

# Test Taking Coaching Session

April 2026

Beverly Thomassian, RN, MPH, BC-ADM, CDCES

Pronouns: She, her, hers

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

# We are Here to Help!



Bryanna Sabourin  
Director of Operations

If you have questions, you can chat with us at [www.DiabetesEd.net](http://www.DiabetesEd.net)  
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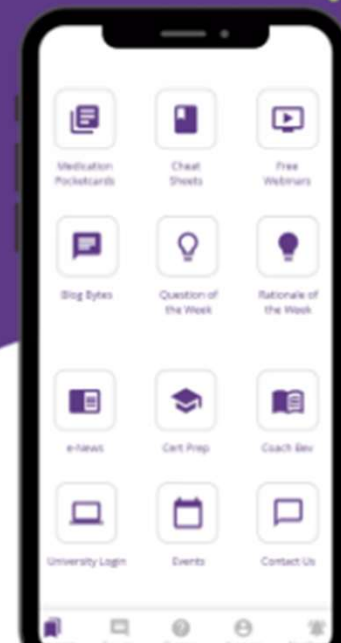
You have been asking for it, and are please to announce that we have delivered.

Challenge yourself with one or both sets of 25 Practice Test questions written by the experts.



## Free Tools all in One Place

Once-click access to free webinars, cheat sheets, and study materials



# Take a Practice Test – Learn how to “work” test questions

- ▶ Weed through the details
- ▶ Make sure you REALLY understand key intent of question
- ▶ Find the stem
  - ▶ Identifies key intent of the question
- ▶ Read all the options or answers
- ▶ Eliminate obvious wrong answers
- ▶ Select **BEST** option



# Look for Clues in The Answers

- ▶ Answers with the following words are usually **incorrect**:  
always, never, all, none, only, must, and completely
- ▶ Answers with the following words are usually **correct**:  
seldom, most, generally, tend to, probably, usually



# Getting to the Right Answers



- ▶ Do not leave any answers blank
- ▶ Look for clues in the question
- ▶ Don't get lured in by juicy answers
- ▶ Avoid imposing your life experience into the question/answer
- ▶ Keep breathing – Get up and move
- ▶ Even simple math problem should be worked out on scratch paper

# Almost to the Finish Line

- Listen to Preparing for CDCES or BC-ADM  
FREE Webinars
  - CDCES
  - BC-ADM
- Dive Deep into Standards of Care with Level 2 Online Courses
- ADA Standards
- Imagine your self calm but energized
- Keep breathing, stand up and stretch, write it down



# Poll Question 1

- ▶ AT is a 43-year old newly started on insulin in the hospital. What survival topic that is essential for AT to know before discharge?
  - a. managing insulin doses when traveling across time zones
  - b. how to adjust his insulin dose before exercise
  - c. signs of hypoglycemia
  - d. how to adjust insulin dose based on carbohydrates consumed



# Poll Question 2

- ▶ What best describes the ADA recommended fat guidelines for people with diabetes?
  - a. Limit saturated fat to less than 7%
  - b. Fat quality is more important than quantity.
  - c. Avoid trans fats, saturated fat to less than 7%, cholesterol to less than 300 mg a day.
  - d. Avoid all deep fried foods.

# Training Programs with Invited Expert Speakers



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See registration page for more details



**Dr. Diana Isaacs**

PharmD, BCPS, BCACP, CDCES, BC-ADM, FADCES, FCCP



**Beverly Thomassian**

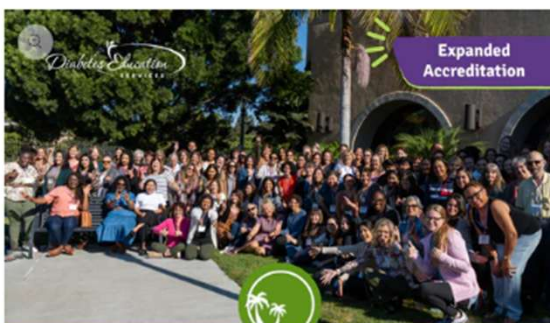
RN, MPH, CDCES, BC-ADM



**Christine Craig**

MS, RDN, CDCES

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Speaker: Coach Beverly Thomassian, RN, MPH, BC-ADM, CDCES



Speaker: Diana Isaacs, PharmD, BCPS, BCACP, CDCES, BC-ADM, FADCES, FCCP

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Complete: Reg. + Printed Syllabus + ADCES Review Guide e-book + ADA Standards book

