



## Preparing for CDCES Exam 2026 (Certified Diabetes Care and Education Specialist) Step 2

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

Diabetes Education SERVICES

### Land Acknowledgment

- ▶ We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.



### DiabetesEd.net Website Orientation



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

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If you have questions, you can chat with us at [www.DiabetesEd.net](http://www.DiabetesEd.net) or call 530 / 893-8635 or email at [info@diabetesed.net](mailto: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.](#)

HOME GET STARTED! ABOUT US CONFERENCES ONLINE COURSES BOOKS + STUDY FREE RESOURCES

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25 years

### Start Your Journey



Preparing for CDCES Exam?

Future CDCES – Click Here!

Prep for CDCES Webinars Jan 27, 2026

Preparing for BC-ADM Exam?

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Prep for BC-ADM – Feb 5, 2026

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)

Step 2: Preparing to Take the CDCES Exam

Focus on requirements to apply

Focus on exam success.

### Fast Facts with permission from [www.CBDCE.org](http://www.CBDCE.org)

#### CDCES Program



Just over 19,200 currently certified (As of 4/2025)

An average of over 1600 individuals have applied for initial certification annually over the past 3 years.

\*4/2025 Figures

| Demographic              | Percentage |
|--------------------------|------------|
| Caucasian*               | 75%        |
| African American*        | 4%         |
| Asian*                   | 7%         |
| Hispanic*                | 7%         |
| No Response              | 5%         |
| Native American & Other* | 2%         |

The screenshot shows the homepage of the CBDCE website. The header features the CBDCE logo and the URL [www.cbdce.org](http://www.cbdce.org). The main navigation menu includes links for Locate, Verify, Resources, Media, Contact, Search, and Sign In. Below the menu are buttons for Become Certified, Currently Certified, Learn More, About, and Shop. The main content area features a large image of a smiling woman at a desk. To the left, a section titled 'Thinking about Earning the CDCES?' is displayed, along with a call-to-action button 'Get started. →'. The footer contains social media icons for LinkedIn and YouTube.

## CBDCE Handbook Checklist 2026

Yes  No

1. As a clinical psychologist, registered nurse, occupational therapist, dietitian, pharmacist, physical therapist, physician, podiatric, master certified health education specialist, certified clinical exercise physiologist, registered dietitian, registered dietitian nutritionist, or registered PA, is your license, certification or registration current, active and unrestricted?

OR

Do you hold a minimum of a master's degree in social work from a United States college or university accredited by a nationally recognized regional accrediting body?

OR

If you do not meet either of these, you are encouraged to investigate CBDCE's Unique Qualifications Pathway. Please visit our website for more information on that pathway.

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

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

4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above or are you using a Master's degree in a health-related field as a waiver for one of the two years?

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

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

7. Does your practice experience include at least some or all in the DCE process assessment, education plan, interventions, ongoing support, monitoring and communication of participant progress, documentation, and development of DSMEs services/administration?

8. The Examination Content Outline (ECO) identifies what is covered on the Examination. Reminder that regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the ECO. Have you reviewed the ECO and assessed your knowledge across the ECO?

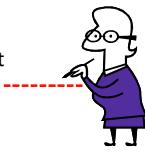
9. Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities\*\* applicable to diabetes and provided or by approved by a provider on our list of Recognized Continuing Education Providers?

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

## 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 –
  - ▶ 1<sup>st</sup> 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)

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[www.DiabetesEd.net](http://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)**



**A. Assessment (37)**

1. Diabetes-relevant physical history (diagnosis, duration, symptoms, complications, treatment, self-management, social support, etc.)
2. Diabetes-specific physical assessment (biometrics, skin inspection, extremities, etc.)
3. Socioeconomic status of health (economic, living situation, healthcare access, social support, and food/breeding insecurity)
4. Comorbidities (cardiovascular, renal, eye, mental health, substance use, surgical, allergies and medications)
5. Diabetes measures and other laboratory data (HbA1c, lipid profile, etc.)
6. Considerations related to diabetes self-care practices (ognitive, physical, language, cultural, spiritual, family/caregiver dynamics, fears and myths, life transitions, etc.)

**B. Self-Management Behaviors and Knowledge (15)**

1. Diet and nutrition
2. Eating habits and preferences
3. Activity habits and preferences
4. Medications and self-care preferences (prescription, nonprescription, complementary and alternative medicine)
5. Monitoring (blood glucose, blood pressure, weight, dietary intake, activity, etc.)
6. Use of resources (blood glucose monitors, smart delivery systems, apps, online education, patient portals, etc.)
7. Risk factors (acute and chronic complications)
8. Problem solving

**C. Learning (10)**

1. Goals and needs of learner
2. Readiness to learn and change behavior
3. Preferred learning styles (auditory, visual, observational, psychomotor, individual vs. group, virtual, etc.)
4. Learning environment (privacy 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. Disease Process and Approach to Treatment (22)**

