



National Certification Board for Diabetes Educators

HANDBOOK

2012 Certification Examination for Diabetes Educators

2012 Examination Windows

May - June

November - December

Application Windows

January 15 - March 15

July 15 - September 15



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Important General Information

The Certification Program for Diabetes Educators is owned by the National Certification Board for Diabetes Educators (“NCBDE”). NCBDE is an autonomous specialty board responsible for the development and administration of the certification program for diabetes educators. NCBDE is independent and separate from any other organization or association. The Certified Diabetes Educator® (“CDE”®) credential is conferred only by NCBDE, a national, nongovernmental, not-for-profit certification organization. Certification is valid for a period of five (5) years. A registry of CDEs is maintained by NCBDE.

This *Certification Examination for Diabetes Educators Handbook* (“Handbook”) contains information about NCBDE’s diabetes educator certification examination. Individuals who elect to participate in the certification program are responsible for utilizing the most current Handbook and knowing its contents. This publication and application replace all previous editions of the Handbook.

NCBDE updates the information, fees and requirements in this Handbook on a regular basis and makes every effort to present all policies and directions clearly. Questions regarding policies or clarification of information should be directed to the NCBDE national office. NCBDE is not responsible for information that is not understood by the reader or obtained from any source other than NCBDE. NCBDE does not endorse, financially benefit from, or participate in the development of any preparatory or review courses or published materials claiming to be study guides for the NCBDE Certification Examination for Diabetes Educators, except those published or sponsored by NCBDE.

Executive Office

National Certification Board for
Diabetes Educators (“NCBDE”)
330 E. Algonquin Road, Suite 4
Arlington Heights, IL 60005
(877) 239-3233 or (847) 228-9795
Fax: (847) 228-8469
Web: www.ncbde.org
E-mail: info@ncbde.org

Testing Agency

Applied Measurement
Professionals, Inc. (“AMP”)
18000 W. 105th Street
Olathe, KS 66061-7543
(913) 895-4600
Fax: (913) 895-4651
Web: www.goAMP.com
E-mail: info@goAMP.com

NCBDE and AMP endeavor to process all applications promptly and professionally. Nevertheless, in the event an application is improperly accepted or rejected, or action on it is delayed due to an inadvertent processing error, NCBDE liability to the applicant is limited to a complete refund of the application fee.



2012 Initial Certification Requirements† Review

Please review before completing application.

NOTE: The Certification Examination for Diabetes Educators is designed and intended solely for health care professionals who have job responsibilities that include the direct provision of diabetes self-management education (DSME), as defined by NCBDE. It is not for those who may perform some diabetes-related functions as part of or in the course of other usual and customary occupational duties. Refer to Definition of Diabetes Education section, [page 6](#).

†This review list represents a summary of requirements. See [pages 5-6](#) for all details.

Yes No

- 1. As a clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, certified clinical exercise specialist, registered clinical exercise physiologist, registered dietitian, or registered physician assistant, is your license 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?

- 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 (within the last 4 years)?
- 5. Have you accrued 1,000 hours of practice experience in diabetes self-management education (DSME) within the last 4 years?
- 6. Has a minimum of 40% (or 400 hours) of the 1,000 hours of DSME practice experience been accrued within the past year?
- 7. Have you completed a minimum of 15 hours of continuing education activities** applicable to diabetes within the past 2 years?

If the answer to any of the above questions is “no”, you are not ready to apply for the Certification Examination for Diabetes Educators.

Before submitting an application, please refer to the application checklist on [page 25](#) in the instruction section of the Handbook.

* See Eligibility Requirements for Initial Certification, [page 5](#), 1. A. or B. for specific licensure/registration requirements.

** See Continuing Education Guidelines, [page 19](#), for details.



2012 Certification Examination for Diabetes Educators

Examination Application Deadlines, Fees, and Dates

Spring 2012

May to June 2012 Examination Window

	Application Fee	Apply Online or Mail Application No Earlier Than*	Application Deadline Date**	For paper applications – if you have not received notice of receipt of application by AMP, call AMP at (913) 895-4600.
Initial or Lapsed Certification	\$350	January 15, 2012	March 15, 2012	If more than 4 weeks since completed application mailed
Renewal of Certification	\$250			

*Applications for this administration will be accepted beginning January 15, 2012. The online application process will not be available until this date and paper applications received before this date will be returned.

**Deadline date is the date an online application is completed or postmark deadline for paper application.

Fall 2012

November to December 2012 Examination Window

	Application Fee	Apply Online or Mail Application No Earlier Than*	Application Deadline Date**	For paper applications – if you have not received notice of receipt of application by AMP, call AMP at (913) 895-4600.
Initial or Lapsed Certification	\$350	July 15, 2012	September 15, 2012	If more than 4 weeks since completed application mailed
Renewal of Certification	\$250			

*Applications for this administration will be accepted beginning July 15, 2012. The online application process will not be available until this date and paper applications received before this date will be returned.

**Deadline date is the date an online application is completed or postmark deadline for paper application.

GENERAL

Introduction

The purpose of this *Certification Examination for Diabetes Educators Handbook* (Handbook) is to provide information and guidance to individuals who are interested in diabetes educator certification. It is critically important to understand at the outset that the Certification Examination for Diabetes Educators (Examination) is designed and intended solely for health care professionals who have job responsibilities that include the direct provision of DSME (as defined by NCBDE, see Definition of Diabetes Education, [page 6](#)). It is not for those who may perform some diabetes-related functions as part of or in the course of other usual and customary occupational duties.

Mission

The mission of the National Certification Board for Diabetes Educators (NCBDE) is to set the standard of excellence in the profession of diabetes education.

Definition of a Certified Diabetes Educator

A Certified Diabetes Educator® (CDE®) is a medical/health care professional who possesses comprehensive knowledge of and experience in diabetes management, pre-diabetes, and diabetes prevention. A CDE® educates and supports people affected by diabetes to understand and manage the condition. A CDE® promotes self-management to achieve individualized behavioral and treatment goals that optimize health outcomes.

Purpose

The purpose of the NCBDE certification program is to conduct certification activities in a manner that upholds standards for competent practice in diabetes self-management education. The CDE® credential demonstrates that the certified health care professional possesses distinct and specialized knowledge, thereby promoting quality care for persons with diabetes. Certification is a voluntary process used to assess and validate qualified health care professionals' knowledge in diabetes education. It is an evaluative process that demonstrates that rigorous eligibility requirements have been met. Certification is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, or other considerations.

Objectives

Objectives of the certification program are to

- provide a mechanism to demonstrate professional accomplishment and growth
- provide formal recognition of specialty practice and knowledge at a mastery level
- provide validation of demonstrated dedication to diabetes education to consumers and employers
- promote continuing commitment to best practices, current standards and knowledge

Responsibility for Certification

This certification program is owned by NCBDE and all decisions made by NCBDE with respect to the certification program are final. Under an agreement with NCBDE, Applied Measurement Professionals, Inc. ("AMP") assists in the development, administration, and scoring of Examinations and provides related administrative services.

Statement of Nondiscrimination Policy

NCBDE does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, or marital status. All applications submitted for certification are individually reviewed on the basis of information submitted.

Disciplinary Policy

NCBDE may deny, revoke, or otherwise act on any application for certification or on any CDE® credential when an individual is not in compliance with NCBDE requirements. NCBDE has the right to suspend, withhold, revoke, censure, or take other appropriate action with regard to certification status for validated cause and to make such actions public. Certification may be withheld, denied or revoked, or applications rejected for reasons including, but not limited to, the following:

1. Falsification of application information
2. Noncompliance with review and audit procedures
3. Loss of current, active, unrestricted licensure or registration.
4. Revocation or suspension of current license or other credential, or other disciplinary action by a licensing or regulatory board or registration commission/agency
5. Validated unethical practice of diabetes education
6. Giving or receiving assistance during the Examination
7. Removing or attempting to remove Examination information or materials from the test center



2012 Certification Examination for Diabetes Educators

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8. Representing oneself falsely as a Certified Diabetes Educator®
9. Obtaining or attempting to obtain certification, whether initial or renewal, by fraud or deception
10. Unauthorized possession and/or distribution of any official NCBDE testing or Examination materials
11. Ineligibility for certification, as determined by NCBDE
12. Misrepresentation or fraud in any statement on the certification Application made to assist individual to apply for, obtain, or renew certification.



Eligibility Requirements for Initial Certification

Individuals who have not previously taken or passed the Examination or whose CDE® credentials lapsed prior to 2011 must meet the requirements. To qualify for the Examination, the following must be met at the time of application and Examination:

1. Discipline

NOTE: Individuals who meet either A. or B., and C. (below) **must apply** under A. current license or B. current registration.

- A. Clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician (M.D. or D.O.) or podiatrist holding a current, active, unrestricted license from one of the United States or its territories.

OR

- B. Dietitian holding active registration with the Commission on Dietetic Registration, physician assistant holding active registration with the National Commission on Certification of Physician Assistants, exercise specialist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Specialist®, or exercise physiologist holding active certification as an American College of Sports Medicine Registered Clinical Exercise Physiologist®.

OR

- C. Health care professional with 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.

To verify the program, an official transcript that indicates that an advanced degree in social work was awarded must be submitted with the Application for the Examination.

2. Professional Practice Experience

After meeting the Discipline requirement and before applying for the Examination, **all** of the following requirements must be met. (Refer to Appendix I, [page 18](#), for accrual details.)

- A. Minimum of two (2) years to the day of professional practice experience in the discipline under which the individual is applying for certification (examples: if an individual applies for certification as a registered nurse, 2 years experience working as a registered nurse is required; if an individual applies as a registered dietitian, 2 years experience working as a registered dietitian is required).

AND

- B. Minimum of 1000 hours of DSME experience with a minimum of 40% (400 hours) of those hours accrued in the most recent year preceding application.