# Join Us Live In San Diego Oct 22-23, 2026.

# Poll Question 3

- ▶ TR is taking 15 units of NPH at bedtime and 4 units of humalog before each meal. TR is experiencing about 3 episodes of hypoglycemia a week, usually before lunch. What initial change in self-management would you recommend?
  - a. decrease the NPH dose by 2 units
  - b. decrease the humalog before breakfast
  - c. ask TR to monitor 2 hour post-prandial glucose levels
  - d. ask TR to increase carbohydrate intake by 15 gms at breakfast

# Poll Question 4

- ▶ JR is 47 years old and who just got lab results from their annual physical. Their fasting plasma glucose result was 129 mg/dL. The provider is worried that JR might have diabetes and sent them to back to the lab to check their A1C, which came back 6.4%.
- ▶ According to the ADA Standards, to most accurately assess if JR has diabetes, which of the following follow-up actions is recommended?
  - A. Recheck the A1C in 3 months.
  - B. Order a meter for JR, so they can check fasting and post-prandial glucose for one month.
  - C. Evaluate JR for immune mediated diabetes antibodies.
  - D. Recheck the fasting blood glucose.

# Poll Question 5

- ▶ MJ is a 78-year-old with type 2 diabetes taking 2 daily insulin injections. Since MJ lives alone, which of the following is MOST important to assess:
  - a. ability to check urine ketones
  - b. ability to accurately inject insulin
  - c. level of activity
  - d. level of social support

# Poll Question 6

- ▶ The ADA Standards of Care includes expanded content on the prevention and treatment of hypoglycemia.
- ▶ **Based on the updated guidelines for the treatment of hypoglycemia, which of the following is true?**
  - ▶ If individual has one or more episode of clinically significant hypoglycemia, consider short-term relaxation of glucose goals.
  - ▶ If blood glucose is less than 70 mg/dL, treat with a combination of fast acting glucose and protein to sustain blood glucose levels.
  - ▶ Avoid use of glucagon emergency treatment for those with type 2 diabetes to prevent rebound hyperglycemia.
  - ▶ In community settings, check blood sugar to verify hypoglycemia before providing glucagon emergency treatment.



# Poll Question 7

- ▶ **Which of the following is an accurate ADA Standard of Care?**
- ▶ Evaluate B12 levels for Individuals on long-term metformin therapy at least yearly.
- ▶ Screen people with diabetes, caregivers, and family for diabetes distress at least annually.
- ▶ Provide COVID 19 immunizations annually to people with diabetes starting at age 18.
- ▶ Test for type 1 autoimmunity annually starting at age 5 for those with family history of autoimmune conditions.

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# Poll Question 8

- ▶ Hyperglycemia during hospitalization is associated with poor outcomes due to
  - a. Increased counterregulatory hormones and decreased insulin.
  - b. Increased nitric oxide levels
  - c. Increased risk of alkalosis
  - d. Decreased insulin resistance and increased counterregulatory hormones.



# Poll Question 9

- ▶ MR weighs 100kg. According to the 50/50 Basal Bolus formula, what would be their basal dose and per meal bolus?
  - A. 50 units basal, 16 units bolus per meal
  - B. 25 units basal, 8 units bolus per meal
  - C. 50 units basal, 8 units bolus per meal
  - D. 25 units basal, 18 units bolus per meal

# Poll Question 10

- ▶ Which of the following statements best reflect the goal of glucose management in the hospital setting.
  - a. Avoid use of basal insulin to prevent hypoglycemia.
  - b. Oral medications are never recommended.
  - c. Patients admitted with a blood glucose greater than 126 mg/dL, need basal bolus therapy.
  - d. Start Insulin therapy if BG is greater than 180 x 2.

# Poll Question 11

- ▶ Under Medicare guidelines, which of the following statements is most accurate?
  - a. People with diabetes can re-take the group classes every calendar year with approval from their referring provider.
  - b. Medicare Part A will cover the costs of Diabetes Self Management Program
  - c. People with type 2 diabetes are covered for 100 strips every 3 months.
  - d. Under Medicare, only group classes are reimbursed.

