

## Examination Content Outline

**Effective July 1, 2024**

### 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.)

### 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

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- 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

### III. Standards and Practices (8)

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

### Application Process

To qualify for the examination, you must meet ALL the eligibility requirements prior to placing your application. For initial certification, to assist you in determining if you meet the eligibility requirements, you may want to review the Assess Your Readiness to Apply sheet on [page 5](#) in this Handbook.

Applicants may apply year round and submit applicable fee(s). Upon eligibility confirmation and application approval, candidates are issued a 90-day window in which to schedule and take the Examination. All applications submitted become the property of CBDCE. **Those who apply are advised to retain a copy for personal reference.** Under no circumstances are applications, including copies, returned to applicants.

Documentation of eligibility does not need to be submitted with an application for the Examination. However, CBDCE reserves the right to verify and/or audit information supplied by an applicant.

If selected for an audit, the applicant will be asked to submit appropriate documentation via upload in the CBDCE account supporting eligibility. The necessary documentation must be received by the deadline date. Individuals selected for audits will not be able to make appointments for the Examination until their applications have been approved. Neither the CBDCE national office nor PSI can provide the status of an audit via telephone, facsimile or email.

Upon eligibility confirmation and application approval, candidates are issued a 90-day window in which to schedule and take the Examination.

### How to Apply for an Examination

Step	Candidate Action
1.	Login or create an account at <a href="http://www.cbdce.org">www.cbdce.org</a> .
	Currently have an account at CBDCE? Log in with your username and password and click on Get Certified to begin the application process.
	Don't have an account at CBDCE? If you do not have an account at CBDCE, you will need to create one. To create an account, visit <a href="http://www.cbdce.org">www.cbdce.org</a> > click on Sign In > Select New User? Create an Account! and follow the prompts to create your CBDCE account.
	Forgot your Password or Username? Use the forgot password on the login page.

Step	Candidate Action
2.	To begin your registration, click on Get Certified > Select Create New Application > go through each application page and into the shopping cart > enter your payment details and submit the application.  If you're applying under the Unique Qualifications, <a href="mailto:info@cbdce.org">contact info@cbdce.org</a> for instructions on applying.
3.	Payment – Your final step in the process is to provide payment. Complete the payment page with your payment information.
4.	Status – You will know upon submittal of your application if you are selected for an audit or approved to take the exam.
	Audit – If you are audited, you will need to provide documentation in support of meeting the eligibility requirements. You will upload your audit documents in your application in your CBDCE account. Be on the lookout for an email with the audit instructions.
	Approved – If eligibility is confirmed and application approved for the exam, you will be provided an eligibility email with your 90-day testing window to schedule an examination appointment and take the examination. Once you receive your eligibility email, you are good to schedule your exam.

### Registration/Testing Reminders

- CBDCE offers year-round testing.
- Candidates can choose to test at a testing center or via Live Remote Proctoring (LRP). Candidates should review the various testing options prior to registering to decide which option is right for them.
  - Candidates wishing to test at a Testing Center, will want to visit our [site list for the available testing centers](#).
  - Candidates wishing to test via LRP will want to make sure their computer/internet and testing environment meet the LRP testing requirements. Candidates can test their device using a compatibility check. It is the candidate's responsibility to verify that the computer/internet/testing environment meet the established requirements. **If you choose to use a work-issued computer device, you acknowledge that technical restrictions may interfere with exam access and delivery. In doing so, you forfeit the right to appeal the outcome or request a complimentary retake due to technical issues including not being able to download the platform.** Review the CBDCE Guide to LRP for complete details.
- ID Reminder: If you are creating your account, you will want to