

Preparing for BC-ADM Resource Page

Starting your journey to becoming a BC-ADM?
Register for our FREE Preparing for BC-ADM Exam Webinar!

Interested in learning more about Board Certification in Advanced Diabetes Management?
This webinar will answer your questions.

PREPARING FOR THE BC-ADM EXAM
FREE WEBINAR
Interested in learning more about Board Certification in Advanced Diabetes Management? This webinar will answer your questions.



www.DiabetesEd.net

SARAH BETTY THOMAS, RN, MPH, BC-ADM, CDEES

We are Here to Help!



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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

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

NEW CDCES Coach App

Question of the Week & Sample Questions

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

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- Quizzes with rationale

One-click access to go-tools tools, including:

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- Cheat Sheets
- ADA Standards of Care
- Free Webinars
- Study materials

Works on all devices:

- mobile, tablet, and desktop-friendly

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- Still 100% FREE

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.

Topics

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



Diabetes Education SERVICES

BC-ADM* Cert Book 2026



2026

Certification Examination

Board Certified-
Advanced Diabetes Management
(BC-ADM®)
Handbook



BC-ADM exam now owned by
same organization that
constructs CDCES Exam.

www.CBDCE.org



*Board Certification – Advanced
Diabetes Management

Page 1 of 28
CBDCE BC-ADM Exam Candidate Handbook 2026-27
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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.

Handbook



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



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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



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2026 – 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



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Initial Qualifications to take BC-ADM-

Eligibility Requirements

Candidates must MEET the following requirements before applying for the examination. Refer to the eligibility Criteria 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	Skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their discipline's scope of practice, healthcare professionals may adjust (and in some cases prescribe) medications, treat, and monitor acute and chronic complications and other comorbidities, counsel on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.				

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
 - 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
 - Conducting therapeutic interviews using a systematic approach
 - Counseling patients on lifestyle modifications
 - 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



CDCES Vs BC - ADM

CDCES

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

BC-ADM

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

Board Certification –Advanced Diabetes Management (BC-ADM)

Description

- ▶ “The depth of knowledge and competence in advanced clinical practice and diabetes skills affords an increased complexity of decision making which contributes to better care.”



• Excerpted from AADE website

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



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Exam Details 2026

- ▶ 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

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BC-ADM Exam Content - 2026

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
I	Assessment and Diagnosis	30%	45
II	Planning and Intervention	33%	50
III	Evaluation and Follow-up	23%	34
IV	Population Health, Advocacy, and Professional Development	14%	21

I - Assessment & Diagnosis – 30% of exam 10 Tasks

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 /ACE – 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



Helpful FREE Webinars



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.

Discover Advanced Specialty Topics

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Language that Respects the Individual & Imparts Hope

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More info at www.DiabetesEd.net

II. Planning and Intervention – 34%

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 – 23%

1. 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



1. 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

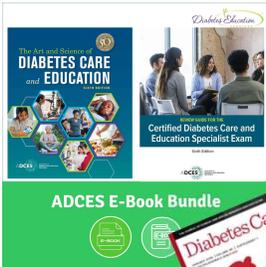
Your questions

- ▶ 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](#)
- ▶ ADA Standards
- ▶ Medications for Lipid Management
- ▶ Medications for Hypertension
- ▶ Management of Neuropathy
- ▶ Diabetes Medication PocketCards
- ▶ Online Courses

BC-ADM Resource Page

www.DiabetesEd.net > FREE > BC-ADM



Steps to become Board Certified in Advanced Diabetes Management

Step 1. Review the qualifications to achieve your BC-ADM

- Download the **BC-ADM Handbook** for complete information about eligibility. This handbook published by the CBDE provides the complete and official listing of all of the requirements for the BC-ADM. Instructions on how to apply, study resources, and the application are also included.
- The exam includes the following four exam domains. **These self-assessment pages** will help you identify knowledge gaps and reaffirm content you are familiar with.
 - Domain 1: Assessment and Diagnosis
 - Domain 2: Planning and Intervention
 - Domain 3: Evaluation and Follow-up
 - Domain 4: Leadership and Advanced Professional Practice
- Download the **Practice Hours Spreadsheet** to easily track your practice hours.

[Click here to Download Practice Hours Spreadsheet Tracker](#)

Articles to Read to Prepare for BC-ADM Exam

Articles to Read to Prepare for BC-ADM Exam

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

- Purchase a copy of the **ADA Standards of Care 2026 book**
- Purchase a copy of the **ADA Standards of Care 2026 book**
- Summary of Revisions: Standards of Care in Diabetes 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 to improve glucose management for both Type 1 and Type 2 Diabetes. Section 9 of *Standards of Care 2026*.