# ADA or ADCES Recognized Program

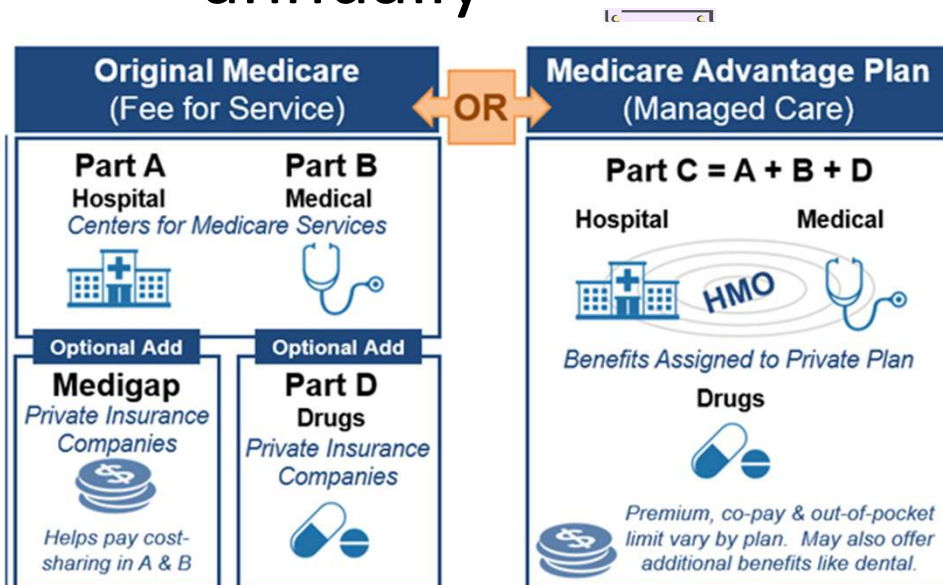
DSME & Medical Nutrition Therapy – Medicare Part B Covers 80%

## ▶ MNT

- ▶ 3 hours initial benefit in first calendar year
- ▶ 2 hours follow-up annually

## ▶ DSME

- ▶ 1 hour individual assess
- ▶ 9 hours group (once in a lifetime)
- ▶ 2 hours follow-up annually (starts on Month 13 after first DSME Bill)
- ▶ Billing Codes
  - ▶ G0108- 1:1
  - ▶ G0109 – Group (2-20 people)



# Poll Question 12

- ▶ Which of the following studies demonstrated that keeping A1c less than 7% decreased risk of complications for type 2?
  - ▶ United Kingdom Prospective Diabetes Study
  - ▶ Diabetes Control and Complications Trial
  - ▶ Diabetes Prevention Program
  - ▶ Trial for Diabetes in Youth



# Cheat Sheets & Stretch



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Language that Respects the Individual and Imparts Hope

From the Gut to the Butt – Exploring the GI System  
Health Impact of Adverse Childhood Experiences  
Mindfulness Webinar for Diabetes Specialists  
Behavior Change Theory Made Easy  
Strategies to Revitalize your Diabetes Program or Business  
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### Downloadable Resources

Cheat Sheet for Diabetes  
Pocketcards | Insulin & Diabetes Meds  
CDCES Coach App  
DiaBingo | Diabetes Bingo for FREE



### Keep Informed

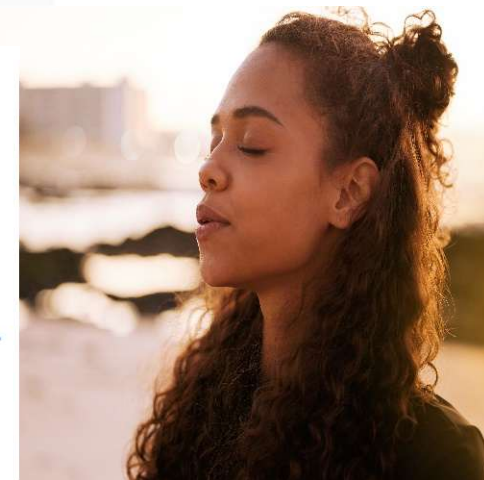
Monthly Newsletter | Sign-Up & Archives  
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## Landmark Studies to Know for Diabetes Certification Exams

- **DCCT and EDIC** - [Blood Glucose Control Studies for Type 1 Diabetes: DCCT and EDIC](#) - showed that keeping A1c below 7% for Type 1s reduced risk of eye, kidney and nerve disease by up to 76%.
- **UKPDS** - [Implications of the United Kingdom Prospective Diabetes Study](#) – showed that keeping A1c and BP on target for those with type 2 reduces risk of death and complications by up to 35%.
- **DPP** - [Diabetes Prevention Program \(DPP\)](#) - showed that those with prediabetes who exercised and lost 5-7% of body wt, reduced risk of getting type 2 by 58%.
- **Legacy Effect**. [The "Legacy Effect" in Diabetes – The Long-Term Benefits of Short-Term, Tight Glucose Management](#) - followed the participants in DCCT and UKPDS and found that early A1c control reduces macro and microvascular complications over 20-30 years, even though A1c trends up.