In meeting the hourly requirement, professional practice experience is defined as employment for compensation (in the United States or its territories within the past 4 years) for job responsibilities that include the direct provision of DSME, as defined by NCBDE. See Definition of Diabetes Education, [page 6](#).*

***Exception:** *Qualifying hours accrued under the Diabetes Educator Mentorship program will also be accepted. Visit NCBDE's web site for more information on this program.*

3. Continuing Education

Minimum of 15 clock hours of continuing education activities applicable to diabetes within the two (2) years prior to applying for certification.

See Continuing Education Guidelines, [pages 19-20](#), for the details on this requirement.

4. Application Fee(s) Payment

Definition of Diabetes Education

Diabetes education, also referred to as diabetes self-management education or diabetes self-management training is performed by health care professionals who have appropriate credentials and experience consistent with the particular profession's scope of practice. For purposes of this Handbook, diabetes self-management education (DSME) is used.

DSME[±] involves the person with pre-diabetes or diabetes and/or the caregivers and the educator(s) and is defined as the ongoing process of facilitating the knowledge, skill, and ability necessary for self-care. It is a component of a comprehensive plan of diabetes care. The process incorporates the needs, goals and life experiences of the person with pre-diabetes or diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. The process includes:

- An individual assessment and education plan developed collaboratively by the individual and educator(s) to direct the selection of appropriate educational interventions and self-management support strategies.
- Educational interventions directed toward helping the individual achieve self-management goals.
- Periodic evaluations to determine attainment of educational objectives or need for additional interventions and future reassessments.
- A personalized follow-up plan developed collaboratively by the individual and educator(s) for ongoing self-management support.
- Documentation in the education record of the assessment and education plan and the intervention and outcomes.

In addition, program development and administration provided in support of the diabetes patient education program are considered a part of the DSME process.

[±]Adapted from National Standards for Diabetes Self-Management Education, American Diabetes Association Clinical Practice Recommendations. Diabetes Care, Vol. 34, Supplement 1, January, 2011.

Unacceptable Experience

There are activities that are *not* considered diabetes education employment for purposes of certification eligibility and should not be included as part of Professional Practice Experience. While not an exhaustive list, the following are examples of such activities:

- diabetes related functions performed as part of or in the course of other routine occupational duties (e.g., routine nursing care, routine nutritional counseling, routine pharmacy practice)
- providing continuing education to professionals (e.g., teaching nurses, physicians)
- supervising and managing other professionals
- volunteer activities*, including diabetes camp
- any experience in a student capacity
- membership or committee work in professional organizations
- providing medical assessment, diagnosis, or treatment
- conducting/participating in research activities in which the individual is not involved in diabetes self-management education
- dispensing/prescribing medications or diabetes supplies
- promoting or selling medications or diabetes supplies and products
- having diabetes or caring for a family member with diabetes
- any work or other experience prior to receipt of license, registration or advanced degree required for certification eligibility
- any work experience in practice settings outside the United States or its territories
- any work experience completed more than four years prior to the date of application

***Exception:** *Qualifying hours accrued under the Diabetes Educator Mentorship program will also be accepted. Visit NCBDE's web site for more information on this program.*

Eligibility Requirements for Individuals Whose CDE® Credentials Expired Prior to 2011

1. See Eligibility Requirements for Initial Certification, [page 5](#).
2. Application Fee(s) Payment



Renewal of Certification

Renewal of certification must be completed during the calendar year in which a CDE's credential expires and may be done either by continuing education* or by taking the Examination. Certification renewal demonstrates that professionals previously certified have maintained a level of contemporary knowledge in diabetes education. NCBDE requires all CDEs to recertify every five (5) years to maintain certification status. It is the responsibility of each CDE® to stay abreast of changes in certification and/or renewal requirements and to recertify in a timely manner. Valid dates of the credential should be monitored and application for renewal submitted by published deadlines. Extensions of certification are not granted.

**The details on the Renewal by Continuing Education process and how to obtain the Handbook/Application for Renewal of Certification by Continuing Education can be obtained via NCBDE's web site (www.ncbde.org).*

Eligibility Requirements for Renewal of Certification

For CDEs whose credentials will expire 12/31/2012 and for those whose CDE® credentials have already or will expire in 2011*:

1. Individuals must continue to hold the license or registration for the same discipline held at the time of initial certification. This license or registration must be current, active, and unrestricted at the time of renewal.
2. Accrual of a minimum of 1,000 hours of professional practice experience during the five-year certification cycle. NOTE: Refer to the Renewal Practice Requirement section, [page 7](#), for additional information on the practice requirement.
3. Application Fee(s) Payment.

*For individuals whose CDE® credentials expired prior to 2011, refer to Eligibility Requirements for Initial Certification, [page 5](#).

Renewal Practice Requirement

Individuals will need to document a minimum of 1,000 hours of professional practice experience during the five-year certification cycle, in addition to either passing the Certification Examination or successfully renewing by continuing education. The professional practice requirement for renewal of certification, however, is not the same as that required for initial certification. NCBDE recognizes that diabetes education is an evolving specialty and that experienced CDEs often assume roles other than the practice of diabetes self-management education required for initial certification.

Definition of Professional Practice

For purposes of renewal of certification, practice means providing a direct or indirect professional contribution to the care and self-management education of people with diabetes.

For those renewing in 2012, the 1,000 hours of professional practice experience requirement must have:

- Taken place in the United States or its territories.
- Been completed during the five year certification cycle between January 1, 2008 and date of application for renewal in 2012.

NOTE: There is no requirement about how or when this must be accomplished, e.g., to complete 200 hours per year each of the five years, or to be practicing at the time of application.

What is Included in the Definition

This definition is intended to be as inclusive as possible of positions currently held by CDEs, including program development, program management, public health/community surveillance, volunteer activities, diabetes-related research, clinical roles in diabetes industry, case management, professional education, consultant roles to industry or other providers, or others.

What is NOT Included in the Definition

Employment in the manufacture, direct sales, or distribution of diabetes-related products or services in pharmaceutical or other diabetes-related industries, or jobs or volunteer activities unrelated to diabetes will not meet the practice requirement.

For Those Unable to Meet the Practice Requirement

For CDEs who wish to maintain certification status but do not or cannot meet the practice requirement, there is only one renewal option. That method requires both successful completion of the Examination and the accrual of 75 clock hours of continuing education. During the five year period that certification is valid, if a CDE® has practiced less than the required 1,000 hours, has taken employment unrelated to diabetes care and education, is on leave from employment or has retired, but still wishes to maintain certification as a diabetes educator, the requirements to hold a current, active unrestricted license or registration for the same discipline held at the time of initial certification and to demonstrate knowledge of current standards and practices by passing the Examination and documenting relevant continuing education activities are required. No exceptions will be available.



Reinstatement of Lapsed Credentials

- Individuals whose CDE® credentials have lapsed may pursue reinstatement of their credentials. Reinstatement requires that an individual must meet appropriate* eligibility requirements and pass the Examination.

Refer to Appendix I, [page 18](#) for accrual details.

- Certification is NOT extended between the time of credential expiration and passing the Examination.

*Individuals whose CDE® credentials have expired may apply for the spring and/or fall Examination in the year immediately following expiration of the credential without having to document meeting initial eligibility requirements. However, upon application for reinstatement, those individuals must be able to document EITHER successful completion of 1) the renewal practice requirement, OR 2) 75 hours of acceptable continuing education activities. Individuals who are unsuccessful in completing the reinstatement process in the year immediately following expiration of the credential must be able to document meeting all eligibility requirements in place for initial applicants prior to applying for reinstatement.



Application Process

Before applying, individuals will want to closely review the Examination Application Deadlines, Fees and Dates section on [page 2](#), as well as Appendix I – Accrual Information for Initial/Renewal of Certification, [page 18](#), and Appendix II – Continuing Education Guidelines, [page 19](#), for important details about the application process.

Applicants must apply by the published deadline date and submit applicable fee(s). All applications submitted become the property of NCBDE. **Those who apply are advised to retain a copy for personal reference.** Under no circumstances are applications, including copies, returned to applicants.

There are two ways to apply for the Examination after eligibility requirements have been met.

Documentation of eligibility does not need to be submitted with an application for the Examination. However, NCBDE 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 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 NCBDE national office nor AMP can provide the status of an audit via telephone, facsimile or email.

The following situations require that individuals apply using the paper application method.

- A. Individuals applying for initial certification (or those whose CDE® credentials lapsed prior to 2011) who are applying using an advanced degree (see Eligibility Requirements, 1.C., [page 5](#)) must apply using the paper method and submit required official transcripts.
- B. Individuals applying for renewal (or those whose CDE® credentials lapsed in 2011) AND who are unable to document meeting the renewal practice requirement must apply using the paper method and submit additional documentation of required continuing education activities. Contact the NCBDE national office for the additional documentation needed for this process.
- C. Individuals who do not wish to use a social security number as an identifier must apply using the paper application and include a note to this effect. A unique identifying number will be assigned when the application is processed.

How to Apply for an Examination

1. **Online Application:** Complete the application and scheduling process in one online session by visiting www.goAMP.com. Click on “Candidates,” and follow the online instructions. [Note: Certified Diabetes Educators or those individuals whose credentials have lapsed must have their CDE®/certificate numbers available at the time of registration.]

After the application information and payment using a credit card (VISA, MasterCard, American Express, Discover) have been submitted, eligibility is confirmed, denied, or will require audit documentation prior to confirmation. If eligibility is confirmed, the individual will be prompted to schedule an examination appointment.

If special accommodations are being requested, complete the Request for Special Accommodations form included in this Handbook ([page 31](#) or available for download online) and submit it to AMP by mail or fax before scheduling an examination appointment.

OR

2. **Paper Application:** Complete and submit to AMP a paper application and appropriate fee (credit card, company check, personal check, cashier's check or money order). The applicant should complete the paper application included in this Handbook.

An application is considered complete only if all information requested is documented, legible and accurate, if the applicant is eligible for the examination, and if the appropriate fee accompanies the application.

If special accommodations will be required, complete the Request for Special Accommodations form included in this Handbook and submit it to AMP with the examination application and fee.