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
- Medication Pocketcards
- Diabetes Tech Resources
- Nutrition Information
- Person-Centered Coaching
- Teaching Sheets for People with Diabetes
- Diabetes Apps

A few highlights

- 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.
- Med Cheat Sheets | Cholesterol and Hypertension Medications 2026** – These summary sheets are helpful for your clinical practice and preparing for certification exams. For exam success, be familiar with the general concepts, side effects and precautions of these medications.
- Landmark Studies** – a short cheat sheets that highlights the major diabetes trials and the significant findings.

Language & Diabetes: What we say matters | Resource page

Language is powerful and can have a strong impact on perceptions 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 research questions related to language and diabetes.

ADCS 7th 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 (DSME/T) and care.



Suggested Study Steps



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



2. Determine how to best fill those gaps in knowledge.

- ▶ 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.

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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.



▶ Filling gaps in advanced management knowledge

- ▶ 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.

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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.
- ▶ Budget your time. 3.5 hours to complete 175 questions.
- ▶ 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 test

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Study Tools – Take as many tests as possible Test Taking Tips Free Webinar



Test Taking Toolkit

Test Taking Practice Exam
Toolkit | Webinar + 220
Sample Practice Test
Questions

\$ 49.00

Quantity - 1 +

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Quantity Discount	Discount
Buy 3 +	15% Off

- On-Demand course, reviews a sampling of the questions and explains how to dissect the question, eliminate the wrong answers and avoid getting lured in by juicy answers.
- 220 questions in total divided into Four 50+ computerized quizzes. These quizzes include clinical practice exam questions that provide vignette-style situations and
- other critical content that will prepare you for the actual exam.

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.
- ▶ 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.

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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. Colonoscopy
- D. Stool Sample



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Poll Question 2

- ▶ 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?
 - 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.
 - Assess if MS is having a snack before checking bedtime blood glucose level.
 - Instruct how to safely adjust dinner time Novolog to prevent hyperglycemia at bedtime.



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 pre-pregnancy
- C. GDM is defined as elevated blood glucose levels discovered anytime during pregnancy
- D. People with GDM can control glucose through diet changes only



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
- B. 2 vials
- C. 2.8 vials
- D. 3 vials



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



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- ▶ **One-click access to go-tools tools including:**
 - Medication PocketCards
 - Cheat Sheets
 - Standards of Care
 - Webinars
 - Study materials
- ▶ **Works on all devices:**
 - mobile, tablet, and desktop-friendly

New Quizzes with Rationale for In-app Purchase Option

▶ 25 Practice Test Questions with Rationale – Only \$9.99! ▶

You have been asking for it, and we have delivered.



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



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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 fasting
- c. Take bolus insulin when RS eats a meal or snack
- d. Monitor urine ketones at least twice a day

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ADA 2026 Goals

A1C less than 7% (individualize)

- Pre-meal BG 80-130
- Post meal BG <180
- Time in Range (70-180) 70% of time

Blood Pressure <130/80



Cholesterol

- Statin therapy based on age & risk status
- If 40+ with ASCVD Risk, decrease LDL by 50%, LDL <70
- If 40+ with ASCVD, decrease LDL by 50%, LDL <55

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!

Spreading the Love Sale
Save 15% on Online Courses

Use code **"LOVE15"** during checkout to save!

Sale Ends: 2/16/2026 | www.DiabetesEdStore.net

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





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 Isaacs
- 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



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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



ONLINE UNIVERSITY

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

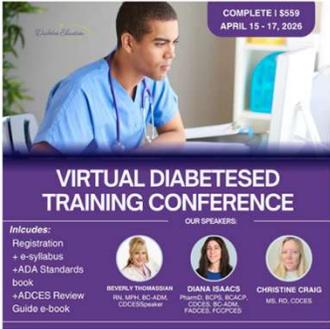
Insulin Calculations & Pattern Management

- Class 6: Insulin Calculation Workshop | From Pumps & Beyond
- Class 7: Solving Glucose Mysteries for Type 1
- Class 8: Solving Glucose Mysteries for Type 2
- Class 9: Basal Bolus Therapy in Hospital



Advanced Level & Specialty Topics Level 4

Virtual Training – Perfect for Certification



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 +ADA Standards book
 +ADDES Review Guide e-book

OUR SPEAKERS:

- REVELLY THOMASIAN, RN, MPH, BC-ADA, CDE, CDE-BC
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