## Landmark Studies

A short cheat sheet that highlights the major diabetes trials and the significant findings.



# Poll Question 13

- ▶ MR is started on the following insulin regimen: 22uNPH/10uReg before breakfast, 5u Reg before dinner and 10uNPH before bedtime. Evening blood glucose levels are running 180 - 210 mg/dl. Which of the following changes would best help get bedtime glucose levels to goal?
- a. Increase before dinner NPH insulin
  - b. Increase am NPH insulin
  - c. Increase the dose of regular insulin before dinner by 30%
  - d. Evaluate carbohydrate intake at dinner

# Poll Question 14

- ▶ What professional instructional staff are required to establish a recognized diabetes program?
  - a. At least one health care professional with a CDCES
  - b. A RN and a RD, one of which has a CDCES
  - c. Either a RN, RD or PharmD with recent education in diabetes
  - d. A health care professional with chronic disease management experience

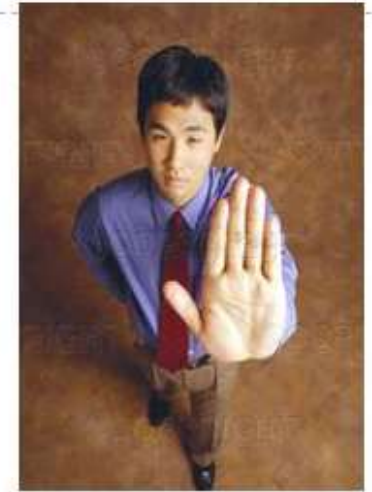
# Poll Question 15

▶ AJ arrives at the educator's office for individual assessment with new glucose meter and says, “I’m not sure if I am ready to start checking”. Using the transtheoretical model, what stage of change is AJ in?

- a. Denial
- b. Contemplation
- c. Precontemplation
- d. Readiness



# Transtheoretical Model - Readiness determines Approach



## PreContem- plation:

Raise doubt  
Re: status  
quo.

Info?

## Contemplation

Explore +  
resolve  
ambivalence.  
Focus on  
gains

## Preparation:

Committed to  
change just  
needs to know  
how!

## Action/Maint:

Who-What-  
When-Where  
Encourage &  
Plan

## Relapse or Stuck

Support-plan-  
reframe?

OOOOOPS

**NOPE!**

*Maybe*

**OK! I want to!**

**I'm Doing It! x 6m**



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Join us May 8<sup>th</sup> for Live or  
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# Poll Question 16

- ▶ Which of the following statements is true regarding preconception care for women with existing diabetes:
  - a. spontaneous abortion rates have been found to correlate with A1c values during the first trimester.
  - b. preconception glucose levels can eliminate the risk of congenital anomalies and spontaneous abortion.
  - c. most people with type 1 and type 2 diabetes achieve optimal glycemic levels prior to pregnancy.
  - d. major malformations occur after 12 weeks gestation.

# Poll Question 17

- ▶ MS has type 2 diabetes and A1c of 6.3%. Takes canagliflozin (Invokana) and follows a meal plan. In discussing preconception care, the specialist will suggest which of the following?
  - a. Delay conception until achieves a 25 pound weight loss
  - b. Discontinue canagliflozin and start on insulin
  - c. Start on prenatal vitamins
  - d. Discontinue canagliflozin and start glyburide

# Poll Question 18

- ▶ Which of the following is a correct retinopathy screening guideline according to the American Diabetes Association.
  - a. For both Type 1 and Type 2 diabetes, a dilated eye exam needs to be done upon diagnosis.
  - b. Eye screenings must be provided in-person by an experienced Ophthalmologist or Optometrist.
  - c. Laser photocoagulation is needed for those with non-proliferative retinopathy.
  - d. New onset type 2 diabetes requires a dilated eye exam upon diagnosis.

