Preparing to Take the Board Certification in Advanced Diabetes Management (BC-ADM) Exam 2026 with 2027 Updates

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Pronouns: She/her/hers
www.DiabetesEd.net

We are Here to Help!

Bryanna Sabourin
Director of Operations

https://diabetesed.net/preparing-to-take-bc-adm-webinar-and-resource-page/

If you have questions, you can chat with us at www.DiabetesEd.net or call 530 / 893-8635 or email at info@diabetesed.net

Land Acknowledgment

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

DiabetesEd.net Website Orientation

PocketCards

NEW CDCES Coach App

Question of the Week
& Sample Questions

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

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Diabetes Education Services Inclusion Statement

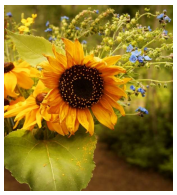
Based on the IDEA Initiative inspired by CDR

- Inclusion
- Diversity
- Equity
- Access

- We are committed to promoting diversity and inclusion in our educational offerings.
- We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- We are committed to practicing cultural humility and cultivating our cultural competence.
- We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Topics

- Qualifications to take the exam
- Changes Coming! 2027 Updates
- Applying for exam
- Exam content
- Study strategies
- Test taking tips
- Resources



BC-ADM* Cert Book 2026

CBDCE
Certification Board for Diabetes Care and Education

2026

Certification Examination

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

Handbook

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

www.CBDCE.org

*Board Certification – Advanced Diabetes Management

Definition of BC-ADM

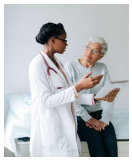
Handbook

- Skillfully manages complex needs and assists people at risk for and with diabetes and other cardiometabolic conditions with therapeutic problem solving.
- Within their discipline's scope of practice and licensure, those with BC-ADM® certification may adjust (and in some cases, prescribe) medications, treat, and monitor acute and chronic complications and other comorbidities, counsel people living with diabetes on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.

Holding the BC-ADM® credential does not confer a change in scope beyond current licensure or registration.

Potential Benefits of BC-ADM

- Available to multiple disciplines (nurses, dietitians, pharmacists, physician/DO's, and PAs)
- Increases marketability in job search
- Increases the visibility of the profession and organization
- Helps to fulfill increased need for advanced clinicians to manage the growing population of individuals with diabetes
- Personal satisfaction



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Your questions

- What are the changes coming in 2027.
- How many months do you need to study for the exam?
- What's the purpose of being certified as both a CDCES and BC-ADM?
- Will I need to re-take the exam every so many years or is it renewed by CEU?
- What is the best study prep?

CDCES Vs BC - ADM

CDCES BC-ADM

CDCES	BC-ADM
CDCESs educate and support people affected by diabetes. They help people and their families: • Understand and manage the condition • Achieve behavioral and treatment goals • Optimize health outcomes	BC-ADM holders manage complex patient needs*: • Assist people at risk for and with diabetes and other cardiometabolic conditions with therapeutic problem-solving • Adjust/prescribe medications • Treat and monitor acute and chronic complications and other comorbidities • Counsel on lifestyle modifications • Address psychosocial issues • Participate in research and mentoring *Within their discipline's scope of practice and licensure

Initial Qualifications for BC-ADM- 2026

Eligibility Criteria	Nurse	Dietitian	Pharmacist	PA (Physician Assistant/ Physician Associate)	Physician
License/ Registration	Current, active RN and/or advanced practice nursing license	Current, active dietitian nutrition registration	Current, active pharmacist license	Current active physician assistant license	Current active MD/DO license
Advanced Degree	Master's or higher degree in a relevant clinical, educational, or management area	Master's or higher degree in a clinically relevant area	Master's or higher degree in Pharmacy	Master's or higher degree in a relevant clinical, educational, or management area	MD/DO degree
Experience	500 clinical practice hours within 48 months prior to applying for certification examination. (Clinical hours must be earned after relevant licensure/registration and advanced degree was obtained)				
Level of Practice	Skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their discipline's scope of practice, healthcare professionals may adjust (and in some cases prescribe) medications, treat, and monitor acute and chronic complications and other comorbidities, counsel on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.				

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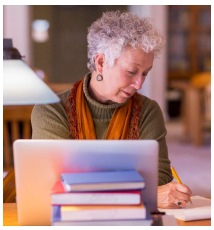
Summary of Changes starting in 2027



- **Prescribing Focus**: New applicants must have prescribing power or formal collaborative agreements.
- **New Exam Matrix**: Updated exam content launches in 2027.
- **Shorter Renewal Cycle**: Decreases from 5 years to 3 years.
- **CE Hours**: 45 hours every 3 years (instead of 75 hours every 5 years)
- **Renewal Practice Hours**: Shifts from 1,000 hours to 600 hours every 3 years.
- **Fixed Price**: The renewal fee stays flat at $500 every 3 years.
- **Grandparenting Protection**: Current certificate holders keep their status regardless of new baseline rules.

Consider Taking Exam in 2026

- **Why Take the Exam by December 2026?**
  - **Automatic Grandparenting**: Everyone who passes the exam before 2027 will be automatically grandfathered into the credential. You will completely bypass the stricter updated eligibility requirements that go into effect on January 1, 2027.
  - **Familiar Exam Format**: The exam, in its current form, will be administered for the last time in December 2026. A brand new, updated exam outline and structure will debut during the June 2027 testing window.
  - **Extended 5-Year Renewal Cycle**: Passing the exam in 2026 secures you one final traditional 5-year renewal cycle. New applicants and future renewals after 2027 will be automatically transitioned to a shorter, more frequent 3-year renewal cycle.
  - **Get prepared and lock in your credential under the current framework** to save you from adapting to a brand new exam layout and a shortened renewal timeline later.
- **The deadline to apply for the December BC-ADM exam is November 1st**. This gives you 4 solid months of study time!

