

# We are Here to Help!







Astraea Ballinger Brand Ambassador Customer Happiness Advocate

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

# 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.





#### **Diabetes Education Services Inclusion** Statement We are committed to promoting diversity and Based on the IDEA inclusion in our educational offerings. Initiative inspired by CDR ▶ We recognize, respect, and include differences Inclusion in ability, age, culture, ethnicity, gender, gender Diversity identity, sexual orientation, size, and Equity 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.





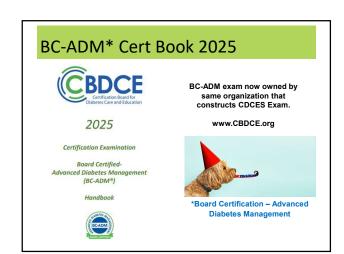
# **Topics**

- Qualifications to take the exam
- ▶ Applying for exam
- ▶ Exam content
- Study strategies
- ▶ Test taking tips
- ▶ Resources



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Diabetes Education



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### **Definition of BC-ADM**

 Skillfully manages complex needs and assists people at risk for and with diabetes and other cardiometabolic conditions with therapeutic problem solving.



Within their discipline's scope of practice and licensure, those with BC-ADM® certification may adjust (and in some cases, prescribe) medications, treat, and monitor acute and chronic complications and other comorbidities, counsel people living with diabetes on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.

Holding the BC-ADM® credential does not confer a change in scope beyond current licensure or registration.

# Why Take the BC-ADM Exam?

 Validates a healthcare professional's specialized knowledge and expertise in the management of people with diabetes.



- May be used by a hiring manager as "shorthand" for qualifications and resume
- May lead to increased compensation or the ability to leverage higher salary or promotion



Diabetes Education

### Potential Benefits of BC-ADM

- Available to multiple disciplines (nurses, dietitians, pharmacists, physician/DO's, and PAs)
- Increases marketability in job search
- Increases the visibility of the profession and organization
- Helps to fulfill increased need for advanced clinicians to manage the growing population of individuals with diabetes
- Personal satisfaction



Handbook



# 2025 - Qualifications

▶ Clinical licensure plus advanced degree as outlined AND



▶ 500 clinical practice hours in advanced diabetes management within 48 months prior to taking the exam



# Initial Qualifications to take BC-ADM-

Eligibility Requirements

the examination. Refer to the

ust I	MEET	the following	requirements	before	applying	for	t
ria	chart	below:					

Eligibility Criteria	Nurse	Dietitian	Pharmacist	PA (Physician Assistant/ Physician Associate)	Physician
License/ Registration	Current, active RN and/or advanced practice nursing license	Current, active dietitian nutrition registration	Current, active pharmacist license	Current active physician assistant license	Current active MD/DO license
Advanced Degree	Master's or higher degree in a relevant clinical, educational, or management area	Master's or higher degree in a clinically relevant area	Master's or higher degree in Pharmacy	Master's or higher degree in a relevant clinical, educational, or management area	MD/DO degree
Experience	500 clinical practice hours within 48 months prior to applying for certification examination. (Clinical hours must be earned after relevant licensure/registration and advanced degree was obtained)				
Level of Practice	solving. Within their (and in some cases) complications and of	discipline's scope prescribe) medical other comorbiditie	of practice, healt tions, treat, and m	tients with therapeuti heare professionals m onitor acute and chro cyle modifications, add	ay adjust nic

# Your questions

- ▶ For the 500 hours, what is considered advanced diabetes management?
- ▶ How do you document your hours?
- As a CDCES (CDE), how will this expand my role?
- Is the ADCES version of the BC-ADM Exam is very much like the CDCES Exam?

