility check of the computer's audio/video, webcam and system is required prior to scheduling.
- ▶ The candidate must have a computer with a web camera that can be moved to display the entire room, a microphone, and internet connection to download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



<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 - YET?



Join Coach Bev to Regroup & Reignite your Confidence!

FREE Webinar (No CEs)

Dec. 11th, 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 (logistics, 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)**

- Examination Content Outline**
- A. Care and Education Interventions (105)**
1. Disease Process and Approach to Treatment (22)
 - a. Pathophysiology including hormones and their interactions
 - b. Metabolic and non-metabolic risk factors
 - c. Genetic and environmental risk factors
 - d. Psychological aspects and stigma
 - e. Treatment goals (glycemic control, blood pressure, lipids, etc.)
 2. Individualizes Education Plan (17)
 - a. Disease Process and Approach to Treatment (22)
 - b. Pathophysiology including hormones and their interactions
 - c. Metabolic and non-metabolic risk factors
 - d. Genetic and environmental risk factors
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 - f. Treatment goals (glycemic control, blood pressure, lipids, etc.)
 3. Person Centered Education on Self-Care Behaviors (58)
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 - f. Treatment goals (glycemic control, blood pressure, lipids, etc.)
 4. Evaluation, documentation and follow-up (8)
 - a. Disease Process and Approach to Treatment (22)
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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, 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 diabetes (economic, access, genetics, ethnicity, geographic, etc.)
 - j. Incorporate principles of diversity, equity, and inclusion





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



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CYBER WEEKEND SALE

From Nov. 30th to Dec. 2nd

Use code "Cyber30" during Cyber Weekend to save 30% on:



Exam Prep Bundles



Online Courses



Virtual Conferences



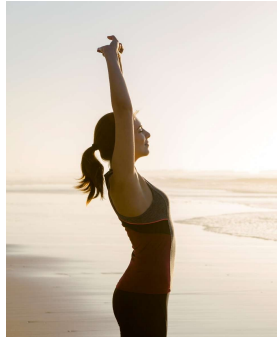
Courses Extensions

Course credits through AMA PRA Category 1 Credits™, ACPE, ANCC, and CDR!

Page 9

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



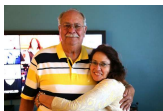
Getting to the Right Answers

- ▶ 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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DigitalStudio™ Live Webinar

Behavior Change Theories Made Easy

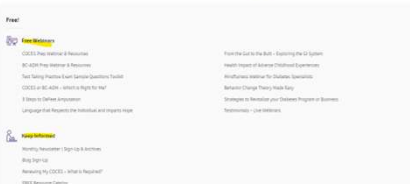
For all health care professionals who are coaching individuals to support healthier self-management or taking the Diabetes Certification Exams.
FREE Webinar (No CEs) or Earn 1.0 CE for \$19

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Diabetes Education 25
Recorded and Ready for Viewing in FREE Webinars



Diabetes Education 25th Anniversary



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 drivers of health.
- C. Stop sitagliptin and suggest initiation of a GLP-1 Receptor Agonist to reduce risk of CV disease.
- D. Refer KL to a RD/RDN to help get A1C less than 7%.



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



Language that Respects the Individual & Imparts Hope Confirmation
What We Say Matters
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Diabetes Educator 25th Anniversary

More info at www.DiabetesEd.net

Watch the recorded version!

Sample Question 5

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

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



Med and Insulin PocketCards



NEW Accordion 2-sided PocketCards

Glucose Treatment for Diabetes-Related Hypoglycemia

Age / Gender	Target	Glucose Level	First / Second / Third
18-64 / Male	100-120 mg/dL	70-100 mg/dL	1/2 cup of fruit juice or 15g of glucose tablets
18-64 / Female	100-120 mg/dL	70-100 mg/dL	1/2 cup of fruit juice or 15g of glucose tablets
65+ / Male	100-120 mg/dL	70-100 mg/dL	1/2 cup of fruit juice or 15g of glucose tablets
65+ / Female	100-120 mg/dL	70-100 mg/dL	1/2 cup of fruit juice or 15g of glucose tablets



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CDCES Coach App

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Direct camera to QR code to get to CDCES app page

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

Sample question 6

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

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



220 Test Questions – Assess your Knowledge



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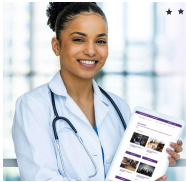


Courses
Extensions

Course credits through AMA PRA Category 1 Credits™, ACPE, ANCC, and CDR!