AMP processes the application and within approximately two weeks from receipt of application sends a confirmation notice by e-mail and postcard, including a toll-free telephone number and web site address to schedule an examination appointment. Be prepared to confirm a location and a preferred date and time for testing.

If a confirmation notice is not received within four (4) weeks after submitting the application form, contact AMP at (913) 895-4600.



Testing Window

An individual's application is valid for the testing window applied for, during which an appointment to take the Examination must be scheduled. Those who fail to schedule an appointment within the testing window forfeit the application and all fees paid to take the Examination. A complete application and fee(s) are required to reapply for Examination. Unscheduled individuals (walk-ins) are not tested.

NOTE: Refer to Re-Examination, [page 17](#), for policies related to testing more than one time within the same window.

Fees

Initial or Lapsed Application \$350
 Renewal of Certification Application \$250

Fee payments may be made by credit card (VISA, MasterCard, American Express or Discover), or by check. Do not send cash. Declined credit cards and/or insufficient fund checks returned to AMP are subject to a penalty. Repayment of a declined credit card or payment for an insufficient fund check and the penalty must be made with a cashier's or certified check or money order. Unless and until all fees have been paid in full, application processing will not be completed.

Processing of payment does not confirm acceptance to take the Examination. In the event an application for the Examination is rejected by NCBDE, a \$100 nonrefundable processing fee and any applicable late fee will be retained and the remainder of the application fee refunded.

Adherence to Published Policies

Eligibility requirements, application deadlines, and fee payment policies are strictly enforced by NCBDE and AMP. Applications must be submitted by the specified deadline dates. Applications submitted after published deadline dates cannot be processed and paper applications will be returned. **Absolutely no exceptions will be made.** If requested, applicants must respond with additional information to verify eligibility.

Those who apply by paper are advised to send applications to AMP using certified mail or traceable courier services. Neither NCBDE nor AMP is responsible for lost, misdirected, late or undelivered mail. A certified mail, certificate of mailing, or other courier receipt can serve as proof that the application was mailed by the deadline. For mailed applications, deadlines are postmark dates on the mailing envelope when sent by U.S. mail. Private metered postmarks and mail receipts not dated by the U.S. Postal Service are not acceptable as proof of timely mailing.

Applicants who apply online are advised to print and keep a copy of the "Eligibility Confirmation" page for their records.

Audit Policy

NCBDE conducts random audits on a regular basis and also reserves the right to audit at any time any application submitted for certification.

Examination Administration

The Examination is delivered by computer at more than 170 Assessment Centers throughout the United States and selected international locations. The Examination is administered by appointment only, Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your Examination. Scheduling is done on a first-come, first-served basis. (See Scheduling an Examination, [page 12](#).)

AMP Assessment Centers have been selected to provide accessibility for the most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website located at www.goAMP.com. Specific address information will be provided when you schedule an examination appointment.

Requests for International Test Centers (Outside United States)

NCBDE and AMP are making computerized examinations available outside of the United States. For information regarding the availability of international computerized Assessment Centers, please visit the AMP website at www.goAMP.com. AMP is continuing to expand its international locations and more locations are being added throughout the year.

There is no additional fee for applicants who reside in one of the U.S. territories where an international Assessment Center is available. Individuals residing outside of the United States or its territories who are interested in testing at an international Assessment Center will need to submit a completed application form, the application fee, and an international Assessment Center fee of \$160. For applicants who do not have social security numbers, unique identifying numbers will be assigned when the applications are processed. All other rules and regulations regarding the computerized examination apply to international examination applicants. All examinations will be given in computerized format only. International applicants will not receive instant score reports. Results will be sent via U.S. mail within 3-5 business days after completion of the examination to the applicant's address of record.



Requests for Special Accommodations

NCBDE complies with the Americans with Disabilities Act ("ADA") and provides reasonable and appropriate accommodations for those with documented disabilities taking the Examination and for other individuals taking the Examination with qualifying medical conditions that may be temporary or are not otherwise covered by the ADA. Accommodations may be made for these individuals, provided a request for special accommodations is submitted to AMP with the application and the request is approved. The form for requesting special accommodations is included on [page 31](#) and the AMP web site. Instructions for completion must be followed and both required documents submitted prior to the application deadline.

Requests for special accommodations are reviewed on an individual basis. NCBDE will make reasonable efforts to provide requested special accommodations for those who have documented disabilities or qualifying medical conditions. Decisions about medical conditions not covered by the ADA are made at the sole discretion of NCBDE.

For applicants anticipating the need for food or beverages for medical reasons, individuals can take breaks as necessary to access and consume these items outside of the testing room. Food and beverages are NOT allowed inside the testing room. Additional testing time is not provided for any breaks.

Telecommunication Devices for the Deaf

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at (913) 895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

Changes After the Application is Submitted

AMP must be notified in writing of any change in name or address that occurs after the application has been submitted.

Rejected Applications

1. Applications may be rejected under the following circumstances:
 - A. NCBDE determines that the applicant did not meet eligibility requirements.
 - B. The application is incomplete in any way or improperly completed.

- C. The application and/or fee are not submitted by the published deadline date.
- D. The applicant, if selected for audit, does not submit required documentation by the deadline date.

When an application is rejected for any of these reasons, the application fee, minus a \$100 processing fee and any applicable late and penalty fee(s), will be refunded.

2. Applications may be rejected if the payment for the application fee(s) is not honored by the card issuer or bank and is not resubmitted on a timely basis.

In addition to payment of application fee, applicant will owe a \$100 processing fee and any applicable late and penalty fee(s).

Appeals

Appeals are available only to individuals whose applications are rejected because of failure to meet eligibility requirements. The procedure for filing an appeal is sent with the notice of ineligibility. Those who elect to appeal should be aware that the appeals process cannot be completed in time for successful appellants to take the Examination applied for.

Appeals are not available to individuals whose applications are rejected for any other reason, including being incomplete or improperly completed, or when for other reasons evaluation of the application cannot be completed.

Withdrawals and Refunds

Except for the situations below, once submitted, applications may not be withdrawn and fees are not refunded.

After an individual's eligibility has been confirmed, an individual may request one of the following:

- a) Transfer of the application to the next WINDOW (one time only). Request for this transfer must be made in writing using the Transfer of Application form, [page 33](#), and sent to Applied Measurement Professionals, Inc. (AMP) via mail or facsimile; the request must be received no later than 30 days prior to their scheduled appointment. If the request is received in the required time frame, an individual may schedule their appointment when the next application window opens with payment of a \$100 transfer fee. Transfers are not available if requests are received less than 30 days prior to scheduled appointment. *Note: The acceptance of a transfer request does not extend the expiration date of a CDE® credential. An individual holding the CDE® credential who does not successfully renew during the year of expiration must stop using the credential after the expiration date and cannot resume using the credential until written confirmation of passing the examination is received.*



2012 Certification Examination for Diabetes Educators

b) To withdraw from the examination and obtain a refund of the application fee, less the \$100 non-refundable processing fee (and any other late/penalty fees). This option is available only when circumstances for withdrawal relate to medical situations involving the applicant or immediate family, a death in the immediate family, or other dire circumstances that take place less than 30 days prior to the scheduled appointment. Request for the withdrawal/refund must be submitted in writing to the NCBDE national office via mail or facsimile and should include documentation pertinent to and supporting the reason for the withdrawal. The request must be received no later than 30 days after the scheduled appointment. Requests will be considered on a case by case basis.

NOTE: Refer to Missed Appointments and Cancellation, [page 13](#), for important information on failing to arrive at the Assessment Center on date/time scheduled.

Examination Process

Examination Windows

Spring: May – June
Fall: November – December

Scheduling an Examination

After you have received written confirmation of eligibility from AMP, there are two ways to schedule an appointment for the Examination.

- Online Scheduling:** You may schedule an examination appointment online at www.goAMP.com. To use this service, follow these easy steps:
 - Go to www.goAMP.com and select “Candidates.”
 - Follow the simple, step-by-step instructions to select your examination program and schedule an examination.

OR

- Telephone Scheduling:** Call AMP at (888) 519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

When scheduling an examination, be prepared to confirm a location, a preferred date and time for testing, and to provide your social security number or assigned identification number. AMP will use the social security numbers only as identification numbers in maintaining applicant records. When AMP is contacted to schedule an examination appointment, you will be notified of the time to report

to the Assessment Center. Please make note of it at that time because admission letters will NOT be sent.

If AMP is contacted by 3:00 p.m. Central Time on...	Depending on availability, your Examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

Holidays

Examinations are not offered on the following holidays during the testing windows:

- Memorial Day
- Veteran’s Day
- Thanksgiving Day
- Friday, following Thanksgiving Day
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

Examination Appointment Changes

You may reschedule an examination appointment within the examination window applied for at no charge **once** by calling AMP at (888) 519-9901 at least two business days prior to the scheduled appointment. (See table below.) *Note: Appointment changes are only available within the examination window for which the candidate applies. Refer to Withdrawals and Refunds section, [page 11](#), for information on requesting a transfer to another examination window.*

If your Examination is scheduled on...	You must contact AMP by 3:00 p.m. Central Time to reschedule the Examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday/Saturday	Tuesday



Missed Appointments and Cancellation

You will forfeit the Examination application and all fees paid to take the Examination under any of the following circumstances.

- You wish to reschedule an examination appointment but fail to contact AMP at least two business days prior to the scheduled examination session,
- If you want to reschedule a second time,
- Appearing more than 15 minutes late for your appointment, or
- Failing to report for your appointment.

A complete Application and appropriate fee are required to re-apply for the next testing window.

Inclement Weather, Emergency or Power Failure

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation and subsequent rescheduling of an Examination. The Examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at www.goAMP.com prior to the Examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an Examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the original Examination date regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, the Examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

Preparing for the Examination

Content of Examination

The Examination is composed of 200 multiple-choice, objective questions with a total testing time of four (4) hours. It is based on a content outline developed from a practice analysis completed in 2008 which surveyed diabetes educators about the tasks they performed. Questions on the Examination are linked directly to a task or tasks. Each question, therefore, 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. On the Examination Content Outline (see Appendix III, [pages 21-22](#)), the number of questions on the Examination from each content area is provided next to each major outline heading (I through III) and also next to the subheadings within the major content headings.