# **Activities That Count Toward Hours** Activities that count towards practice hour requirement Managing complex patient needs o Monitoring, interpreting, and applying results generated from complex patient data sets Formulating and prioritizing a problem list Educating individuals about medical nutrition therapy Incorporating technologies into practice for maintenance and/or management of diabetes and cardiometabolic conditions Managing and adapting interventions for special populations Assisting patients with therapeutic problem-solving o Conducting therapeutic interviews using a systematic approach Counseling patients on lifestyle modifications o Incorporating appropriate behavior change models and techniques to improve health outcomes through problem solving and teamwork Collaborating with individuals to individualize and prioritize their care Establishing and implementing measurable self-care goals to improve health outcomes Utilizing technology enhanced devices to collect, analyze, and inform judgements for individual and/or aggregated health data Adjusting medications if within their discipline's scope of practice Managing pharmacologic therapy options and interventions for diabetes, cardiometabolic, and related conditions Treating and monitoring acute and chronic complications and other comorbidities Performing course and cultum, complications and other Controllation. Performing comprehensive assessments of dabetes, complications, and related chronic and cardiometabolic conditions across the lifespan (e.g., functional status, sensory/foot, eye exam, medication, and complementary alternative medication review) Implementing standards of diabetes care and clinical practice guidelines pertaining to Interpreting and applying results generated from assessment and diagnostic tests Performing screenings and understanding diagnostic criteria for diabetes, cardiometabolic and related conditions cardiometabolic and related conditions Implementing interventions that reflect standards of diabetes care and clinical practice guidelines Discussing surgical options for diabetes management including eligibility, risks, benefits, and long-term outcomes Collaborating with healthcare providers to coordinate care for individuals and populations Managing diabetes in the hospital and during transitions of care Managing diabetes in the nospital and puring transitions of care Engaging in telehealth services for diabetes management Performing interventions pertaining to follow-up care, reflecting standards of diabetes care and clinical practice guidelines sising psychosocial issues Evaluating self-care behavior and perform behavioral health assessment Assessing social determinants of health Assessing social determinants of health Collaborating with mental health providers to adjust interventions for psychosocial conditions Participating in research Utilizing (Infrastructure to gauge population level diabetes measures Mentoring other clinicians in diabetes care Reviewing treatments and outcomes, comparing, and explaining results Evaluating and adjusting diabetes and cardiometabolic treatment care plans accordingly Bev's Perspective – CDCES since 1992 First took BC-ADM exam in 2001 (before kids) Strong background in inpt management ▶ Passed test – but opened another professional door - expanded my perspective, encouraged learning Created Critical Assessment Course as result Member of ANCC team, provided "Review Course' ▶ Retook exam in 2006 Renewed by completing a bunch of stuff -Declined to participate in committee to update exam in 2011 (although I really wanted to)

▶ Renewed again in 2016 and 2021

# **Recent Roles**

- ▶ Diabetes Program Manager
  - Inpatient diabetes management
  - ADA Recognized **Outpt Program**
  - Outcome Measurement
  - Training of Staff
  - Policies and Procedures
  - **Teach Classes**
  - Write articles

- ▶ Diabetes Specialist
  - Consultant to providers
  - CV Risk Management
  - Work on process improvement
  - Starting support group
  - Staff training Medication Adjustments



# **CDCES Vs BC - ADM**

#### CDCES (D)



- Educates and supports people affected by diabetes to understand and manage the condition.
- ▶ Promotes selfmanagement to achieve individualized behavioral and treatment goals that optimize health outcomes.

## BC-ADM 1



- Management of diabetes and comorbidities
- Increased complexity of decision making
- ▶ Must have Master's

### Board Certification - Advanced Diabetes Management (BC-ADM) Description

- "The dept competer practice a increased making w care."

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and diabetes skills affords an I leave the lea		
hich contributes to better		
Excerpted from AADE website		
	- <u> </u>	

# Becoming a BC-ADM ...provides opportunities for health care professionals to expand their roles beyond traditional boundaries and to demonstrate their effectiveness in performing at an advanced level of practice Anne Daly, MS, RD, BC-ADM, CDE ADVANCED Practice in Diabetes Care Diabetes Spectrum January 2003 vol. 16 no. 1 24-26 \*\*Characters\*\*