Applying to take the BC-ADM Exam

Applying for BC-ADM Certification

Applicants will apply for the BC-ADM certification online through Meazure Learning. Candidates will need to first create an online profile with Meazure Learning. Follow the prompts to create an online profile that will serve as the basis for all interaction with Meazure Learning.

Click https://www.cbdce.org/bcadm-portal to begin the BC-ADM application process.

EXAMINATION APPLICATION FEES AND DEADLINES

Testing Window	Application Fee[1]	Application Deadline[2]	Notes
June 1-30	$600 (equivalent to $120/year for 5 years)	May 1 Late: up to May 15 +$50 late fee	Includes the processing of the exam registration and one testing appointment. A second testing appointment in the next test window will incur retest fees.[3]
December 1-31	$600 (equivalent to $120/year for 5 years)	November 1 Late: up to November 15 +$50 late fee	Includes the processing of the exam registration and one testing appointment. A second testing appointment in the next test window will incur a retest fee.[3]

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RETAKE FEES (NONREFUNDABLE)

Candidates who do not pass the certification examination may retake the exam in the next consecutive testing window (second testing appointment to retake exam can only occur once per year). For 2026, the examination retake fee is $220.

What application materials do I need to submit if audited? (10% random)

- Completed application including
  - Proof of Licensure
  - Documentation of 500 Advanced Practice Clinical Hours (within last 48 months) with attestation
  - Diploma of Master's level (or higher)
  - Payment
    - $600 for intial
    - Recertification $500

Test Site or Live Online Proctoring (LOP)

Results will be mailed within 6 weeks after the CLOSE of the testing window

Can retake test for fee 2xs in yr for a discounted rate of $220.

CONTACT INFORMATION

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Morrisville, NC 27560
919.572.6880
Email: candidatesupport@meazurelearning.com
Web: www.meazurelearning.com

Exam Details 2026

- 175 questions - 25 are pretest questions and are **not** counted in the determination of individual examination scores.
- Candidates score is based solely on the 150 scored questions
- Testing time is 3.5 hours.
  - Minimum passing standard on the BC-ADM® examination is set using a method called the Modified Angoff technique.
  - A diverse panel of professionals who possess the BC-ADM certification are involved in the process of setting the passing standard.
  - CBDCE does not offer the option of having BC-ADM® exams rescored or to appeal the pass/fail result

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BC-ADM Exam Content - 2026

Of the 175 questions, 150 are scored questions and 25 are pre-test questions. Inclusion of these pre-test questions allows for collection of meaningful statistics about new questions, but are not used in the determination of individual Examination scores. These questions are not identified and are scattered throughout the Examination so that candidates will answer them with the same care as the questions that make up the scored portion of the Examination. This methodology assures candidates that their scores are the result of sound measurement practices and that scored questions are reflective of current practice. A candidate's score, however, is based solely on the 150 scored questions.

Areas that are included on the examination as well as the percentage and number of questions in each of the major categories of the scored portion of the examination are shown in the chart below.

Category	Domains of Practice	Percent	No. of Questions
I	Assessment and Diagnosis	30%	45
II	Planning and Intervention	33%	50
III	Evaluation and Follow-up	23%	34
IV	Population Health, Advocacy, and Professional Development	14%	21

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

1. Therapeutic interviews – 4
2. Comprehensive assessment of PWD – 5
3. Physiology and pathophysiology relating to prediabetes, diabetes and comorbidities – 5
4. Self-care behavior, mental health assessment - 4
5. Social determinants of health - 4
6. Standards of diabetes care – ADA /AACE – 5
7. Analysis of complex data sets – 5
8. Synthesis of information from test/assess – 5
9. Perform Screening and diagnostic criteria – 4
10. Formulate and prioritize problem list – 4

II. Planning and Intervention – 34%

1. Standards of Care re: intervention – 4
2. Incorp behavior change models - 4
3. Medical Nut Therapy Knowledge – 4
4. Pharmacologic therapy – 5
5. Surgical Options for DM Management – 3
6. Technology Options (Pump, CGM, etc) – 4
7. Individualization/ Priority of Care – 4
8. Collaboration, Referral and Coordination – 4
9. Establish self-care goal, improve outcomes – 4
10. Refer to mental health for psychosocial – 4
11. Interventions for special pops – 4
12. Manage diabetes in hospital/transitions – 4
13. Engage in telehealth services (CMS) - 3

III. Evaluation and Follow-Up – 23%

1. Standards of Care ADCES, ADA, AACE, ACOG, Endocrine Society – 9
2. Use technology devices to collect, analyze and inform judgements - 7
3. Review treatments and outcomes, explain results – 9
4. Evaluate and adjust treatment plan accordingly - 9

IV. Population Health, Advocacy, Professional Development - 20

1. Regulatory, accreditation/recognition disease management, reimbursement and standards (JACHO, HEDIS, ERP, DEAP, CMS, OSHA, CLIA, HIPPA)- 3
2. Program development and CQI – 2
3. Community needs - 2
4. Public health initiatives – 2
5. Engage in scholarly activities -2
6. Incorporate tech to individualize care - 4
7. Advocate for person first language – 3
8. Display leadership qualities -3

Stretch Break – Half Way There

Suggested Study Steps

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

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

- The BC-ADM® exam measures both
- foundational knowledge such as interviewing and teaching techniques, but the major focus is on
- clinical management: physical assessment, pharmacology, complications, and comorbidities.