NCBDE prepares the Examination with the advice and assistance of AMP. The questions are developed and reviewed for relevancy, consistency, accuracy, and appropriateness by individuals with expertise in diabetes education. Twenty-five of the 200 questions are new questions that have not been used on previous Examinations. Inclusion of these 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.

Testing of Advancements

NCBDE recognizes that advances in the treatment of diabetes continue to be made. It is also recognized that the dissemination of this information may not occur at the same rate in different areas of the United States. In consideration, NCBDE has developed the following policies:

1. New medical advances, guidelines, or pharmaceuticals impacting diabetes self-management education and/or treatment of diabetes will be included in the Certification Examination for Diabetes Educators no sooner than one year after the information is released.
2. New diagnostic criteria or specific guidelines impacting diabetes self-management education and/or treatment of diabetes which are released nationally and identified as effective immediately may be included in the examination at any time.

Studying for the Examination

The content of the Examination is not based on any one text, reference book or journal. To prepare for the Examination, NCBDE suggests that the applicant review the Examination Content Outline (see Appendix III, [pages 21-22](#)). If there are particular subject areas where additional study may be indicated, reference materials specific to those areas may need to be identified. To assist in this process, NCBDE has compiled a list of suggested references (see Appendix V, [page 24](#)). The references are suggestions ONLY. Their inclusion does not imply that Examination content is based on them, that all content will be covered, or that studying any of the references will ensure success on the Examination. It should also not be inferred that Examination questions are based on any particular book or journal or that studying particular references or attending any review course guarantees a passing score.

NCBDE does not endorse, financially benefit from, or participate in the development of any preparatory or review courses or published materials claiming to be study guides for the Examination, except those published or sponsored by NCBDE.

In addition, several sample questions to help individuals become familiar with the format of questions are available in this Handbook (see Appendix IV, [page 23](#)).

Practice Examination

NCBDE has developed the CDE® Practice Examination as one possible option for preparing for the Examination. The practice examination is provided in an online format that an individual can access from their computer. With 50 multiple-choice questions, the practice examination is illustrative of the type and format of questions included on the actual Examination and allows an individual to practice taking an abbreviated version of the Examination. The actual time allotted for completion of the Examination is 4 hours; candidates are encouraged to try and complete the practice examination in one hour to simulate the time allotted for the actual Examination. Questions are based on the current Examination Content Outline (see Content of the Examination, [page 14](#)). The practice examination and the actual Examination both represent a comparable sampling of questions that are selected from a larger pool of potential topics appropriate for diabetes educators.

NOTE: The focus of this examination is practice, rather than self-assessment. The score report does not include a report on specific items answered incorrectly; it will only identify scores by major content outline areas. Your individual results will remain confidential. Though aggregate scores (i.e., without individual identifiers) may be reviewed by NCBDE to evaluate the practice examination process.

There is a fee to take the practice examination and payment must be made via credit card. Individuals can take the practice examination online within a 60 day window after purchase. For more information about the practice examination and how to purchase one, please use the following internet address: <http://store.lxr.com/dept.aspx?id=71>.



Taking the Examination

Overview

The Examination will be given by computer at an AMP Assessment Center. You do not need computer experience or typing skills to take the Examination. On the day of your appointment, report to the Assessment Center no later than the scheduled time. Look for the signs indicating AMP Assessment Center Check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED EXAMINATION TIME, YOU WILL NOT BE ADMITTED.** If you are absent, late, or refused admission for lack of proper identification you must submit new application(s) and fee(s). Neither applications nor fees are transferable.

NOTE: NCBDE and AMP are not responsible for delays caused by weather or candidates' unfamiliarity with routes to, or locations of, Assessment Centers. You are advised to familiarize yourself with any and all information necessary to arrive on time.

Identification and Fingerprinting

To gain admission to the Assessment Center, you must present proper identification. You must present two (2) forms of identification, one (1) with a current photograph. Both forms of identification must be valid and include your current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification, but may be used as secondary identification if they include your name and signature.

During the admissions process and prior to beginning the examination, you will be required to participate in a process to biometrically verify your identify. Biometric identification may include photography, fingerprint scan, or other. All sessions are also subject to video surveillance. If you do not agree to these conditions, you will not be able to test and will be excused from the Assessment Center. The fee will NOT be refunded. Failure to provide appropriate identification and fingerprint scan at the time of the examination is considered a missed appointment. There will be no refund of the application fee.

Security/Rules

NCBDE and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the examination room.
- Hand-held, battery- or solar-operated, nonprogrammable calculators are permitted.
- No guests, visitors or family members are allowed in the examination room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. AMP is not responsible for items left in the reception area at the Assessment Centers.
- Pencils will be provided during check-in.
- One piece of scratch paper will be provided at a time for use during the examination. The scratch paper must be returned to the supervisor at the completion of the examination, or the score report will not be issued. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Smoking will not be permitted in the Assessment Center.
- Only individuals with medical reasons requiring access to food/beverages are allowed to bring these items into the Assessment Center.
- No hats or large coats are allowed in the examination room.
- Breaks may be taken whenever necessary. No additional time will be allowed to make up for time lost during breaks.

Misconduct

Individuals who engage in any of the conduct including but not limited to the following will be dismissed from the examination, their scores will not be reported and fees will not be refunded:

- creating a disturbance, being abusive or otherwise uncooperative;
- displaying and/or using electronic communications equipment such as pagers, cellular phones, PDAs;
- talks or participates in conversation with other examination candidates;
- giving or receiving help or suspected of doing so;
- attempting to record examination questions or make notes;
- attempting to take the examination for someone else; or
- being observed with notes, books or other aids

Copyrighted Examination Questions

All Examination questions are the copyrighted property of NCBDE. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these Examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

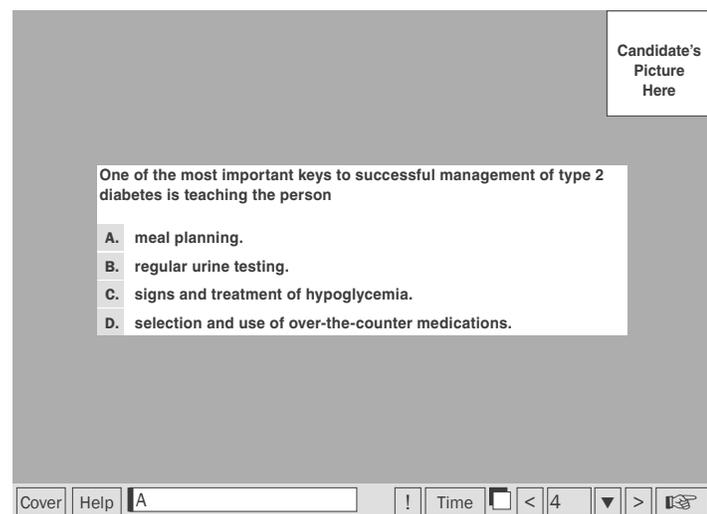
Practice Testing

After identification has been confirmed, you will be directed to a testing carrel and instructed on-screen to enter your social security number or assigned identification number. You will be prompted to provide a fingerprint scan and take your photograph which will remain on screen throughout the examination session. Your photograph will also print on your score report.

Prior to attempting the examination, you will be given an opportunity to practice taking an examination on the computer. The time used for this practice examination is NOT counted as part of examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination

Following the practice testing, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



TAKING THE EXAMINATION

The computer monitors the time spent on the examination. The examination will terminate if the time allowed is exceeded. You may click on the "Time" box in the lower right portion of the screen or select the Time key to monitor time. A digital clock indicates the time remaining to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate an answer choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change the answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answers as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each question before ending the examination. There is no penalty for guessing.

Candidate Comments

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided. Under no circumstances are candidates or other individuals allowed access to the Examination(s) or to specific questions (including obtaining copies) at any time.

After completing the examination, you are asked to complete a short evaluation of your examination experience.

Following the Examination Report of Results

After completion of the evaluation, you are instructed to report to the proctor to receive your score report. Scores are released only to you and are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Examination scores are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. The total score determines whether candidate passes or fails; it is reported as a scaled score ranging between 0 and 99.

The minimum scaled score needed to pass the examination has been set at 70 scaled score units. The reason for reporting scaled scores is that different forms (or versions) of the examination may vary in difficulty. As new forms of the examination are introduced each year, a certain number of questions in each content area are replaced. These changes may cause one form of the examination to be slightly easier or harder than another form. To adjust for these differences in difficulty, a procedure called “equating” is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score (number of correctly answered questions) required to equal the scaled passing score of 70 is statistically adjusted (or equated). For instance, if the examination is determined to be more difficult than the previous form of the examination, then the minimum raw passing score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps to assure that the scaled passing score of 70 represents the same level of competence no matter which form of the examination a candidate takes.

In addition to the candidate’s total scaled score and the scaled score required to pass, raw scores are reported for the three major categories on the Content Outline. The number of questions answered correctly in each major category compared to the total number of questions possible in that category is reported on the score report (e.g., 15/20). Content categorical information is provided to assist candidates in identifying areas of relative strength and weakness; however, passing or failing the examination is based ONLY on the scaled score. Although a degree of confusion might be avoided by reporting only scaled scores to candidates, NCBDE and AMP believe that by reporting raw scores in addition to scaled scores, candidates can learn important information about their area(s) of weakness by examining raw subscores by content areas.

Questions concerning Examination results must be referred in writing to NCBDE or AMP Examination Services Department.

Re-Examination

There is no limit to the number of times unsuccessful candidates may take the Examination, provided eligibility requirements in effect at the time of applying for re-examination are met. A current Application must be submitted with applicable fee each time.