Expanded Accreditation and CE Courses

- Achieve your dream of CDCES and/or BC-ADM certification
- Coursed taught by Beverly Thomassian & Expert Team
- 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 or Join us in 2026

Save the dates for our 2026 webinar course updates

2025 courses available upon enrollment

- Jan. 7th, 2026 | Class 1: Getting to the Nitty Gritty
- Jan. 8th, 2026 | Class 2: Nutrition & Exercise
- Jan. 13th, 2026 | Class 3: Meds Overview for Type 2
- Jan. 15th, 2026 | Class 4: Insulin Therapy & Pattern Management
- Jan. 20th, 2026 | Class 5: Goals of Care
- Jan. 22nd, 2026 | Class 6: Hypoglycemia, Sick Days, & Monitoring

Fee: \$119.00 (Group Discounts Available)



Diabetes Fundamentals

Level

1

www.DiabetesEd.net





Save the dates for our 2026 webinar course updates

2025 courses available upon enrollment

Complete Standards Overview

- Jan. 29, 2026 | Standards 1 - 16: ADA Standards of Care Complete Review

ADA Standards 1 through 5

- Feb. 10, 2026 | Standards 1 & 5: Improving Care and Promoting Health
- Feb. 12, 2026 | Standards 2 & 6: Hyperglycemic Crises (DKA, HHS & EDKA)
- Feb. 17, 2026 | Standard 3 & 5: National Standards for Diabetes Self-Management Education and Support
- Feb. 24, 2026 | Standard 4: Comprehensive Medical Eval & Assessment of Comorbidities
- Apr. 17th, 2026 | Standard 7: Tech Toolkit | Insulin, Pumps and Sensors with Dr. Diana Isaac
- Feb. 26, 2026 | Standard 8 & 9: Pharmacologic Approaches to Glycemic Management & Obesity
- Mar. 5, 2026 | Standard 10: Cardiovascular Disease and Risk Management
- Mar. 10, 2026 | Standards 11 & 12: Chronic Kidney Disease, Retinopathy, Neuropathy
- Mar. 12, 2026 | Standard 12: Lower Extremity Assessment
- Mar. 17, 2026 | Standard 13: Older Adults & Diabetes
- Mar. 19, 2026 | Standard 14: Children and Adolescents
- Mar. 24, 2026 | Standard 15: Management of Pregnancy in Diabetes
- Mar. 26, 2026 | Standard 16: Diabetes Care in the Hospital



Standards of Care Intensive

Level

2





Save the dates for our 2026 webinar course updates

2025 courses available upon enrollment

- June 9th, 2026 | Class 1: Diabetes | Not Just Hyperglycemia
- June 11th, 2026 | Class 2: Standards of Care & Cardiovascular Goals
- June 16th, 2026 | Class 3: Meds for Type 2 | What you need to know
- June 18th, 2026 | Class 4: Insulin Therapy | From Basal/Bolus to Pattern Management
- June 23rd, 2026 | Class 5: Insulin Intensive & Risk Reduction | Monitoring, Sick Days, Lower Extremities
- June 25th, 2026 | Class 6: Microvascular Complications & Exercise | Screen, Prevent, Treat
- June 30th, 2026 | Class 7: Medical Nutrition Therapy
- July 2nd, 2026 | Class 8: Coping & Behavior Change
- July 9th, 2026 | Class 9: Test-Taking Coach Session (75+ Practice Questions) | No CEs



Diabetes Mastery & Cert Readiness Level 3





Advanced Level Topics | 2025 Webinar Schedule

All Courses without an Upcoming Date Listed are Recorded & Ready to Watch!

Clinical Practice & Assessment

- Class 1: Behavior Change Theories Made Easy
- Class 2: CardioRenal Risk Reduction Toolkit
- Class 3: What We Say Matters: Language that Respects the Individual and Imparts Hope
- Class 4: Type 2 Diabetes Intensive
- Class 5: 3 Steps to DeFeet Amputation: Assess, Screen, & Report

Insulin Calculations & Pattern Management

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Knowledge = Confidence

- ▶ Most important aspect of test taking
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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, RD/N, 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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