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If you have any questions for	or CBDCE related	to the BC-ADM	И credential, р	lease contact	t us at
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P 12-22	Testing Window	Application Fee <sup>1</sup> (Standard Rate)	Discounted* Application fee for ADCES members*	Application Deadline <sup>2</sup>	Notes
	June 1-30	\$900 (equivalent to	\$600 (equivalent to	May 1 Late: up to	Includes the processing of the exam registration and one testing appointment. A second
	7	\$180/year for 5 years)	\$120/year for 5 years)	May 15 +\$50 late fee	testing appointment in the next test window will incur retest fees. <sup>3</sup>
				November 1	Includes the processing of the
	December 1-31	\$900 (equivalent to \$180/year for 5	\$600 (equivalent to \$120/year for \$		exam registration and one

# What application materials do I need to submit if audited? (10% random) • Completed application including • Proof of Licensure • Documentation of 500 Advanced Practice Clinical Hours (within last 48 months) with attestation • Diploma of Master's level (or higher) • Payment • ADCES (AADE) Members = \$600 • Non ADCES Members = \$900 • Recertification \$500 / \$800 + 1000 practice hours + professional development

# Test Site or Live Online Proctoring (LOP) Testing Modalities The examination is computer-based and offered only through Meazure Learning's approved in-person proctored testing centers across the United States and internationally or via their live remote proctoring (LRP) program. For a list of testing sites around the world, go to https://www.meazurelearning.com/candidate-services. Candidates may choose to take the exam by either testing at a Meazure Testing Center or testing by Live Remote Online Proctoring (LRP). Candidates should thoroughly review the information on testing choices to determine which one is best for them. It is recommended that candidates schedule their testing appointment as soon as possible as appointment times are available on a first come, first-served basis. Candidates will receive a notice to schedule email that includes information about rescheduling, cancelling and/or transferring test windows from Meazure Learning. For online testing, face must be visible during the entire test = no breaks.

### Exam Details 2025

- ▶ 175 questions 25 are pretest questions and are **not** counted in the determination of individual examination scores.
- Candidates score is based solely on the 150 scored questions
- ▶ Testing time is 3.5 hours.
- Minimum passing standard on the BC-ADM® examination is set using a method called the Modified Angoff technique.
- A diverse panel of professionals who possess the BC-ADM certification are involved in the process of setting the passing standard.
- CBDCE does not offer the option of having BC-ADM® exams rescored or to appeal the pass/fail result

# Steps to Becoming a BC-ADM What are the steps to become Board Certified in Advanced Diabetes Management (BC-ADM)? Steps. Review the qualifications to achieve your BC-ADM I will the IndOSTS Seadth Meartification part to review religibility and to schedule your earn. I will consider the BC-ADM Standboard for complete enformation about equipility. This business by the ADCS (Stoneway ADG) provides the members and efficient are about religibility and to schedule your earn. ADCS (Stoneway ADG) provides the members and efficient size of all of the requirements for the BC-ADM. Instructions on how to apply, Study recourses, and the application are also included. Diamellad the Practice Hours Spreaduleted to vestif years our practice hours. Diabetes Ed > FREE > BC-ADM Page Results will be mailed within 6 weeks after the CLOSE of the testing window Can retake test for fee 2xs in yr for a discounted rate of \$340 or \$220, for ADCES members.

# **BC-ADM Exam Content - 2025**

Of the 175 questions, 150 are scored questions and 25 are pre-test questions. Inclusion of these pre-test questions allows for collection of meaningful statistics about new questions, but are not used in the determination of individual Examination scores. These questions are not identified and are scattered throughout the Examination so that candidates will answer them with the same care as the questions that make up the scored portion of the Examination. This methodology assures candidates that their scores are the result of sound measurement practices and that scored questions are reflective of current practice. A candidate's score, however, is based solely on the 150 scored questions.

Areas that are included on the examination as well as the percentage and number of questions in each of the major categories of the scored portion of the examination are shown in the chart below.