Unsuccessful candidates are allowed to apply one time for re-examination during an examination window by completing the online application at www.goAMP.com or completing the Re-Examination form, [page 34](#), and submitting the application fee. (NOTE: To make use of the one-time re-examination option, applicants must either complete the online application process, including fee payment, or ensure that AMP receives the completed paper Re-Examination Application no less than 30 days prior to the end of the window). Re-applicants who submit the Re-Examination Application may call AMP approximately 7-10 days after mailing their Re-Examination Application to schedule their examination appointments.

Scores Cancelled by NCBDE or AMP

NCBDE and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. NCBDE and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

Certificates and Wallet Cards

Complimentary certificates and wallet cards are provided by NCBDE to those who pass the Examination approximately three months after the end of the testing window.

Use of Certification Marks

Certification is a process by which recognition is granted to an individual who has satisfactorily met all requirements. Only after receiving official written notice of either passing the Examination or renewing certification may an individual use the mark “CDE®” following his/her name. The marks CDE®, CERTIFIED DIABETES EDUCATOR®, and CDE in the design form(s) approved by NCBDE are also used on certificates, lapel pins, cards, and promotional materials in accordance with NCBDE policies. CDE® CERTIFIED DIABETES EDUCATOR (and Design)® and CDE® are federally registered certification marks.

The CDE® designation is not punctuated with periods. An example of proper use of the CDE® credential is as follows: Joan M. Smith, RN, MSN, CDE®.



Appendix I

Accrual Information for Initial/Renewal of Certification

Category	Number of Continuing Education Hours Required	Accrual Start Date for Continuing Education Activities	Professional Practice Experience	Accrual Start Date for Professional Practice Experience
Initial Or Lapsed Prior to 2011	15 hours	No earlier than 2 years prior to the date of application	Per Eligibility Requirements for Initial Certification, 2. Professional Practice Experience, page 5	No earlier than 4 years prior to the date of application

Information below is applicable ONLY for 1) current CDEs who ARE able to document meeting the practice requirement and wish to renew by Examination; or 2) individuals whose credentials lapsed in 2011 who ARE able to document meeting the practice requirement and must pass the Examination to reinstate their credential. Refer to Renewal Practice Requirement, [page 7](#), for definition of practice.

Category	Number of Continuing Education Hours Required	Accrual Start Date for Continuing Education Activities	Professional Practice Experience	Accrual Start Date for Professional Practice Experience
Renewal of Certification – 1st Renewal (e.g., first certified in 2007)	None	n/a	1000 hours	January 1, 2008
Renewal of Certification – certified prior to 2007				
Credential lapsed in 2011				

Information below is applicable ONLY for 1) current CDEs who CANNOT document meeting the practice requirement; or 2) individuals whose credentials lapsed in 2011 who CANNOT document meeting the practice requirement. Renewal/Reinstatement is dependent upon successfully documenting 75 hours of applicable continuing education activities and successfully passing the Examination.

Category	Number of Continuing Education Hours Required	Accrual Start Date for Continuing Education Activities	Professional Practice Experience	Accrual Start Date for Professional Practice Experience
Renewal of Certification – 1st Renewal (e.g., first certified in 2007)	75 hours	January 1, 2008	n/a	n/a
Renewal of Certification – certified prior to 2007		September 18, 2007		
Credential lapsed in 2011		January 1, 2008		

Appendix II

Continuing Education Guidelines

1. Self-Assessment

It is expected that health care professionals specializing in diabetes self-management education will want to demonstrate that their knowledge and skills are up-to-date and that they are able to practice proficiently and safely. It is hoped that all who participate in the initial/renewal of certification process will engage in a personal assessment to identify professional needs and participate in appropriate activities.

2. Continuing Education Cycles for 2012 Applications

Refer to the Accrual Cycles Information, Appendix I, [page 18](#).

3. Continuing education activities:

- must be approved by a provider on the NCBDE List of Recognized Providers.
- must be applicable to diabetes. All subject matter on the Certification Examination Content Outline published in the 2012 Certification Handbook for Diabetes Educators is considered applicable to diabetes.
- must be completed as defined by the renewal of continuing education cycles policy. (All continuing education activities must be completed prior to the application deadline and before submitting the application.)
- must be at a professional level that enhances the quality and effectiveness of diabetes self-management education practice.
- does not have to be discipline specific nor does it have to be in any specific area of concentration, e.g., social workers may attend a diabetes related nursing program and use those clock hours for renewal of certification.

Activities acceptable for continuing education

- Continuing education courses
- Independent study
- Seminars
- Online programs
- Workshops
- Telephonic or video conference programs
- Conferences

Activities **not** acceptable for continuing education

- Academic courses
- Other certification/credentials awarded
- Elected office or serving on Boards and/or Committees
- Articles or books written by the certificant
- Journal clubs or professional reading
- Presentations or lectures by the certificant
- Posters or poster sessions and exhibits
- Preceptorships or mentor hours
- Research
- Volunteer activities

4. Continuing Education Hour

- A. All continuing education activities must be reported in clock hours, i.e., the actual time spent on the continuing education activity, not contact hours, credits, or units awarded by the recognized provider. One clock hour equals 60 minutes.
- B. Presentations – Participants may include in the time to be counted as clock hours the course overview, introductions, the educational presentation, and questions and answers. Time may not be counted for general announcements, breaks, lunch, exhibits, or poster sessions.
- C. Self study programs (online or written booklets) – Participants may count the actual time spent on completing the activity. Clock hours submitted cannot be more than the number of contact hours/credits/units awarded by the recognized provider.



5. Recognized Continuing Education Providers

Continuing education programs must be provided by or approved by one of the following:

American Association of Diabetes Educators (AADE) <http://www.diabeteseducator.org/ProfessionalResources>

American Diabetes Association (ADA) <http://professional.diabetes.org/>

Academy of Nutrition and Dietetics (AND) <http://www.eatright.org/HealthProfessionals/content.aspx?id=8367>

Accreditation Council for Pharmacy Education (ACPE) Accredited or Approved Providers

<http://www.acpe-accredit.org/pharmacists/default.asp>

Accreditation Council for Continuing Medical Education (ACCME-AMA) Accredited or Approved Providers

http://www.accme.org/index.cfm/fa/home.popular/popular_id/66be063a-8081-40f2-9615-042a733485d8.cfm

American Nurses Credentialing Center (ANCC) Accredited or Approved Providers

<http://www.nursecredentialing.org/ContinuingEducation.aspx>

American Academy of Family Physicians (AAFP) <https://nf.aafp.org/Cme/CmeCenter/Default.aspx?navid=cme+center>

American Academy of Nurse Practitioners (AANP)

<http://www.aanp.org/AANPCMS2/ResearchEducation/EducationPageOne/AANP+Education+Page.htm>

American Academy of Optometry (AAO) <http://www.aaopt.org/>

American Academy of Physician Assistants (AAPA)

<http://www.aapa.org/education-and-certification/continuing-medical-education>

American Association of Clinical Endocrinologists (AACE) <http://www.aace.com/cme/>

American College of Endocrinology (ACE)

American College of Sports Medicine (ACSM) <http://www.acsm.org/AM/Template.cfm?Section=Education>

American Medical Association (AMA)

<http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education.shtml>

American Nurses Association (ANA) <http://www.nursecredentialing.org/ContinuingEducation.aspx>

American Occupational Therapy Association (AOTA) <http://www.aota.org/Practitioners/ProfDev/CE.aspx>

http://www.do-online.org/index.cfm?au=D&PagelD=edu_main&SubPagelD=cme_main

American Physical Therapy Association (APTA)

http://www.apta.org/AM/Template.cfm?Section=Continuing_Education4&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=419&ContentID=65731

American Psychological Association (APA) <http://www.apa.org/ed/ce/index.aspx>

Commission on Dietetic Registration (CDR) Accredited or Approved Providers

<http://cdrmet.org/whatsnew/CPEQuickLinks.htm>

Council on Continuing Medical Education (CCME-AOA) Approved Sponsors

http://www.do-online.org/index.cfm?au=D&PagelD=edu_main&SubPagelD=cme_main

Council on Podiatric Medical Education (CPME-APMA) Approved Sponsors

<http://www.apma.org/Members/Education/CPMEAccreditation/ContinuingEducation/CPME700.aspx>

International Diabetes Federation (IDF) <http://www.idf.org/>

National Association of Clinical Nurse Specialists (NACNS) <http://www.nacns.org/Default.aspx>

National Association of Social Workers (NASW) <http://www.socialworkers.org/ce/approval.asp>

Continuing education hours from accredited academic institutions within the United States or its territories granting degrees related to professional practice are also accepted. Contact the NCBDE national office for information.

Appendix III

Examination Content Outline

I. Assessment (45)

- A. Assess Learning/Self-Care Behaviors (15)
 1. Goals and learning needs
 2. Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
 3. Learning style
 4. Barriers to learning (literacy level, language, cultural values, religious beliefs, health beliefs, psycho-socioeconomic, family dynamics, etc.)
 5. Physical capabilities/limitations (visual acuity, hearing, functional ability, etc.)
 6. Readiness to change behavior (confidence in ability to change, value in change, etc.)
- B. Assess Medical/Health/Psycho-Socioeconomic Status (10)
 1. Collect diabetes-specific health history (duration, symptoms, complications, adherence to standards of care, treatment, etc.)
 2. Collect general health history (family history, allergies, medical history, nutrition history, etc.)
 3. Assess previous and current medication regimen (prescription and nonprescription drugs, herbals, alternative remedies, adverse reactions, etc.)
 4. Assess treatment fears (hypoglycemia, hyperglycemia, needles, weight gain, etc.)
 5. Assess family/caregiver dynamics and social supports
 6. Assess substance use (alcohol, tobacco, caffeine, etc.)
 7. Assess psychosocial/ developmental/mental health status (adjustment to diagnosis, etc.)
 8. Identify specific barriers to diabetes self-care regimen (cognitive ability, language, cultural, psychosocial, physical, economic, etc.)
 9. Conduct diabetes-specific physical assessment (lower extremities, injection and blood glucose monitoring sites, blood pressure, weight, height, body mass index, acanthosis nigricans, etc.)
 10. Assess laboratory and patient collected data (blood glucose, A1C, lipid profile, renal/liver function, trends, meter, pump, sensor, etc.)
- C. Assess Current Knowledge and Practices Related to Diabetes Care (20)
 1. Diabetes knowledge and self-management skills
 2. Nutritional habits (food and beverage choices, portion sizes, timing of meals and snacks, eating environment, etc.)
 3. Exercise/physical activity history and/or level
 4. Monitoring techniques and equipment (blood glucose and ketones, etc.)
 5. Record keeping activities (blood glucose, food, activity, etc.)
 6. Medication administration (oral and injectable medications administration technique, use of delivery systems, timing and dosage of medication, adherence, etc.)
 7. Use of health care resources (health care professionals, insurance, etc.)