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Getting Ready for Exam 3-4 months

- **Filling gaps in Foundational Knowledge**
- Resources for exam prep for the CDCES exam typically provide foundational information, e.g. national standards, medication use and teaching skills.
- While they are not the focus of the BC-ADM® exam, foundational knowledge is helpful for meeting some of the content listed in the exam content outline.
- **Filling gaps in advanced management knowledge**
- Knowing the American Diabetes Association's Standards of Care in Diabetes and other guidelines for management of diabetes and other comorbidities is critical.
- Regional activities updating primary care providers in diabetes are also good sources for reviewing current practice standards.
- You can search online to see if any specific continuing education activities are available on topics of interest.

Handbook

Your questions

- What are the most important study tools?
  - Level 2, 3 & 4 Diabetes Ed Online University
  - ADA Standards
  - ADCES Review Guide
  - Test Taking Toolkit

[e-Book] ADCES e-Book Bundle: Desk Reference & Review Guide – 7th ed.

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

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

$ 49.00

Quantity – 1 +

Add to Cart

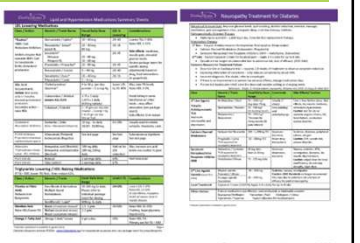
Quantity Discount	Discount
Buy 3 +	15% Off

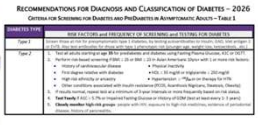
•On-Demand course, reviews a sampling of the questions and explains how to dissect the question, eliminate the wrong answers and avoid getting lured in by juicy answers.
•220 questions in total divided into Four 50+ computerized quizzes. These quizzes include clinical practice exam questions that provide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

Helpful FREE Webinars

Cheat Sheets – DiabetesEd.net

- Links to Summary Pages
  - Medications for Lipid Management
  - Medications for Hypertension
  - Management of Neuropathy
- Diabetes Medication PocketCards
- CDCES Coach
- AACE Guidelines





BC-ADM Resource Page

www.DiabetesEd.net > FREE > BC-ADM

New CDCES Coach App – Download Yours Today!

The CDCES Coach app equips you with certification exam study tools and clinical resources- right at your fingertips!

Download on Apple Store | Download on Google Play

Download our New CDCES Coach App Today!

- **Fresh new design with easier navigation.**
  - Forums to connect with your peers
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  - Quizzes *with* rationale for in-app purchase
- **One-click access to go-tools tools including:**
  - Medication PocketCards
  - Cheat Sheets
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  - Webinars
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- **Works on all devices:**
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New Quizzes with Rationale for In-app Purchase Option

✨ 25 Practice Test Questions *with* Rationale – Only $9.99! ✨

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

Test Taking Tips

- Try not overanalyze or "read into" a question. Questions are not written to be tricky.
- Avoid adding in additional information beyond what is given in the test question. All information necessary to answer the question will be given in the text of the question or scenario.
- Remember that this is an international test. The questions will be based upon an accepted knowledge base. Choose options that you know to be correct in any setting.
- When guessing, use the process of elimination. Treat each option as a true or false statement and eliminate those that you would not select.
- Budget your time. 3.5 hours to complete 175 questions.
- Skip difficult questions and come back to them later. Questions on the test are not ordered by difficulty (i.e., they do not go from easiest to hardest).
- Also, content areas (the domains) and topics are addressed randomly in questions throughout the test

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Managing Test Anxiety

- Measures to reduce your stress during the examination.
- Deep-breathing techniques and be sure to stretch your muscles periodically to reduce both physical and mental stress.
- If necessary, take a few minutes to imagine a calm, pleasant scene, and repeat positive phrases.
- Eat well, avoid too much alcohol, and maintain a regular sleep pattern for several days before the examination to help you to be physically prepared.
- Also, on the day before you take the test, collect all the supplies you will need and choose comfortable clothing.

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Sample Question -1

- A healthy adolescent with 2 year history of type 1 DM returns for a quarterly appt. For the past month, they have experienced abdominal pain and diarrhea after some high carb meals. An advanced diabetes manager's first intervention is to order a:
  - A. Transglutaminase Autoantibody Test
  - B. 72-hour fecal fat collection
  - C. Colonscopy
  - D. Stool Sample

Poll Question 2

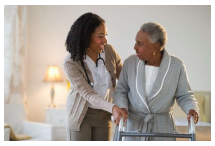
- MS is having trouble sleeping and complains of waking up with frequent nightmares. Insulin dose includes 5-8 units of Novolog at breakfast and dinner and 12 units of NPH bedtime. Complains that before bed blood sugar is often greater than 300, so takes extra insulin before going to bed to bring it down. What is your best response?
  - a. Instruct MS to decrease the NPH insulin by 2 units to prevent nocturnal hypoglycemia.
  - b. Contact provider and request to discontinue NPH and start Lantus instead.
  - c. Assess if MS is having a snack before checking bedtime blood glucose level.
  - d. Instruct how to safely adjust dinner time Novolog to prevent hyperglycemia at bedtime.