Category	Domains of Practice	Percent	No. of Questions
1	Assessment and Diagnosis	30%	45
н	Planning and Intervention	33%	50
III	Evaluation and Follow-up	23%	34
IV	Population Health, Advocacy, and Professional Development	14%	21

# I - Assessment & Diagnosis – 45 questions Subdomains listed below

- 1. Therapeutic interviews 4
- 2. Comprehensive assessment of PWD 5
- 3. Physiology and pathophysiology relating to prediabetes, diabetes and comorbidities 5
- 4. Self-care behavior, mental health assessment 4
- 5. Social determinants of health 4
- 6. Standards of diabetes care ADA /AACE 5
- 7. Analysis of complex data sets 5
- 8. Synthesis of information from test/assess 5
- 9. Perform Screening and diagnostic criteria 4
- 10. Formulate and prioritize problem list 4



# II. Planning and Intervention - 50

- 1. Standards of Care re: intervention 4
- 2. Incorp behavior change models 4
- 3. Medical Nut Therapy Knowledge 4
- 4. Pharmacologic therapy 5
- 5. Surgical Options for DM Management 3
- 6. Technology Options (Pump, CGM, etc) 4
- 7. Individualization/Priority of Care 4
- 8. Collaboration, Referral and Coordination 4
- 9. Establish self-care goal, improve outcomes 4
- 10. Refer to mental health for psychosocial 4
- 11. Interventions for special pops 4
- 12. Manage diabetes in hospital/transitions 4
- 13. Engage in telehealth services (CMS) 3



# III. Evaluation and Follow-Up - 34

- Standards of Care ADCES, ADA, AACE, ACOG, Endocrine Society – 9
- 2. Use technology devices to collect, analyze and inform judgements 7
- 3. Review treatments and outcomes, explain results 9
- 4. Evaluate and adjust treatment plan accordingly 9



# IV. Population Health, Advocacy,Professional Development - 20



- Regulatory, accreditation/recognition disease management, reimbursement and standards (JACHO, HEDIS, ERP, DEAP, CMS, OSHA, CLIA, HIPPA)- 3
- 2. Program development and CQI 2
- 3. Community needs 2
- 4. Public health initiatives 2
- 5. Engage in scholarly activities -2
- 6. Incorporate tech to individualize care 4
- 7. Advocate for person first language 3
- 8. Display leadership qualities -3

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# Stretch Break – Half Way There



# Your questions

- What standards are used? ADA, AACE and from which year?
- What are the most important study tools?
  - ▶ ADA and AACE Stds / Clinical Guidelines
  - ▶ ADCES Review Guide
- ▶ BP/Lipid Med Cheat Sheets
- Desk Reference
- ▶ DiabetesEd Virtual Conference
- What is best source of info on newer diabetes medications?
  - ▶ Meds/Insulin PocketCards



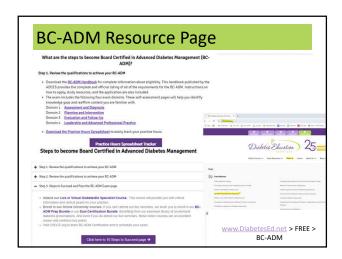
NEW Accordion 2-sided PocketCards

# Resources - DiabetesEd.net

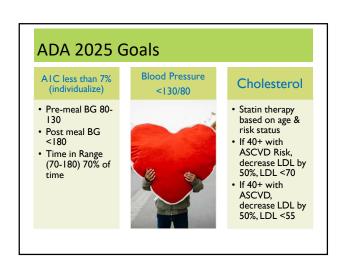




- ▶ Links to Summary Pages
  - Medications for Lipid Management
  - Medications for Hypertension
  - Management of Neuropathy
- Diabetes Medication PocketCards
- Online Courses

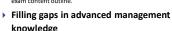






# **Getting Ready for Exam**

- ▶ Filling gaps in Foundational Knowledge
- Resources for exam prep for the CDCES exam typically provide foundational information, e.g. national standards, medication use and teaching skills.
- While they are not the focus of the BC-ADM® exam, foundational knowledge is helpful for meeting some of the content listed in the exam content outline.



- Knowing the American Diabetes Association's Standards of Care in Diabetes and other guidelines for management of diabetes and other comorbidities is critical.
- Regional activities updating primary care providers in diabetes are also good sources for reviewing current practice standards.
- You can search online to see if any specific continuing education activities are available on topics of interest.

**Test Taking Tips Free Webinar** 



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Study Tools – Take as many tests as possible

Test Taking Practice Exam Toolkit Webinar 20 Sample Practice Questions



Test Taking Practice Exam Toolkit Webinar with 200+ Practice Test Questions

Whether you are taking the CDCES or BC-ADM exam, this Test Taking Toolkit will help set you on the path to success.