II. Intervention (112)

- A. Collaborate with Patient/Family/Caregiver/Healthcare Team to Develop: (14)
 1. Individualized diabetes education plan based on assessment (learning objectives, sequence of information, selection of content, communication, etc.)
 2. Instructional methods (discussion, demonstration, role playing, simulation, electronic media, etc.)
 3. Behavioral goals
- B. Teach/Counsel Regarding Principles of Diabetes Care (70)
 1. General issues
 - a) Classifications and diagnosis (ADA Guidelines)
 - b) Modifiable risk factors (lifestyle behaviors, etc.)
 - c) Pathophysiology (auto-immunity, MODY, insulin resistance, fuel metabolism, etc.)
 - d) Interaction of physical activity, food, medication, and stress
 - e) Treatment options (choices, availability, cost, risk/benefit, etc.)
 - f) Goals of treatment (blood glucose, A1C, blood pressure, lipids, quality of life, prevention, etc.)
 - g) Purpose of laboratory tests (A1C, lipids, kidney and liver function tests, etc.)
 2. Living with diabetes
 - a) Psychosocial adaptation (coping skills, depression, anxiety, etc.)
 - b) Role/responsibilities of care (patient, family members, team, etc.)
 - c) Decision making/behavior change skills
 - d) Safety (sharps disposal, medical ID, driving, etc.)
 - e) Hygiene (dental/skin/feet, etc.)
 - f) Social/Financial issues (employment, insurance, disability, etc.)
 3. Metabolic monitoring
 - a) Glucose (testing sites, meter selection, sensor, etc.)
 - b) A1C
 - c) Blood pressure
 - d) Regimen and record keeping (pattern management, etc.)
 - e) Lipids/cholesterol
 - f) Liver/Renal monitoring (liver function studies, microalbuminuria, creatinine, etc.)
 4. Nutrition principles and guidelines
 - a) American Diabetes Association nutrition recommendations (meal planning, macro/micronutrients, etc.)
 - b) Carbohydrates in blood glucose control (postprandial blood glucose, food source, sugar substitutes, fiber, carbohydrate counting, etc.)
 - c) Lipid management (total fat, saturated fat, monounsaturated fat, etc.)
 - d) Protein intake (renal disease, wound care, etc.)

- e) Food and medication integration
- f) Food label interpretation (nutrition facts, ingredients, health claims, etc.)
- g) Alcohol
- h) Principles of weight management
- i) Changes in daily schedules (problem-solving)
- j) Special considerations (gastroparesis, celiac, etc.)
- 5. Physical activity
 - a) Benefits, barriers, and precautions
 - b) Exercise/activity plan
 - c) Post exercise delayed onset hypoglycemia
 - d) Food/medication/monitoring adjustment
- 6. Pharmacologic management of diabetes
 - a) Medications (insulin, oral and injectable medication administration, side effects, etc.)
 - b) Delivery systems (pump therapy, devices, etc.)
 - c) Medication adjustment
 - d) Drug interactions
 - e) Non-prescription preparations (over the counter drugs, supplements, vitamins, minerals, herbals, etc.)
- 7. Acute complications: prevention and treatment
 - a) Hypoglycemia (glucose tablets, glucagon, etc.)
 - b) Hyperglycemia (inpatient, outpatient, etc.)
 - c) Diabetic ketoacidosis (DKA)
 - d) Hyperglycemic hyperosmolar nonketotic syndrome (HHNS)
- 8. Chronic complications: prevention and treatment
 - a) Screening and prevention of complications (smoking, hypertension, etc.)
 - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
 - c) Sexual dysfunction
 - d) Neuropathy (autonomic, peripheral, etc.)
 - e) Nephropathy
 - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
 - g) Lower extremity problems (foot ulcers, Charcot foot, etc.)
- 9. Special management issues
 - a) Honeymoon period, dawn phenomenon, Somogyi effect
 - b) Hypoglycemia unawareness
 - c) Sick days
 - d) Surgery and special procedures
 - e) Travel
 - f) Geriatrics populations
 - g) Pre-conception planning, pregnancy, and gestational diabetes
 - h) Co-morbidities (hypertension, depression, thyroid disease, celiac, obesity, etc.)
 - i) Dental and gum disease
 - j) Skin problems (wound care, yeast infection, ulcers, etc.)
 - k) Changes in usual schedules (shift, religious and cultural customs, etc.)
 - l) Assistive and adaptive devices (talking meter, magnifier, etc.)
 - m) Sleep apnea

- 10. Interpret current diabetes research and translate findings into practical applications
- C. Review, Evaluation, Revision, and Documentation (14)
 - 1. Interpret weight changes, blood glucose, food, medication, and physical activity records
 - 2. Evaluate effectiveness of teaching in the following:
 - a) Achievement of objectives
 - b) Progress towards behavioral goals
 - c) Self-management skills
 - d) Psychosocial adaptation
 - 3. Document results of assessment, intervention, and outcomes
 - 4. Establish an ongoing plan for achieving and evaluating objectives and behavioral goals
- D. Follow-up and Referral Recommendations (14)
 - 1. Identify problems requiring intervention by other health care professionals
 - a) Medical nutrition therapy
 - b) Exercise prescription
 - c) Mental health
 - d) Medical care (foot care, dilated eye exam, pre-conception counseling, etc.)
 - e) Financial and social services
 - f) Risk reduction (smoking cessation, obesity, preventative services, etc.)
 - g) Medication consult
 - h) Discharge planning, home care, community resources (visual, hearing, language, etc.)
 - 2. Facilitate communication between patient, providers, and referral source to ensure health care and education needs are addressed
 - 3. Facilitate access for diabetes support: groups, camps, community resources, etc.

III. Program Development and Administration (18)

- A. Diabetes Patient Education Program (8)
 - 1. Perform needs assessment (target population, etc.)
 - 2. Develop curriculum (identify program goals, content outline, lesson plan, teaching materials, etc.)
 - 3. Choose teaching methods and materials for target populations
 - 4. Market and promote diabetes patient education program
 - 5. Maintain patient information/demographic database
 - 6. Ensure patient confidentiality (HIPAA, etc.)
 - 7. Promote standards of care
 - 8. Implement infection control principles
- B. Evaluate Outcomes and Quality (6)
 - 1. Program outcomes (number of people served, provider satisfaction, patient satisfaction, effectiveness of diabetes education materials, etc.)
 - 2. Patient outcomes (behavior changes, A1C, lipids, weight, quality of life, ER visits, decreased work absences, etc.)
 - 3. Continuous quality improvement activities
- C. Promote Diabetes Advocacy (4)
 - 1. Health fairs
 - 2. Workplace (identify and eliminate discrimination)

Appendix IV

Sample Examination Questions

1. In persons with diabetes, the symptoms of serious psychological depression may resemble
 - A. the “dawn phenomenon”.
 - B. the onset of nephropathy.
 - C. symptoms of chronic hypoglycemic episodes.
 - D. symptoms of chronic high blood glucose levels.
2. According to the most recent American Diabetes Association Guidelines, a diagnosis of diabetes mellitus may be confirmed by the findings of
 - A. weight loss.
 - B. polydipsia and polyuria.
 - C. two random plasma glucose levels of 145 mg/dL.
 - D. two fasting plasma glucose levels of 135 mg/dL.
3. According to the most recent American Diabetes Association Nutrition Guidelines, the recommended fat content for a diabetes meal plan is
 - A. individualized.
 - B. 10% of calorie intake.
 - C. 30% of calorie intake.
 - D. dependent on patient’s age.
4. According to DCCT participants striving for good control, some adverse effects of intensive treatment were
 - A. multiple injections causing lipohypertrophy.
 - B. marked hormonal changes requiring more insulin.
 - C. weight gain and risk of severe hypoglycemia.
 - D. insulin resistance caused by hyperinsulinemia.
5. Metformin is an oral 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. reduces hyperglycemia in persons with diabetes, but does not lower blood glucose levels in persons who do not have diabetes.
 - D. results in weight gain and increase in plasma insulin levels.
6. Which of the following is a major clinical feature of hyperosmolar hyperglycemic nonketotic syndrome?
 - A. large ketones
 - B. profound dehydration
 - C. nausea and vomiting
 - D. severe acidosis
7. A 25 year-old female is on a basal/bolus regimen using Lantus® (insulin glargine) at bedtime and Humalog® (insulin lispro) before meals. For the past 5 days, her morning fasting blood glucose tests have been consistently high, but all other blood glucose tests during the day have remained in her suggested target range. Which of the following changes in insulin regime would MOST likely be recommended?
 - A. increase the evening meal Humalog® (insulin lispro) dose
 - B. increase the bedtime Lantus® (insulin glargine) dose
 - C. decrease the evening meal Humalog® (insulin lispro) dose
 - D. decrease the bedtime Lantus® (insulin glargine) dose
8. One of the most important keys to successful management of type 2 diabetes is teaching the person
 - A. meal planning.
 - B. regular urine testing.
 - C. signs and treatment of hypoglycemia.
 - D. selection and use of over-the-counter medications.
9. A 48-year-old man with type 2 diabetes wants to begin an exercise program. He has had diabetes for 8 years, takes no medication, monitors blood glucose twice a day, has no complications from diabetes, is 130% of ideal body weight, and follows a 1500 calorie diet. What adjustments to food intake, if any, should be suggested to him?
 - A. He should carry a fast-acting carbohydrate with him.
 - B. He should increase his diet by 300 calories to prevent hunger during exercise.
 - C. He should increase his carbohydrate intake before exercising.
 - D. There should be no change in diet.
10. A 14 year-old female is currently on insulin pump therapy. It is noted that her hemoglobin A1C is 14%. She insists that she boluses for her insulin based on suggested insulin/ carbohydrate ratios and insulin sensitivity factors. What is the MOST likely reason for her high A1C?
 - A. The insulin/carbohydrate ratios for meals need to be increased.
 - B. The insulin sensitivity factor needs to be decreased.
 - C. Her infusion sets need to be changed more frequently.
 - D. She forgets to bolus for meals and snacks.