Poll Question 3

The rates of gestational diabetes (GDM) are increasing in the United States. Which of the following is true?
A. Children born to people with GDM have lower rates of type 1 diabetes.
B. Risk of GDM can be decreased by getting to healthy weight pre-pregnancy
C. GDM is defined as elevated blood glucose levels discovered anytime during pregnancy
D. People with GDM can control glucose through diet changes only

Poll Question 4

- Hyperglycemia during hospitalization is associated with poor outcomes due to
  a. Abnormal co-regulation of nitric oxide
  b. Increased free fatty acids, ketones and lactate
  c. Ketone production associated with alkalosis
  d. Increased insulin resistance and insulin secretion and decreased counterregulatory hormones.



5. JR, 40-year-old has a 10-year history of diabetes

- Injects 16 units of NPH and 8 units lispro (Humalog) before breakfast, and 8 units of NPH, and 4 units of lispro (Humalog) before dinner. BG pattern is:
  - fasting blood glucose is 100
  - pre-lunch is 240 mg/dL;
  - pre-dinner is 210 mg/dL
  - bedtime is 150 mg/dL.

The advanced diabetes manager recommends:

a. Adding 2 units of Humalog before breakfast.
b. Adding 4 units of Humalog before dinner.
c. Adding 2 units of Humalog before lunch.
d. Decreasing the evening NPH insulin by 2 units.

Sample Question 6

ML takes 16 units glulisine before breakfast and lunch. Takes 16-20 units before dinner depending on BG levels. ML also takes 42 units of glargine at hs.
How many vials of glulisine does ML need a month?

A. 1.5 vials
B. 2 vials
C. 2.8 vials
D. 3 vials

Sample question 7

- A 54-yr-old, BMI 32 with type 2 diabetes, A1c 8.3%, history of HTN with a UACR of 38mg/g and GFR of 49. Meds include Glipizide, Metformin and levothyroxine. Given his risk status, which 3 classes of meds should they be taking according to ADA Standards?

a. Insulin, aspirin and ACE Inhibitor.
b. TZD, ARB and bolus insulin.
c. Beta blocker, stop metformin and add statin.
d. ARB, statin, SGLT-2 Inhibitor

Sample question 8

Current recommendations for screening for Type 2 diabetes and prediabetes in asymptomatic young adults include elevated BMI plus:

a. Individuals with a HDL of 52 mg/dl
b. Polyendocrine Metabolic Ovarian Syndrome (PMOS)
c. Individuals with a history of Addison's disease
d. Offspring with a parent with type 1 diabetes

Sample question 9

RS observes Ramadan and fasts from sunrise to sunset. RS is 13 years old, has type 1 diabetes, uses an insulin pump and CGM. RS's insulin-to-carb ratio is 1:12 and correction is 1:45. Basal settings range from 0.5 -1.2 units an hour. What would be the best recommendation for RS to keep blood sugars in target range during Ramadan?

a. See if RS can get a note from their doctor to allow eating during the day

b. Decrease basal insulin rate by 50% during periods of fasting

c. Take bolus insulin when RS eats a meal or snack

d. Monitor urine ketones at least twice a day

New BC-ADM Framework for 2027

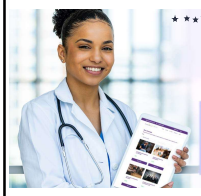
Metric/Requirement	Current Framework (Pre-2027)	New Framework (Effective Jan 1, 2027)
Renewal Cycle Length	5 Years.	3 Years.
Diabetes-Specific CE Hours	75 Hours.	45 Hours.
Required Practice Hours	1,000 Hours over 5 years.	600 Hours over 3 years.
Application Renewal Fee	$500.	$500 (Unchanged).
Initial Experience Requirement	500 Hours over 48 months.	500 Hours over 48 months (Unchanged).
Target Candidate Focus	Broad advanced practice role.	Prescribers & independent clinical decision-makers.

Renew BC-ADM- 1000 Hours in 5 yrs +

Candidates must meet 2 out of 6 Professional Development categories (1-5 may be doubled). Refer to the grid below for description of each PDU category:

Category	Description	Time or Number Required
1	Continuing Education Hours	75 contact hours (may be doubled to 150 contact hours) obtained within the 5 years preceding renewal application submission
2	Academic Credits	5 semester credits or 6 quarter credits (may be doubled) taken during the certification period Academic credits must be converted to hours and used for this category: • 1 semester credit=15 hours • 1 quarter credit=12.5 hours
3	Presentations	Total presentation time of at least 5 hours (may be doubled to 10 hours)
4	Publication or Research	Publication: One article (may be doubled to two articles OR Primary author of content (may be doubled to two) OR Grant writer for a federal, state, or national organization (may be doubled to two grants) Research: • One IRB project (may be doubled to two projects) OR • Completed dissertation, thesis, or graduate level scholarly project (may be doubled to 2 projects) OR • Content Reviewer on an IRB, dissertation, thesis, or scholarly project (may be doubled to 2 projects)
5	Preceptor	At least 120 hours (may be doubled to 240 hours of precepting)
6	Professional Service	At least 100 hours of volunteer service related to diabetes care during the certification cycle (may not be doubled)