# Poll Question 19

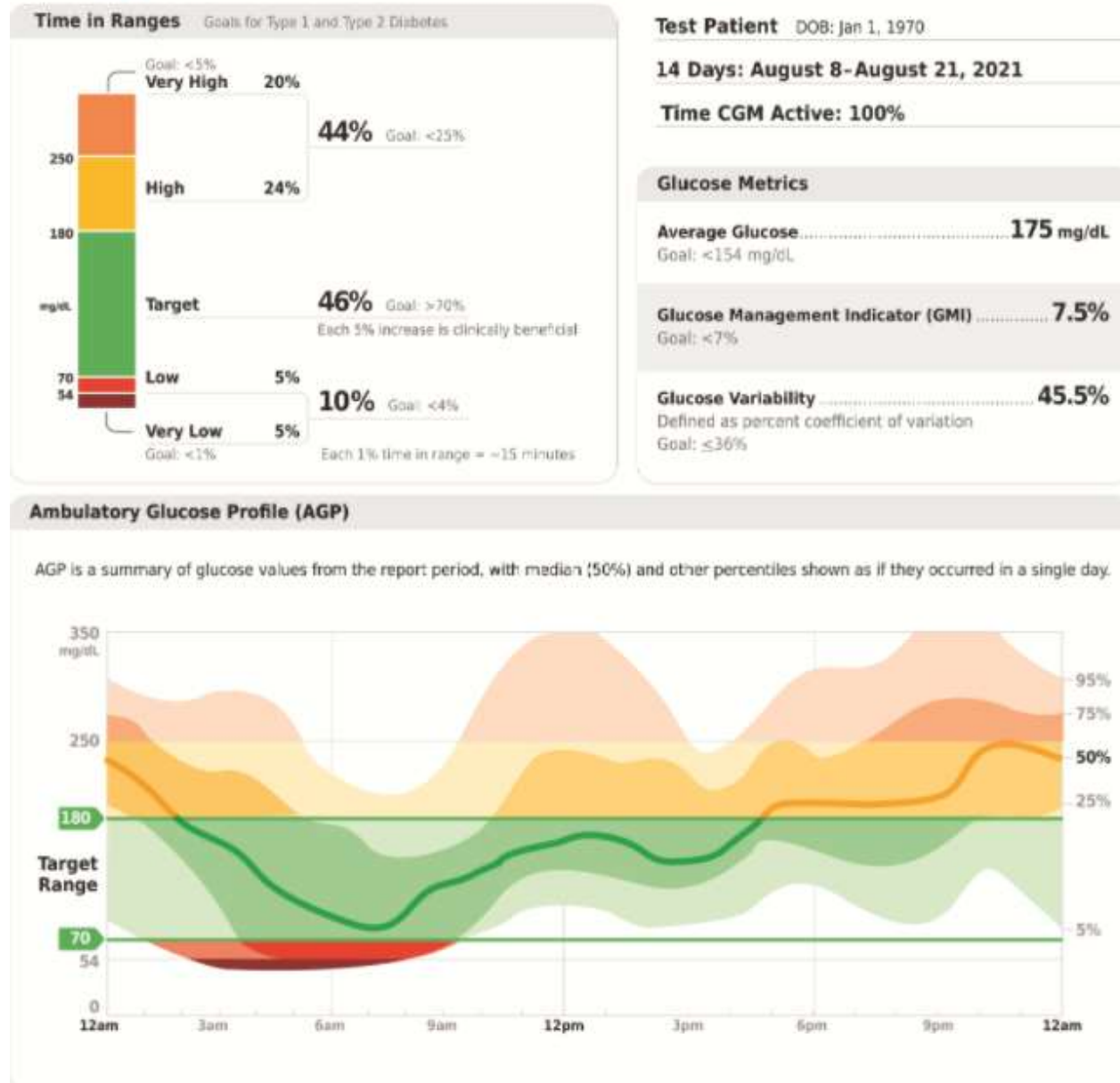
- ▶ Mr. J is an 89 year old, who lives alone and has mild retinopathy. A1c is 9.7% and provider has written a prescription to start on intensive insulin therapy. The prescription reads - 3 units of lispro before each meal and 10 units of glargine at bedtime. Pt to add 1 unit of lispro to mealtime dose for every 50 points BG above 150. What would be the best first response to this situation?
- a. Contact prescribing provider and ask to change regimen to 10 units of 70/30 BID.
  - b. Start by instructing on how to safely withdrawal and inject insulin.
  - c. Assess ability to inject 4 times a day and calculate insulin dose based on blood glucose.
  - d. Assess knowledge of hypoglycemia identification and treatment.