1. Disease and classification
2. Pathophysiology and course (acute, chronic, reversible, permanent, dawn phenomenon, night sweats, etc.)
3. Modifiable and non-modifiable risk factors
4. Prevention (self-care, medical, and diet)
5. Pharmacological approach and options
6. Non-pharmacological approach and options
7. Monitoring (blood glucose, blood pressure, lipids, risk reduction, quality of life)

**B. Individualized Education Plan (17)**

1. Individualized education plan (IEP) in collaboration with patient with diabetes/pres-diabetes and care team
2. Set IMAST goals

**C. Person-Centred Education on Self-Care Behaviors (58)**

1. Individualized education plan (IEP) in collaboration with patient with diabetes/pres-diabetes and care team
2. Set IMAST goals

**D. Care and Education Interventions (105)**

1. Disease Process and Approach to Treatment (22)
2. Individualized Education Plan (17)
3. Person-Centred Education on Self-Care Behaviors (58)
4. Evaluation, documentation and follow-up (8)

EXAMINATION CONTENT OUTLINE

## 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. Health Function**

1. Acute Complications (Causes, Prevention, and Treatment)
2. Hypoglycemia and hyperglycemia unawareness
3. Hypoglycemia and hypoglycemia prevention
4. Diabetic ketoacidosis (DKA)
5. Diabetic nonketotic hyperosmolar state (DKH)
6. Chronic Complications and Comorbidities: Causes, Prevention, and Management
7. ADA Clinical Practice screening recommendations
8. Eye complications (retinopathy, cataracts, etc.)
9. Severe dysfunction
10. Hypoglycemia
11. Lower extremity problems (ulcers, Charcot foot, etc.)
12. Diabetic neuropathy
13. Infection (genitourinary tract, foot, pulmonary, skin and soft tissue)
14. Dental caries
15. Other complications (depression, cognitive dysfunction, thyroid disease, etc.)
16. Acute complications (acute, rarely when severe, polyuria, ketoacidosis, etc.)

**B. Medical Management**

1. Sick days
2. Changes in other procedures
3. Changes in schedules (relief, religious, cultural, etc.)
4. Emergency preparedness
5. Assessments (urine, blood, saliva, blood glucose, magnifies, etc.)
6. Substances (over-the-counter, tobacco, marijuana, caffeine, etc.)
7. Life changes
8. Stressors (use of)
9. Special populations (pediatric, adolescence, geriatric, transplant, etc.)
10. Special considerations (pregnancy, hypoglycemia, and gestational diabetes, etc.)
11. Risk (prevention of care individual, family, team, etc.)
12. Safety (car, alcohol, medical (D), driving, etc.)
13. Social/Financial considerations (employment, insurance, medications, etc.)
14. Evaluation, Documentation, and follow-up (8)
15. Individualized education plan (IEP) (including IMAST goals for achievement and progress toward goals)
16. self-care behaviors
17. psychosocial well-being
18. self-care behaviors (medications, activity, etc.)
19. Tools to evaluate and communicate individual's plan for follow-up, care, education, support, and referral

## Exam Content – Standards & Practices

### Standards & Practices (8)

- National Standards for Diabetes Self Management Education and Support
- Diabetes Prevention Program
- Practice Standards
- Advocate
- Evidence-based care and education
- Consider Social Determinants of Health
- Inclusion, Diversity, Equity

#### II. Standards and Practices (8)

- A. Describe the current National Standards for Diabetes Self Management Education and Support (NSDSME)
- B. Describe the National Diabetes Prevention Program Standards (NDPP)
- C. Apply practice standards (AADE, ADA, Endocrine Society, etc.)
- D. Describe the role of advocacy
- 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. Implement evidence-based diabetes prevention strategies in at-risk individuals and populations
- H. Promote evidence-based care and education
- I. Incorporate the principles of diversity, equity, and inclusion
- J. Incorporate principles of diversity, equity, and inclusion



Diabetes Education 25

#### Articles to Read to Prepare for CDCES Exam

ADA Standards of Care 2026 – This yearly publication by the American Diabetes Association outlines the national goals for care and latest standards for diabetes management. This is one of the most important guidelines to read as a Certified Diabetes Educator and Educator.

➢ Purchase a copy of the ADA Standards of Care 2026 book

➢ [Download a copy of the ADA Standards of Care 2026](#) – The 2026 Standards of Care includes revisions to incorporate person-first and inclusive language. Efforts were made to consistently apply terminology that empowers people with diabetes and recognizes the individual at the center of diabetes care.

➢ [Pharmacologic Approaches to Glycemic Treatment in 2026](#) – This ADA/EASD hyperglycemia road map details strategies for managing diabetes using pharmacological approaches.