Diabetes Education SERVICES 25 years | ONLINE UNIVERSITY



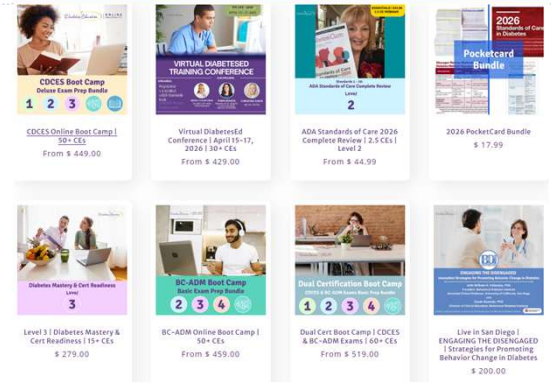
Expanded Accreditation and CE Courses

- Achieve your dream of CDCES and/or BC-ADM certification
- Coursed taught by Beverly Thomassian & Expert Team
- Expanded Accreditation! CE Credit through: *AMA PRA Category 1 Credits* ™, ACPE, ANCC, CDR

Welcome to our DiabetesEd Online University

Our goal is to provide an exceptional user experience and build a sense of community.

Online Bundles & Featured Products



Diabetes Education SERVICES 25 years | ONLINE UNIVERSITY

Save the dates for our 2026 webinar course updates

2025 courses available upon enrollment

Complete Standards Overview

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

ADA Standards 1 through 5

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

Standards of Care Intensive
Level
2

Diabetes Education SERVICES | ONLINE UNIVERSITY

Save the dates for our 2026 webinar course updates

2025 courses available upon enrollment

- 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

Diabetes Mastery & Cert Readiness Level 3

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DIABETES EDUCATION SERVICES

Level 4 | Advanced Level | 14+ CEs

Clinical Practice & Assessment:

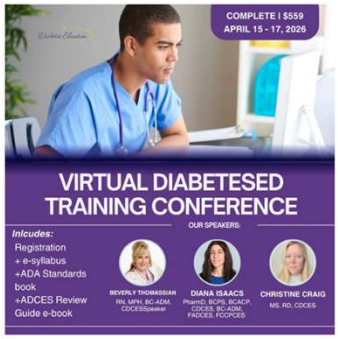
- April 17, 2026 | Class 1: CardioRenal Risk Reduction Toolkit
- April 28, 2026 | Class 2: Behavior Change Theories Made Easy
- May 13, 2026 | Class 3: What We Say Matters: Language that Respects the Individual and Imparts Hope
- May 14, 2026 | Class 4: Type 2 Diabetes Intensive
- June 11, 2026 | Class 5: 3 Steps to DeFeet Amputation; Assess, Screen, & Report

Advanced Level & Specialty Topics Level 4

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

Virtual Training – Perfect for Certification



Knowledge = Confidence

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

CDCES / BC-ADM Success Page

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

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

I want to thank you all for the support you give to Diabetes Educators, but also to those of us preparing for the CDCES Exam. I truly want to THANK YOU for that! I just passed my exam on June 1st ,2023. I appreciate all that you do to simplify the updates and new evidence based practice information. The cheat sheets you provided were the one thing that I would say helped really reinforce the information for me. I also watched the boot camp videos. I had less stress because of your supportive site and that helped so much! I am so honored to be able to make Diabetes easier for patients everyday.

Carolyn Fletcher, BSN, RN, CDCES

Enroll at www.DiabetesEdUniversity.com

Thank You – Keep in Touch

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You are Going to Do Great!

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Clinical Practice Guidelines & Professional Organizations

Beverly Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, her, hers
www.DiabetesEd.net

Module 1: Professional Diabetes Organizations, Standards & Application

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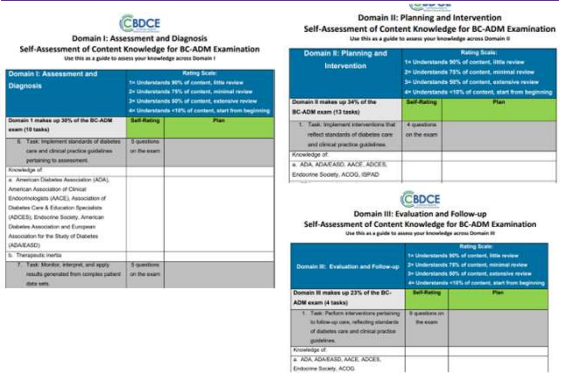
Professional Organizations

- Roles in BC-ADM practice
- Algorithms
- Other interesting facts

Professional Organizations



Domain I: Assessment and Diagnosis
Self-Assessment of Content Knowledge for BC-ADM Examination
Use this as a guide to assess your knowledge across Domain I

Domain I: Assessment and Diagnosis	Rating Scale: 1= Understands 90% of content, little review 2= Understands 75% of content, minimal review 3= Understands 50% of content, extensive review 4= Understands <10% of content, start from beginning	
Domain 1 makes up 30% of the BC-ADM exam (10 tasks)	Self-Rating	Plan
6. Task: Implement standards of diabetes care and clinical practice guidelines pertaining to assessment.	5 questions on the exam	
Knowledge of:		
a. American Diabetes Association (ADA), American Association of Clinical Endocrinologists (AACE), Association of Diabetes Care & Education Specialists (ADCES), Endocrine Society, American Diabetes Association and European Association for the Study of Diabetes (ADA/EASD)		
b. Therapeutic inertia		
7. Task: Monitor, interpret, and apply results generated from complex patient data sets.	5 questions on the exam	