## Poll Question 20 – type answer

- ▶ MS is on an insulin pump. Insulin-carb ratio at breakfast is 1:12 and at lunch and dinner 1:15. For breakfast she plans to eat 2 slices of bacon, 3/4 cup of berries, 1 slice of bread with a little butter and some yogurt (12gms carb). How much insulin is needed to cover the carbs?
  - a. 3.5 units
  - b. 3 units
  - c. 3.75 units
  - d. 4.0 units

# Bonus Question

## AGP Report: Continuous Glucose Monitoring

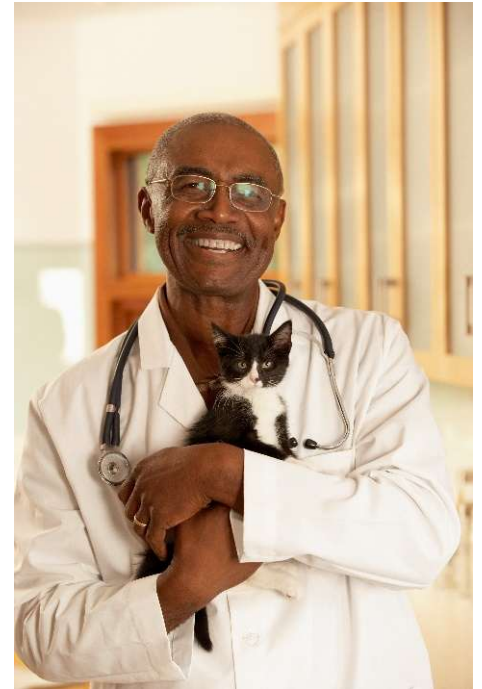


Based on this report, which of the following is an accurate statement?

- A. Individual is on target for very low blood sugars.
- B. Glucose variability is above target range.
- C. Glucose management indicator reflects how many standard deviations from target.
- D. Person is not wearing CGM for enough time to get accurate readings.

# Poll Question 21 – type answer

- ▶ KL is a 24 year is being treated for DKA. What is the most important action to take before the insulin drip is stopped?
  - a. Start IV drip of 5% dextrose
  - b. Monitor for hypokalemia
  - c. Make sure there is a glucagon emergency kit in the room
  - d. Give sub-q insulin



# Poll Question 24 – type answer

- ▶ JR wants to lose weight in the next 30 days by drinking less juice. There are 100 calories per glass of juice and JR usually drinks 3 glasses a day. How much weight would JR lose by only drinking 1 glass a day?
  - a. 0.85 pounds
  - b. It depends on the type of juice
  - c. 1.7 pounds
  - d. 3000 calories

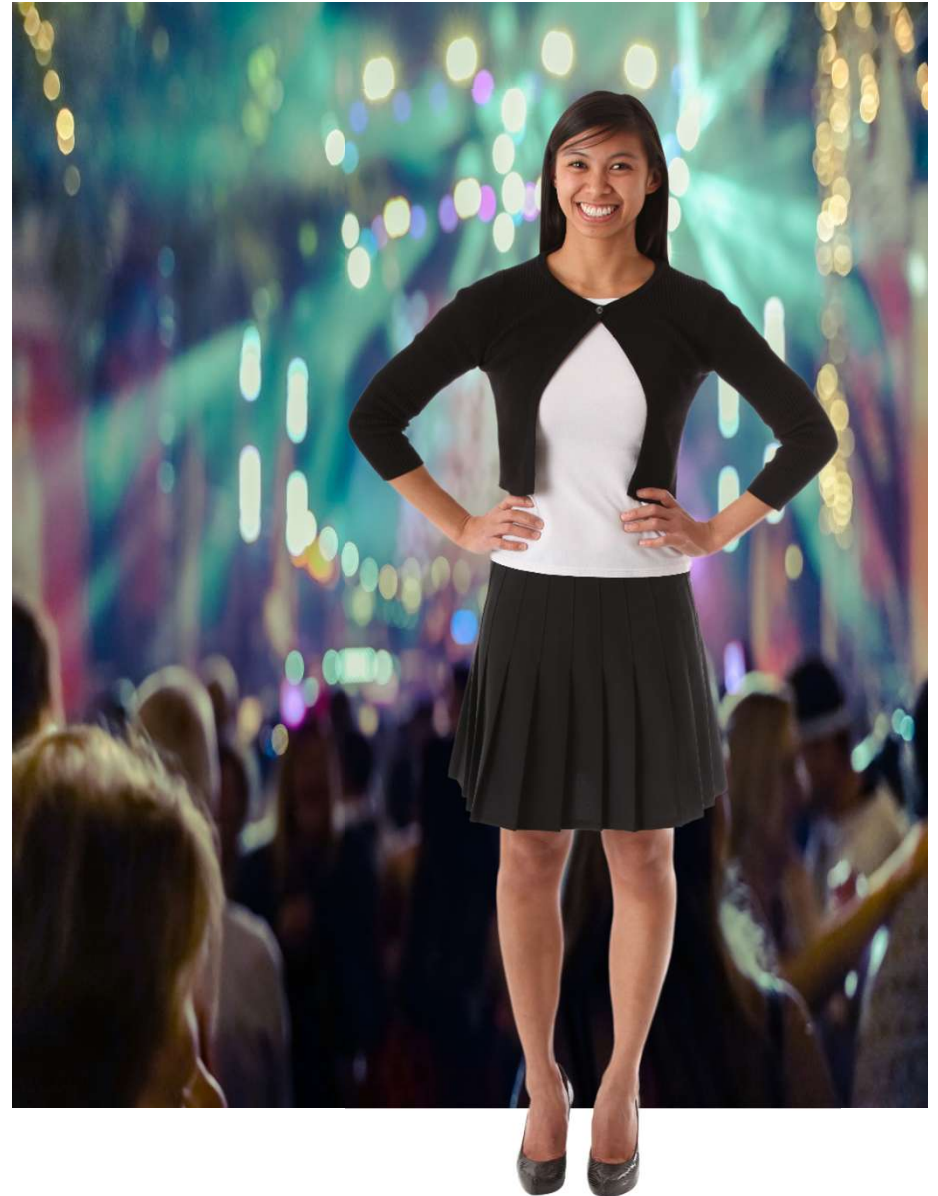
# Last Note – Facts to Know (Class 6)