CORRECT ANSWERS TO SAMPLE QUESTIONS

- | | | | |
|------|------|------|-------|
| 1. D | 4. C | 7. B | 10. D |
| 2. D | 5. C | 8. A | |
| 3. A | 6. B | 9. D | |

Appendix V

References

The reference list found on this page may be of help in preparing for the Examination. There has been no attempt to include all acceptable references nor is it suggested that the Examination is necessarily based on these references. Individuals wishing to obtain any of the cited references should contact the organization or company that publishes them. It should not be inferred that Examination questions are necessarily based on any particular book or journal or that studying particular references or attending any review course guarantees a passing score on the Examination. (See “Content of Examination” and “Studying for the Examination” sections on [page 14](#) for additional information.)

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Wolpert, H.A., Anderson, B.J., Weisberg-Benchell, J. Transitions in Care: Meeting the Challenges of Type 1 Diabetes in Young Adults (2009). Alexandria, VA: American Diabetes Association.

Application Instructions for the Examination

NOTE: CDEs and any individuals with lapsed CDE® credentials who wish to apply for the Examination online will want to have their certificate/CDE number available prior to starting the application process. This eight digit number can be found on the NCBDE certificate, wallet card, or on the top line of the mailing address information on the *NCBDE News*. Individuals may also contact the NCBDE national office, (877) 239-3233, (847) 228-9795 or info@ncbde.org (include name, last 4 digits of social security number, and mailing address information) to obtain their CDE numbers.

Who can apply online?

- 1) Any initial applicant who is applying under a qualifying license or registration;
- 2) Any individual whose CDE® credential lapsed prior to 2011 who is applying under a qualifying license or registration;
- 3) Any current CDE who can document meeting the renewal practice requirement; and
- 4) Any individual whose CDE® credential lapsed in 2011 who can document meeting the renewal practice requirement.

Who cannot apply online, but is welcome to apply using the paper application?

- 1) Any initial applicant who is applying under an advanced degree in social work;
- 2) Any individual whose CDE® credential lapsed prior to 2011 who is applying under a qualifying advanced degree in social work.
- 3) Any current CDE® who CANNOT document meeting the renewal practice requirement; and
- 4) Any individual whose CDE® credential lapsed in 2011 who CANNOT document meeting the renewal practice requirement.

If submitting via paper, send the following:

- Parts I and II
- Application fees
- (ONLY as required) Official Transcripts
- (ONLY as required) Summary of Continuing Education Activities Form (Obtained from NCBDE national office). Needed by
 - 1) current CDEs who CANNOT document meeting the renewal practice requirement OR 2) any individual whose CDE® credential lapsed in 2011 who CANNOT document meeting the renewal practice requirement.

Mail the application to:

Applied Measurement Professionals, Inc. (AMP)
CDE® Examination Application
18000 West 105th Street
Olathe, KS 66061-7543

EXAMINATION APPLICATION CHECKLIST

Use this checklist to ensure that you have completed all required procedures before submitting your application.

- Have you reviewed the eligibility requirements to ensure that all requirements have been completed prior to applying for either initial or renewal of certification?
- Have you reviewed the appropriate deadlines for submission?
- Have you completed all required sections of Parts I and II of the application, including your signature in ink?
- Only for initial applicants and those whose credentials lapsed prior to 2011:** If applying with an advanced degree in social work, have you included an official transcript indicating that the degree was awarded and the date conferred?
- Only for current CDEs who CANNOT document meeting the renewal practice requirement OR those whose credentials lapsed in 2011 who CANNOT document meeting the renewal practice requirement:** Have you included a Summary of Continuing Education Form identifying completion of 75 hours of continuing education activities per the guidelines?
- Have you completed all necessary information in Part I, Section 13 and included a check or money order, payable to AMP, if necessary?
- Have you kept copies of all application materials for your files?
- Optional:** Send application by certified mail or traceable courier service. (See "Adherence to Published Policies" section, [page 10](#).)

Retain this checklist and a copy of your application for your records. Under no circumstances are applications, including copies, returned to applicants.

Blank



Certification Examination for Diabetes Educators

SUBMISSION OF APPLICATION

When completed, mail the application, required documentation, and fee(s) to: AMP, CDE® Examination Application, 18000 W. 105th Street, Olathe, KS 66061-7543. Applications **must** be sent ONLY to AMP.

1 NAME: FIRST	MI

2 NAME: LAST	GENERATION

3 GENDER
<input type="radio"/> MALE
<input type="radio"/> FEMALE

4 SOCIAL SECURITY NUMBER

5 DATE OF BIRTH		
MONTH	DAY	YEAR
		1 9

6 WORK TELEPHONE NUMBER
AREA CODE

7 HOME TELEPHONE NUMBER
AREA CODE

8 E-MAIL ADDRESS: This address will be used by AMP and NCBDE in relation to the Examination application process. Be sure to add @goAMP.com and @ncbde.org to your "safe senders" list for incoming email messages.

9 STREET ADDRESS (Abbreviate if necessary.)	APT, PO, ETC. (Abbreviate if necessary.)

10 CITY	STATE

11 ZIP CODE/POSTAL CODE

12 COUNTRY
<input type="radio"/> UNITED STATES
<input type="radio"/> CANADA
<input type="radio"/> OTHER: _____

13 APPLICATION FEE
Refer to Fees, page 10, for fee schedule.
Indicate total payment amount _____
Indicate payment method.
<input type="radio"/> Check (personal, corporate or cashier's check payable to AMP)
<input type="radio"/> Money Order (payable to AMP)
If payment is made by credit card, complete the following:
<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover
Credit Card Number: _____
Expiration Date: _____
Name as it appears on card: _____
Signature: _____

15 RENEWAL OF CERTIFICATION
CDE® Certificate Number: [] [] [] [] [] [] [] [] [] [] Expiration Year: [] [] [] []
If your name has changed, under what name did you previously certify? (please print clearly)

Renewal Practice Requirement (See Renewal Practice Requirement, Page 7)
Check one: <input checked="" type="radio"/> I meet the renewal practice requirement.
<input type="radio"/> I do not meet the renewal practice requirement; documentation of required continuing education is included with the application.
(go to 18)

16 LAPSED (credential expiration date of 2011 or earlier)
<input type="radio"/> Credential lapsed in 2011
<input type="radio"/> Credential lapsed prior to 2011
CDE® Certificate Number: [] [] [] [] [] [] [] [] [] [] Expiration Year: [] [] [] []
If your name has changed, under what name did you previously certify?

(go to 18)

14 TYPE OF APPLICATION
<input type="radio"/> Renewal – current CDE® (go to 15 – Renewal)
<input type="radio"/> Lapsed – CDE® credential expired (go to 16 – Lapsed)
<input type="radio"/> Initial (go to 17 – Initial)

17 INITIAL CERTIFICATION
<input type="radio"/> No <input checked="" type="radio"/> Yes – Have you taken the Certification Examination before?
If yes, under what name, if different from sections 1 and 2?

(go to 18)

FORMS

18 SPECIAL ACCOMMODATIONS

No Yes I require special disability related accommodations during testing.
If yes, please complete the *Request for Special Accommodations* form (included in the Handbook) and submit it with your application and fee.

19 INTERNATIONAL TEST CENTER REQUEST*

No Yes Are you applying for an International Test location?
Please list the location of choice from the list provided at www.goAMP.com. Only the sites listed will be considered. This list is subject to change due to availability. You will be contacted by an AMP representative to determine the scheduled date.
International Site: _____
*Individuals testing outside the U.S. or its territories will be required to pay an additional \$160 fee.

20 PROFESSIONAL DISCIPLINE INFORMATION

Individuals who meet both Section A and Section B (See Eligibility Requirements for Initial Certification [page 5](#)) **must apply** under Section A. current license or registration.

SECTION A: LICENSE OR REGISTRATION

Indicate the license or registration under which you are applying.

- Clinical Exercise Physiologist (RCEP)
- Clinical Exercise Specialist (CES)
- Clinical Nurse Specialist (CNS)
- Clinical Psychologist (LP)
- Doctor of Medicine (MD)
- Doctor of Optometry (OD)
- Doctor of Osteopathy (DO)
- Doctor of Podiatric Medicine (DPM)
- Nurse Practitioner (NP)
- Occupational Therapist-Registered (OTR)
- Physical Therapist (PT)
- Physician Assistant Certified (PA-C)
- Registered Dietitian (RD)
- Registered Nurse (RN)
- Registered Pharmacist (RPh w/ baccalaureate degree)
- Registered Pharmacist (RPh w/ Doctor of Pharmacy degree)

SECTION B: ADVANCED DEGREE

Indicate the advanced degree under which you are applying.

- Social Work
- (Renewal ONLY) Nutrition
- (Renewal ONLY) Health Education
- (Renewal ONLY) Public Health
- (Renewal ONLY) Exercise Physiology
- (Renewal ONLY) Clinical Psychology

An official transcript that indicates the degree, date awarded and area of concentration/major must be submitted by (1) those applying for initial certification (see Eligibility Requirements for Initial Certification, [page 5](#)), and (2) previously certified individuals whose credentials have lapsed and who are not applying for the Examination in the year immediately following the credential expiration (see Eligibility Requirements for Individuals Whose CDE® Credentials Expired Prior to 2011, [page 6](#).)