Domain II: Planning and Intervention
Self-Assessment of Content Knowledge for BC-ADM Examination
Use this as a guide to assess your knowledge across Domain II

Domain II: Planning and Intervention	Rating Scale: 1= Understands 90% of content, little review 2= Understands 75% of content, minimal review 3= Understands 50% of content, extensive review 4= Understands <10% of content, start from beginning	
Domain II makes up 34% of the BC-ADM exam (13 tasks)	Self-Rating	Plan
1. Task: Implement interventions that reflect standards of diabetes care and clinical practice guidelines.	4 questions on the exam	
Knowledge of:		
a. ADA, ADA/EASD, AACE, ADCES, Endocrine Society, ACOG, ISPAD		

Domain III: Evaluation and Follow-up
Self-Assessment of Content Knowledge for BC-ADM Examination
Use this as a guide to assess your knowledge across Domain III

Domain III: Evaluation and Follow-up	Rating Scale: 1= Understands 90% of content, little review 2= Understands 75% of content, minimal review 3= Understands 50% of content, extensive review 4= Understands <10% of content, start from beginning	
Domain III makes up 23% of the BC-ADM exam (4 tasks)	Self-Rating	Plan
1. Task: Perform interventions pertaining to follow-up care, reflecting standards of diabetes care and clinical practice guidelines.	5 questions on the exam	
Knowledge of:		
a. ADA, ADA/EASD, AACE, ADCES, Endocrine Society, ACOG		

American Diabetes Association (ADA)

- Leading diabetes organization in the United States
- Publishes the Standards of Care in Diabetes
- Supports research, advocacy, and education
- Influences clinical practice

www.Diabetes.org

Standards of Care Update

1. Improving Care and Promoting Health in Populations
2. Diagnosis and Classification of Diabetes
3. Prevention or Delay of Diabetes and Associated Comorbidities
4. Comprehensive Medical Evaluation and Assessment of Comorbidities
5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes
6. Glycemic Goals, Hypoglycemia, and Hyperglycemic Crises
7. Diabetes Technology
8. Obesity and Weight Management for the Prevention and Treatment of Diabetes
9. Pharmacologic Approaches to Glycemic Treatment
10. Cardiovascular Disease and Risk Management
11. Chronic Kidney Disease and Risk Management
12. Retinopathy, Neuropathy, and Foot Care
13. Older Adults
14. Children and Adolescents
15. Management of Diabetes in Pregnancy
16. Diabetes Care in the Hospital
17. Diabetes and Advocacy

Standards of Care – Level 2

Complete Standards Overview:

- Standards 1-16: ADA Standards of Care Complete Review

Individual Standards Deep Dives:

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

Perfect for: RNs, RDNs, pharmacists, providers, and healthcare professionals seeking to master ADA Standards for clinical practice, CDCES/BC-ADM exam prep, or certification renewal

https://diabetesedstore.net/products/level-2

ADA Standards of Care

- Diagnosis and classification
- Glycemic targets
  - A1C ≥6.5%
  - Fasting Plasma Glucose ≥126 mg/dL
  - 2-Hour Oral Glucose Tolerance Test ≥200 mg/dL
  - Random Glucose + Symptoms ≥200 mg/dL

Recommendations for Diagnosis and Classification of Diabetes – 2026

Criteria for Screening for Diabetes and Prediabetes in Asymptomatic Adults – Table 1

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING and TESTING FOR DIABETES
Type 1	Screen those at risk for presymptomatic type 1 diabetes, by testing autoantibodies to insulin, GAD, islet antigen 2 or Znt8. Also test antibodies for those with type 1 phenotypic risk (younger age, weight loss, ketoacidosis, etc.)
Type 2	1. Test all adults starting at age **35** for prediabetes and diabetes using Fasting Plasma Glucose, A1C or OGTT. 2. Perform risk-based screening if BMI ≥ 25 or BMI ≥ 23 in Asian Americans 10yrs+ with 1 or more risk factors: • History of cardiovascular disease • First degree relative with diabetes • High-risk ethnicity or ancestry • Other conditions associated with insulin resistance (PCOS, Acanthosis Nigricans, Steatosis, Obesity) • Physical inactivity • HDL ≤ 35 mg/dl or triglyceride ≥ 250 mg/dl • Hypertension ≥ **[illegible]**/wor on therapy for HTN 3. If results normal, repeat test at a minimum of 3-year intervals or more frequently based on risk status. 4. **Test Yearly** if A1C ≥ 5.7% or impaired Fasting Glucose or History of GDM (test at least every 1- 3 years) 5. **Closely monitor** high-risk groups- people with HIV, exposure to high-risk medicines, evidence of periodontal disease, history of pancreatitis

Tests to Diagnose Diabetes - Table 2

STAGE	For all the below tests, in the absence of unequivocal hyperglycemia, Confirm results by repeat testing.			
	A1C *NGSP certified & standardized assay*	Fasting* Plasma Glucose (FPG) *No intake 8 hrs.	Random Plasma Glucose	Oral Glucose Tolerance Test (OGTT) 75-g (Carb intake of ≥ 150 g/day for 3 days prior to test.)
Diabetes	A1C ≥ 6.5%	FPG ≥ 126 mg/dl	Random plasma glucose ≥ 200 mg/dl plus symptoms[1] [1]Random = any time-of-day w/out regard to time since last meal; symptoms include usual polyuria, polydipsia, and unexplained wt. loss.	Two-hour plasma glucose (2hPG) ≥ 200 mg/dl
Prediabetes	A1C 5.7 – 6.4%	Impaired Fasting BG (IFG) = FPG 100-125 mg/dl		Impaired Glucose Tolerance (IGT) = 2hPG 140 -199 mg/dl
Normal	A1C < 5.7%	FPG < 100 mg/dl		2hPG < 140 mg/dl