- ▶ Fat - 9 cal per gm
- ▶ Carb – 4 cal per gm
- ▶ Protein – 4 cal per gm
- ▶ Alcohol - 7 cal per gm
- ▶ Common food carb count
- ▶ Milk is 12 gms of carb
- ▶ Alcohol serving sizes
- ▶ 1 lb = 3,500 cal
- ▶ 7,500 to 10,000 steps recommended a day
- ▶ 2000 steps = 1 mile



# Note from Bev, Bryanna & Team

- ▶ We love and value your participation
- ▶ Remember you have a whole community of educators cheering you on during the exam and beyond.
- ▶ WonderPerson pose
- ▶ You have an important message to share
- ▶ Keep in touch!





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- Jan. 15th, 2026 | Class 4: Insulin Therapy & Pattern Management
- Jan. 20th, 2026 | Class 5: Goals of Care
- Jan. 22nd, 2026 | Class 6: Hypoglycemia, Sick Days, & Monitoring

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Level

**1**

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## Level 2 – Diabetes Standards Ready for Viewing

### Complete Standards Overview

- Jan. 29, 2026 | Standards 1 - 16: ADA Standards of Care Complete Review

### ADA Standards 1 through 5

- Feb. 10, 2026 | Standards 1 & 5: Improving Care and Promoting Health
- Feb. 12, 2026 | Standards 2 & 6: Hyperglycemic Crises (DKA, HHS & EDKA)
- Feb. 17, 2026 | Standard 3 & 5: National Standards for Diabetes Self-Management Education and Support
- Feb. 24, 2026 | Standard 4: Comprehensive Medical Eval & Assessment of Comorbidities
- Apr. 17th, 2026 | Standard 7: Tech Toolkit | Insulin, Pumps and Sensors with Dr. Diana Isaacs
- Feb. 26, 2026 | Standard 8 & 9: Pharmacologic Approaches to Glycemic Management & Obesity
- Mar. 5, 2026 | Standard 10: Cardiovascular Disease and Risk Management
- Mar. 10, 2026 | Standards 11 & 12: Chronic Kidney Disease, Retinopathy, Neuropathy
- Mar. 12, 2026 | Standard 12: Lower Extremity Assessment
- Mar. 17, 2026 | Standard 13: Older Adults & Diabetes
- Mar. 19, 2026 | Standard 14: Children and Adolescents
- Mar. 24, 2026 | Standard 15: Management of Pregnancy in Diabetes
- Mar. 26, 2026 | Standard 16: Diabetes Care in the Hospital