➢ [Coach Beverly's Diabetes Cheat Sheets](#) – Our Diabetes Cheat Sheet page is brimming with useful information for your clinical practice and exam success. We update these sheets at the beginning of each year, based on the ADA Standards of Care and the latest evidence. Our cheat sheets cover topics such as:

➢ Clinical References, Meds & Exam Study Sheets

➢ Medical Terminology

➢ Diabetes Tech Resources

➢ Nutrition Information

➢ Research & Clinical Trials

➢ Teaching Sheets for People with Diabetes

➢ Diabetes Apps

➢ A few highlights:

1. [Screening and Diagnosis of Diabetes Mellitus 2026](#) – One page cheat sheet that summarizes screening, risk status, and diagnostic criteria for diabetes. Great for your office and as a study tool.

2. [Med Cheat Sheets | Cholesterol and Hypertension Medications 2026](#) – These summary sheets are helpful for your clinical practice and exam success. For exam success, be familiar with the general concepts, code affects and precautions of these medications.

3. [Landmark Studies](#) – a short cheat sheet that highlights the major diabetes trials and the significant findings.

➢ [Language & Diabetes: What we say matters | Resource page](#)

Language & Diabetes: What we say matters | Resource page – This page provides definitions as well as behavior. This mini webinar and article provide recommendations for the language used by health care professionals and others when discussing diabetes through spoken or written words whether directed to people with diabetes, colleagues, or the general public, as well as those with diabetes.

➢ [ADCES™ Self-Care Behaviors](#) – A must-read for anyone entering the field of Diabetes or as a reference for those already in the field. These 7 Self-Care Behaviors™ provide a framework for patient-centered diabetes self-management education and training (DSMETT) and care.

## What to Study?



## Join our CDCES Facebook Study Group



## Certification Exam Study Group

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

## 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 1<sup>st</sup> 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:  $\frac{1}{2}$  banana, 1 cup of milk, 2 tablespoons almond butter and 1 piece whole grain bread. LS's insulin to carb ratio for breakfast is 1:12, for lunch and dinner it is 1:15. Based on this, how much insulin does LS need for breakfast?

- A. 3.5 units
- B. 3.8 units
- C. 3.0 units
- D. 2.8 units

## Vignette Style Question 4

KL is 72 years old with a 10 year history of type 2 diabetes. KL's has a BMI of 24.6, A1C of 7.3% and LDL cholesterol of 72 mg/dL. GFR is 62 and UACR is less than 30 gm/g. Has a history of hypertension. Current meds for diabetes include metformin ER 850mg BID, sitagliptin (Januvia) 25mg. Based on the ADA Standards of Care, what is the next best action?

- A. Start a SGLT-2 inhibitor to lower A1C and preserve renal function.
- B. Determine KL's A1C goals and explore social determinants of health.
- C. Stop sitagliptin and suggest initiation of a GLP-1 Receptor Agonist to reduce risk of CV disease.
- D. Refer KL to a RD/RDN to help get A1C less than 7%.



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## Sample Question 5

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

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



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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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\$49 for 220+ Questions

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- 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 Defeat Amputation: Assess, Screen, & Report

**Insulin Calculations & Pattern Management**

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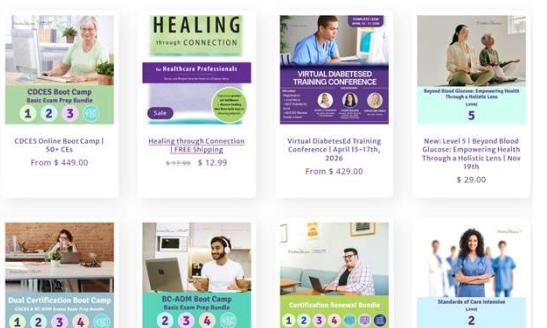
**OUR SPEAKERS:**

BEVERLY THOMASSIAN  
 RN, MPH, BC-ADM, CDE, CDE-NCAP  
 DIANA ISAACS  
 PharmD, BCPS, BCACP, FASCP, FADDS, FPCPES  
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Knowledge = Confidence

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



CDCES / BC-ADM Success Page

Melissa is a Registered Dietitian Nutritionist based out of North Miami. She is most passionate about using her Medical Nutrition Therapy coupled with Motivational Interviewing skills to help our most vulnerable populations. Since she became a Dietitian and began working with her community, she knew she would pursue a specialization in Diabetes Management to maximize her impact and help those who need it most. She is very excited to join the CDCES community of providers!

Melissa Dolan, MS, RDN, LD/N, CDCES

I want to thank you all for the support you give to Diabetes Educators, but also to those of us preparing for the CDECS 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 patient's everyday.

Carolyn Fletcher, BSN, RN, CDECS

Enroll at [www.DiabetesEdUniversity.com](http://www.DiabetesEdUniversity.com)

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## Certification Exam Study Group

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## Keep in Touch



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- ▶ Monthly Newsletter: <https://diabetessed.net/monthly-newsletter-past-issues/>
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## You are Going to Do Great!



## Thank You



- ▶ Questions?
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