Cheat Sheet at https://diabetesed.net/wp-content/uploads/2025/12/CRITERIA-2026.pdf

ABCs of Diabetes – ADA 2026

- A1C less than 7%
  - Pre-meal BG 80-130
  - Post meal BG <180
  - Time in Range (70-180) 70% of time
- Blood Pressure < 130/80
  - If high CV risk: <120/80
- Cholesterol
  - Statin therapy based on age & risk status
  - If 40+ with ASCVD Risk, decrease 50%, LDL <70
  - If 40+ with ASCVD, decrease 50%, LDL <55

Glycemic targets need to be woven into the overall person-centered strategy.

CGM Metrics for Clinical Care

- Standardized report with visual cues for those on CGM devices
- For most with type 1 or type 2 diabetes
  - > 70% of readings within BG range of 70-180mg/dL
  - < 4% of readings < 70 mg/dL
  - < 1% of readings < 54 mg/dL
  - < 25% of readings > 180 mg/dL
  - < 5% of readings > 250 mg/dL

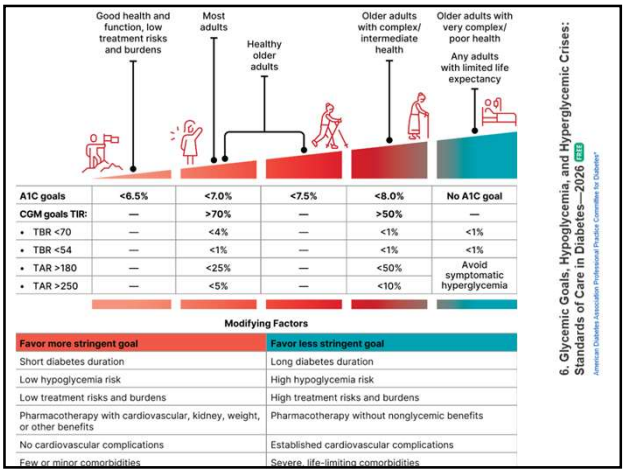
For those with frailty or at high risk of hypoglycemia recommend:
- Target of 50% time in range
- Less than1% time below range

6. Glycemic Goals, Hypoglycemia, and Hyperglycemic Crises: Standards of Care in Diabetes—2026

Individualizing Glycemic Goals

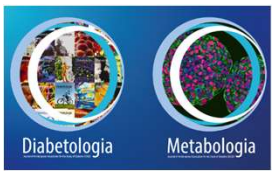
- More stringent:
- • Newly diagnosed
- • Longer life expectancy

- Less stringent:
- • Frailty
- • Multiple chronic conditions
- • High hypoglycemia risk



European Association for the Study of Diabetes (EASD)

- **Annual Meeting:** EASD hosts a massive annual diabetes congress featuring the latest research and clinical practices.
- **Guidelines & Statements:** They translate the latest clinical research into official standards and management protocols for diabetes treatment.
- **Publications:** They publish the esteemed medical journal *Diabetologia* as well as *Metabologia*.
- **Education & Career:** They offer academies, training, and mentoring for early-career scientists and healthcare professionals



https://www.easd.org/home/

ADA/EASD Consensus Statements

American Association of Clinical Endocrinology Consensus Statement: Algorithm for Management of Adults with Dyslipidemia - 2025 Update (2025)

Consensus guidance for monitoring individuals with islet autoantibody-positive pre-stage 3 type 1 diabetes (2024)

Hyperglycemic Crises in Adults With Diabetes: A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) (2024)

Automated insulin delivery: benefits, challenges, and recommendations. A Consensus Report of the Joint Diabetes Technology Working Group of the European Association for the Study of Diabetes and the American Diabetes Association (2022)

Management of hyperglycaemia in type 2 diabetes, 2022. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) (2022)

The management of type 1 diabetes in adults. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) (2021)

Definition and Interpretation of Remission in Type 2 Diabetes - Consensus report by the Endocrine Society, the European Association for the Study of Diabetes (EASD), Diabetes UK and the American Diabetes Association (ADA) (2021)

Precision medicine in diabetes. ADA and EASD Consensus Report (2020)

https://www.easd.org/guidelines/statements-guidelines/

American Association of Clinical Endocrinology (AACE)