21 PROFESSIONAL INFORMATION

- | | |
|---|--|
| <p>A.1. Primary Practice Setting</p> <ul style="list-style-type: none"> <input type="radio"/> Hospital Inpatient Only <input type="radio"/> Hospital Outpatient Only <input type="radio"/> Both Hospital Inpatient/Outpatient <input type="radio"/> Physician's Office <input type="radio"/> Community Health Agency <input type="radio"/> Private Practice <input type="radio"/> Home Health Agency <input type="radio"/> Other (specify): _____ <p>A.2. Secondary Practice Setting</p> <ul style="list-style-type: none"> <input type="radio"/> Hospital Inpatient Only <input type="radio"/> Hospital Outpatient Only <input type="radio"/> Both Hospital Inpatient/Outpatient <input type="radio"/> Physician's Office <input type="radio"/> Community Health Agency <input type="radio"/> Private Practice <input type="radio"/> Home Health Agency <input type="radio"/> Other (specify): _____ <input type="radio"/> Not Applicable <p>B. Experience in Diabetes Self-Management Education</p> <ul style="list-style-type: none"> <input type="radio"/> 2 years or less <input type="radio"/> Over 2 years to 5 years <input type="radio"/> Over 5 years to 10 years <input type="radio"/> More than 10 years <p>C. Percent of Time Spent Providing Diabetes Self-Management Education</p> <ul style="list-style-type: none"> <input type="radio"/> Less than 25% <input type="radio"/> 26% to 50% <input type="radio"/> 51% to 75% <input type="radio"/> More than 75% <p>D. Highest Education Level Achieved</p> <ul style="list-style-type: none"> <input type="radio"/> Associate Degree (Nursing) <input type="radio"/> Diploma in Nursing <input type="radio"/> Baccalaureate Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree <input type="radio"/> Medical Degree | <p>E. Delivery Method for Diabetes Self-Management Education</p> <ul style="list-style-type: none"> <input type="radio"/> Face to face only <input type="radio"/> Electronic only (e.g., telephone, internet) <input type="radio"/> Face to face and electronic <p>F. Do you wish your name and address to be made available to those requesting use of NCBDE mailing lists?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>G. Ethnicity</p> <ul style="list-style-type: none"> <input type="radio"/> Do not wish to answer <input type="radio"/> Native American/ Native Alaskan <input type="radio"/> Asian/Asian-American/ Pacific Islander <input type="radio"/> African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Caucasian <input type="radio"/> Other (Specify) _____ <p>H. Preferred Salutation (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Mrs <input type="radio"/> Mr <input type="radio"/> Dr |
|---|--|

22 CONFIRMATION OF AUDIT

Applications may be chosen for audit at any time; however, NCBDE also identifies applications on a regular basis to verify eligibility requirements. If your application is chosen for audit, you will receive a notice. Individuals chosen for audit must be able to document that they met all of the requirements in place at the time of application. The audit process must be successfully completed prior to allowing the individual to schedule an Examination appointment. Instructions and documents for submission of audit materials will be provided and responses must be received by the identified deadline dates.

I attest that I have read the above and will provide necessary audit materials as requested. _____ initials

23 SIGNATURE (Sign and date in ink the statement below.)

I certify that I have read, understand and agree to abide by the contents of the *Certification Examination for Diabetes Educators Handbook*, and that the information provided on my NCBDE Application and any and all documents submitted by me or others in connection herewith are complete and accurate. I authorize NCBDE and its representatives to take any steps they deem necessary to verify the completeness and accuracy of the information provided, including but not limited to contacting education institutions, employers, supervisors and referral sources. I understand and agree that if any of this information is found to be incomplete or inaccurate, or if I otherwise violate any of the NCBDE policies in the Handbook, my application may be rejected, or my Examination results delayed in processing, not released, or invalidated by NCBDE. I understand and agree that NCBDE and its authorized representatives may use the email address provided as a primary communication method for the pre- and post-Examination process.

Signature: _____ Date: _____

ELIGIBILITY VERIFICATION – Complete only 1 of the 2 boxes – Submit this page with Part I.

Initial Certification Eligibility Verification – The eligibility requirements below apply to individuals pursuing initial certification and individuals whose CDE® credentials lapsed prior to 2011. For CDEs renewing their credentials or individuals whose credentials expired in 2011, please complete the Renewal of Certification Eligibility section below.

A. DISCIPLINE REQUIREMENT VERIFICATION – The discipline requirement to apply for the Examination is identified below. I verify that I meet the discipline requirement as outlined below and, if applying under requirement 1. or 2., my license or registration will be current, active and unrestricted through the date of the Examination:

1. Clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician (M.D. or D.O.) or podiatrist holding a current, active, unrestricted license from one of the United States or its territories.
OR
2. Dietitian holding active registration with the Commission on Dietetic Registration, physician assistant holding active registration with the National Commission on Certification of Physician Assistants, exercise specialist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Specialist®, or exercise physiologist holding active certification as an American College of Sports Medicine Registered Clinical Exercise Physiologist®.
OR
3. Health care professional with 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.

AND

B. PROFESSIONAL PRACTICE EXPERIENCE VERIFICATION – The professional practice experience requirements to apply for the Examination are identified below. I verify that I meet all of the following requirements.

NOTE:

- Only experience occurring AFTER meeting the Discipline requirement (A. above) and before the date of application can be counted toward the Professional Practice Experience requirements.

1. Minimum of two (2) years to the day of professional practice experience in the discipline under which the individual is applying for.

AND

2. Minimum of 1000 hours of DSME experience **with a minimum of 40% of those hours (400 hours) accrued in the most recent year preceding application.**

In meeting the hourly requirement*, professional practice experience is defined as employment for compensation (in the United States or its territories within the past 4 years) for job responsibilities that include the direct provision of DSME, as defined by NCBDE.

- DSME must meet the definition as published in the Handbook. Diabetes related functions performed as part of or in the course of other routine occupational duties may not be counted. See Handbook, *page 6*, for examples of experience not considered DSME for purposes of certification.
- All professional practice experience in DSME must be paid employment positions. For purposes of this application, volunteer activities*, including diabetes camp, are not considered employment positions. *Exception: *Qualifying hours accrued under the Diabetes Educator Mentorship program will also be accepted.*

AND

3. Minimum of 15 clock hours of continuing education activities applicable to diabetes within the two (2) years prior to applying for certification. See Continuing Education Guidelines, *pages 19-20*, for the details on this requirement.

I attest that I have read the above and meet all of the requirement(s). _____ initials

OR

Renewal of Certification Eligibility Verification – The eligibility requirements below apply to current CDEs renewing their credentials or individuals whose credentials expired in 2011.

A. DISCIPLINE REQUIREMENT VERIFICATION

I continue to hold the license or registration for the same discipline held at the time of initial certification. This license or registration will be current, active and unrestricted through the date of the Examination.

AND

B. RENEWAL PRACTICE REQUIREMENT VERIFICATION – The renewal practice requirement to apply for the Examination is identified below.

NOTES:

- For purposes of renewal of certification, practice means providing a direct or indirect professional contribution to the care and self-management education of people with diabetes. Refer to Renewal Practice Requirement, *page 7*, for details.
- The professional practice experience must have taken place in the United States or its territories.

I verify that I meet the following requirement*: providing a minimum of 1,000 hours of professional practice experience at the time of application beginning no earlier than January 1, 2008.

Check one box ONLY and initial as required:

- I attest that I have read the above and meet BOTH the discipline and the renewal practice experience requirements. _____ initials

*For CDEs who wish to maintain certification, or for individuals who wish to reinstate their credentials after letting their credentials lapse, but do not or cannot meet the practice requirement, there is only one renewal option. It will be necessary to demonstrate knowledge of current standards and practices by successfully documenting 75 hours of applicable continuing education activities and passing the Examination. See Continuing Education Guidelines, *pages 19-20*, for details on this requirement.

- I attest that I have read the above and meet the discipline requirement, but am NOT ABLE to document meeting the professional practice requirement. I understand that I must successfully document the required continuing education activities and pass the Examination to renew my credential in 2012. I have enclosed a Summary Form of Continuing Education Activities. _____ initials

Blank

Request for Special Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodations will be treated with strict confidentiality. Not all accommodations can be made in a short time frame. You must allow reasonable time for AMP to provide the requested accommodations.

Applicant Information

Last 4 digits of Social Security # _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

**Return this form with your examination application and fee to:
AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at (888) 519-9901.**

Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity
Candidate Name Date

as a _____
My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Date: _____

License # (if applicable): _____

**Return this form with your examination application and fee to:
AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at (888) 519-9901.**

Transfer of Application

Directions: Use this form to transfer your application to the next window (one time only). Complete all requested information. This form and \$100 fee must be received by AMP no later than thirty (30) days prior to your scheduled appointment date. Requests received less than 30 days prior to scheduled appointments will not be honored. Note: Refer to Withdrawals and Refunds section, a), page 11, for the details.

Last 4 digits of Social Security # _____

 First Name MI Last Name Other Name Used

 Street Address or PO Box

 City State Zip Code Country

 Home Phone Work Phone Cell Phone

 E-mail Address

Fee: \$100

Payment Method: Acceptable forms of payment include personal check, money order, cashier check and credit card. If paying by credit card, please provide the following information:

VISA MasterCard American Express Discover

 Credit Card Account Number Expiration Date (Month/Year)

I agree to pay above amount according to card issuer agreement.

 Signature Date



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**National Certification Board
for Diabetes Educators
330 E. Algonquin Road, Suite 4
Arlington Heights, IL 60005
Voice (877) 239-3233 or (847) 228-9795
Fax (847) 228-8469
www.ncbde.org • info@ncbde.org**