FREE Webinar (20 Sample Questions) or Webinar + 200+ Practice Questions for \$49 www.DiabetesEd.net



DiabetesEd.net>FREE > Test Taking

# **Test Taking Tips**

- Try not overanalyze or "read into" a question. Questions are not written to be tricky.
- Avoid adding in additional information beyond what is given in the test question. All information necessary to answer the question will be given in the text of the question or scenario.
- Remember that this is an international test. The questions will be based upon an accepted knowledge base. Choose options that you know to be correct in any setting.
- When guessing, use the process of elimination. Treat each option as a true or false statement and eliminate those that you would not select.
- Pay close attention to key words such as "best," "most," "primary," or "usually." These words indicate that other options may at times be correct but given the wording or situation in the test question, you must judge which option is the best.
- Skip difficult questions and come back to them later. Questions on the test are not ordered by difficulty (i.e., they do not go from easiest to hardest).
- Also, content areas (the domains) and topics are addressed randomly in questions throughout the Handbook



# **Managing Test Anxiety**

- Measures to reduce your stress during the examination.
- Deep-breathing techniques and be sure to stretch your muscles periodically to reduce both physical and mental stress.
- If necessary, take a few minutes to imagine a calm, pleasant scene, and repeat positive phrases.

Handbook



- Eat well, avoid too much alcohol, and maintain a regular sleep pattern for several days before the examination to help you to be physically prepared.
- Also, on the day before you take the test, collect all the supplies you will need and choose comfortable clothing.

**Suggested Study Steps** 



I. Do a self-evaluation of current knowledge and skills in advanced diabetes management to identify any gaps.



- ► The BC-ADM® exam measures both
- foundational knowledge such as interviewing and teaching techniques, but the major focus is on
- clinical management: physical assessment, pharmacology, complications, and comorbidities.

Handbook



220 Test Questions – Assess your Knowledge
Kilowieuge
Diabetes Education 25   NLINE UNIVERSITY  Test Taking Practice Exam Sample Questions
Test Taking Practice Exam Toolkit Webinar 20 Sample Practice Questions
You are invited to join Coach Bowelly for this FREE Welvinz, And, if you want to have access to an additional 220-smally practice unline questions, you can purchase the compliate Yest Taking Totalist.
For many of us, taking the certification exam is a nerve- wracking process.
During this wildows. Cleach Beavily will halp you transform your moveumes into focused energy that will help you succeed. She will provide test taking tips based on her experience taking the cut entification came as larms.
Watch Recorded Weblnar for FREE
Purchase Now for Access to 220+ Practice Questions   \$49

# Sample Question -1

- A healthy adolescent with 2 year history of type 1 DM returns for a quarterly appt. For the past month, they have experienced abdominal pain and diarrhea after some high carb meals. An advanced diabetes manager's first intervention is to order a:
  - A. Transglutaminase Autoantibody Test
  - B. 72-hour fecal fat collection
  - c. Colonscopy
  - D. Stool Sample



- MS is having trouble sleeping and complains of waking up with frequent nightmares. Insulin dose includes 5-8 units of Novolog at breakfast and dinner and 12 units of NPH bedtime. Complains that before bed blood sugar is often greater than 300, so takes extra insulin before going to bed to bring it down. What is your best response?
  - a. Instruct MS to decrease the NPH insulin by 2 units to prevent nocturnal hypoglycemia.
  - Contact provider and request to discontinue NPH and start Lantus instead.
  - c. Assess if MS is having a snack before checking bedtime blood glucose level.
- d. Instruct how to safely adjust dinner time Novolog to prevent hyperglycemia at



### Poll Question 3

The rates of gestational diabetes (GDM) are increasing in the United States. Which of the following is true? A. Children born to people with GDM have lower rates of type 1 diabetes. B. Risk of GDM can be decreased by getting to healthy weight prepregnancy

C. GDM is defined as elevated blood glucose levels discovered anytime during pregnancy

D. People with GDM can control glucose through diet changes only



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# Poll Question 4

- Hyperglycemia during hospitalization is associated with poor outcomes due to
- a. Abnormal co-regulation of nitric oxide
- b. Increased free fatty acids, ketones and lactate
- c. Ketone production associated with alkalosis
- d. Increased insulin resistance and insulin secretion and decreased counterregulatory hormones.