**Standards of Care Intensive**

**Level**

**2**



## Level 3 – Diabetes Mastery Exam Prep Ready for Viewing

- March 30th, 2026 | Class 1: Diabetes | Not Just Hyperglycemia
- April 1st, 2026 | Class 2: Standards of Care & Cardiovascular Goals
- April 6th, 2026 | Class 3: Meds for Type 2 | What you need to know
- April 8th, 2026 | Class 4: Insulin Therapy | From Basal/Bolus to Pattern Management
- April 21st, 2026 | Class 5: Insulin Intensive & Risk Reduction | Monitoring, Sick Days, Lower Extremities
- April 23rd, 2026 | Class 6: Microvascular Complications & Exercise | Screen, Prevent, Treat
- April 27th, 2026 | Class 7: Medical Nutrition Therapy
- April 29th, 2026 | Class 8: Coping & Behavior Change
- April 30th, 2026 | Class 9: Test-Taking Coach Session (75+ Practice Questions)  
| No CEs





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- April 17, 2026 | Class 1: CardioRenal Risk Reduction Toolkit
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- May 14, 2026 | Class 4: Type 2 Diabetes Intensive
- June 11, 2026 | Class 5: 3 Steps to DeFeet Amputation; Assess, Screen, & Report

## Insulin Calculations & Pattern Management:

- June 16, 2026 | Class 6: Insulin Calculation Workshop | From Pumps & Beyond
- June 18, 2026 | | Class 7: Solving Glucose Mysteries for Type 1
- June 23, 2026 | Class 8: Solving Glucose Mysteries for Type 2
- June 20, 2026 | Class 9: Basal Bolus Therapy in Hospital

## Bonus Course:

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Advanced Level & Specialty Topics

Level

4

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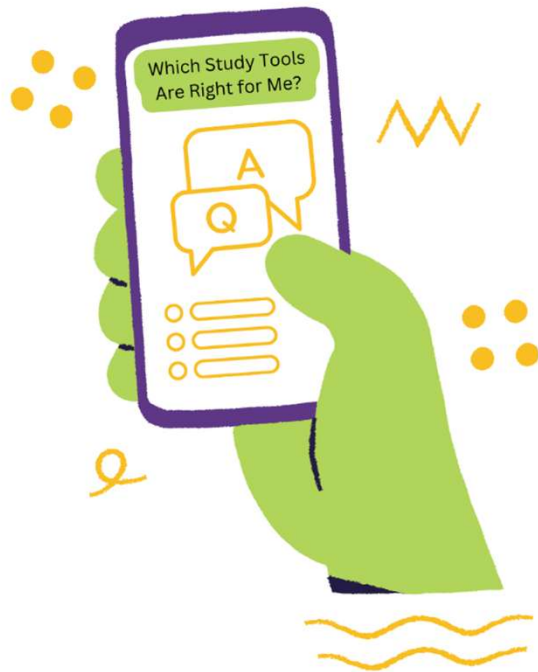
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## Certification Exam Study Group

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# You are Going to Do Great!



# Thank You



25  
years

I wanted to let you know that after using your Diabetes Ed Specialist Deluxe Prep Bundle, I passed the exam last month on the first try! I wouldn't have known where to start without these resources and I plan to continue my growth and learning from you in the future. Thank you so much for your help and direction! 😊

Athena Cameranesi, RD, CDCES



► After the exam, please share your experience with us.



I am notoriously a high anxiety test taker. I tend to overthink and over analyze answers. I do the thing they always tell you not to when taking exams, I change my answers last minute. I actually was hesitant to take the BC-ADM exam for this reason. However, due to the pandemic, I had some extra time to study and I became pregnant with my second son. So, I felt like it is was a now or never situation.

I had heard of DiabetesEd program before when I was looking up resources to help study for the exam. I went ahead and bought the BC-ADM prep package that includes Level 2 through Level 4 education sessions, resources, and CE credits. I figured, if I don't pass, at least I will have obtained a substantial amount of CE credit.

In going through the sessions, I feel Beverly is a great presenter. She went more in-depth in topics compared to some other CE credits I have taken that just seem to skim the surface. I recommended a lot of the ones I took to my fellow CDCES friends. Many signed up for them. I did about 1 session every other day over 3 months. I felt the most beneficial one for me was Boot Camp 9 in Level 3 "The Big Finish", which went over test questions. I felt her going through the questions and explaining how to narrow it down to the right answer, really helped in improving my test-taking skills.

Finally, when it came down to the exam I felt more prepared than I have for other tests. There were a few questions on the exam that I forgot to study. However, it is mentioned in the BC-ADM study packet, so you'll want to use all your resources.

Once I passed, I was so excited! This is a major achievement on so many levels for me, and I am proud to now be apart of this elite group!

Peggy Boswell MPH, RD, LD, CDCES