# 5. JR, 40-year-old has a 10-year history of diabetes

- Injects 16 units of NPH and 8 units lispro (Humalog) before breakfast, and 8 units of NPH, and 4 units of lispro (Humalog) before dinner. BG pattern is:
- ▶ fasting blood glucose is 100
- pre-lunch is 240 mg/dL;
- > pre-dinner is 210 mg/dL
- bedtime is 150 mg/dL.

The advanced diabetes manager recommends:

- a. Adding 2 units of Humalog before breakfast.
- b. Adding 4 units of Humalog before dinner.
- c. Adding 2 units of Humalog before lunch.
- d. Decreasing the evening NPH insulin by 2 units.



# Sample Question 6

ML takes 16 units glulisine before breakfast and lunch. Takes 16-20 units before dinner depending on BG levels. ML also takes 42 units of glargine at hs.

How many vials of glulisine does ML need a month?

- A. 1.5 vials
- в. 2 vials
- c. 2.8 vials
- D. 3 vials

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# Sample question 7

- A 54-yr-old, BMI 32 with type 2 diabetes, A1c 8.3%, history of HTN with a UACR of 38mg/g and GFR of 49. Meds include Glipizide, Metformin and levothyroxine. Given his risk status, which 3 classes of meds should they be taking according to ADA Standards?
- a. Insulin, aspirin and ACE Inhibitor.
- b. TZD, ARB and bolus insulin.
- c. Beta blocker, stop metformin and add statin.
- d. ARB, statin, SGLT-2 Inhibitor





# Sample question 8

Current recommendations for screening for Type 2 diabetes and prediabetes in asymptomatic young adults include elevated BMI plus:

- a. Individuals with a HDL of 52 mg/dl
- b. Women with polycystic ovary disease
- c. Individuals with a history of Addison's disease
- d. Offspring with a parent with type 1 diabetes



# Sample question 9 RS observes Ramadan and fasts from sunrise to sunset. RS is 13 years old, has type 1 diabetes, uses an insulin pump and CGM, RS's insulin-to-carb ratio is 1:12 and correction is 1:45. Basal settings range from 0.5 -1.2 units an hour. What would be the best recommendation for RS to keep blood sugars in target range during Ramadan? a. See if RS can get a note from their doctor to allow eating during the day b. Decrease basal insulin rate by 50% during periods of c. Take bolus insulin when RS eats a meal or snack d. Monitor urine ketones at least twice a day

# **Maintaining Certification BC-ADM**

### Renew every 5 years by completing:

- ▶ CE activities (75 CE's)
- Academic Credits
- Presentations
- ▶ Publication & Research
- Preceptor / Mentor
- ▶ Professional Service

# We are Here to Help You Earn the BC-ADM after your name!

- BC-ADM Prep Bundle &
- Virtual Conference April 15-17th includes Free Bundle of Courses that address these content areas included in the exam.



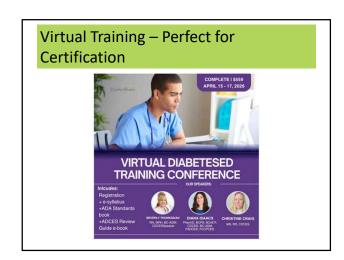
# Join our CDCES Facebook Study Group Diabetes Lucation 25 grant connection improduce Certification Exam Study Group https://www.facebook.com/groups/diabeteseducationspecialiststudygroup













# 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 speculation in Diabetes Management to maximize her impact and help those who need it most. She is very excited to join the COESS 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 ban. Truly want to THANK YOU for thalf lyst passed my earn on June 1st 1, 2013. 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 bost camp yideos. That leads say the speciator of your supportive site and that helped so much II am so honored to be able to make (Dubetes seasier for partiest severylay. Carolyn Fletchee, SSN, RN, CDCES

Enroll at www.DiabetesEdUniversity.com