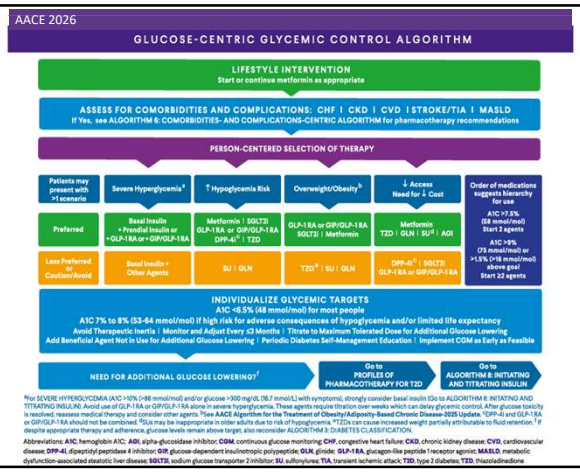
- Diabetes management
- Be familiar with Algorithms and AACE Consensus
- Level 2, 3 & 4 address

https://pro.aace.com/clinical-guidance/diabetes

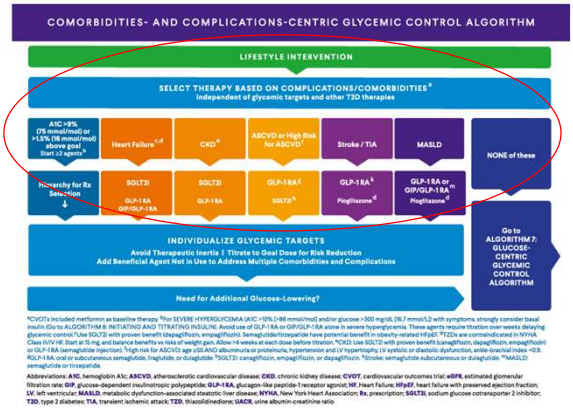
AACE Clinical Guidance

American Association of Clinical Endocrinology Consensus Statement: Algorithm for Management of Adults With Type 2 Diabetes – 2026 Update

https://www.endocrinepractice.org/action/showPdf?pii=S1530-891X%2826%2900022-4



AACE 2026



Association of Diabetes Care & Education Specialists (ADCES)

Focus on:

- Diabetes Self-Management Education and Support (DSMES)
- Technology integration
- Population health
- Professional development
- 7 Self-Care Behaviors

ADCES Association of Diabetes Care & Education Specialists

Advancing the Field of Diabetes Care and Education

https://www.adces.org/home

Society for Endocrinology

The Society for Endocrinology is the UK home of endocrinology. We bring together the global endocrine community to share ideas and advance our discipline.

As a membership organisation, we support scientists, clinicians and nurses who work with hormones throughout their careers. We also engage policy-makers, journalists, patients and the public with hormone science to encourage informed health decisions, and to demonstrate the value of endocrinology to the wider world.

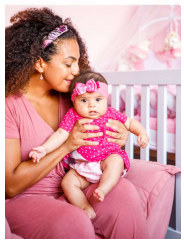
80 YEARS 1946 – 2026 Society for Endocrinology

Clinical Guidelines: It creates evidence-based treatment pathways and guidance templates for managing hormone-related conditions, such as hypogonadism, Turner syndrome, and Addison's disease.

https://www.endocrinology.org/about-us

https://www.yourhormones.info/about/

American College of Obstetricians and Gynecologists (ACOG)



https://www.acog.org/

- Focus on:
  - Gestational Diabetes Mellitus (GDM)
  - Diabetes in pregnancy
  - Preconception counseling
  - Postpartum screening

15. Management of Diabetes in Pregnancy - Glycemic Targets

Table 15.2—Blood glucose goals in pregnancies associated with diabetes

	Blood glucose goal		
Glucose measurement	Type 1 diabetes or type 2 diabetes^	GDM treated with insulin	GDM not treated with insulin
Fasting glucose	70–95 mg/dL (3.9–5.3 mmol/L)	70–95 mg/dL (3.9–5.3 mmol/L)	<95 mg/dL (<5.3 mmol/L)
1-h postprandial glucose	110–140 mg/dL* (6.1–7.8 mmol/L)	110–140 mg/dL* (6.1–7.8 mmol/L)	<140 mg/dL* (<7.8 mmol/L)
2-h postprandial glucose	100–120 mg/dL (5.6–6.7 mmol/L)	100–120 mg/dL (5.6–6.7 mmol/L)	<120 mg/dL (<6.7 mmol/L)

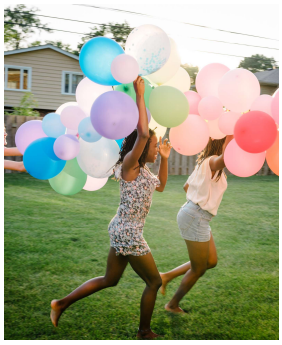
Gestational diabetes mellitus (GDM) blood glucose goals shown are recommended by the Fifth International Workshop-Conference on Gestational Diabetes Mellitus (42). *Lower glucose limits do not apply to individuals with type 2 diabetes treated with nutrition alone. Aim for less stringent goals if these cannot be achieved without significant hypoglycemia, based on clinical experience and individualization of care. *Optimal goal includes either a 1-h postprandial glucose level or 2-h postprandial glucose level within column of type of diabetes.

15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2026

Please see Management of Pregnancy in Diabetes Level 2 Course

International Society for Pediatric and Adolescent Diabetes (ISPAD)

- Focus on:
  - Pediatric diabetes
  - Diabetic Ketoacidosis (DKA)
  - Technology
  - Psychosocial care



Organization Comparison

- ADA = Standards of Care
- EASD = Consensus Statements
- Society for Endocrinology
- AACE = Algorithms, Consensus, A1C 6.5
- ACOG = Pregnancy
- ISPAD = Pediatrics

Know the organizations, guidelines, populations served, and major clinical recommendations.

Flash Card #1

- Which organization publishes the Standards of Care in Diabetes?
- A. EASD
- B. AACE
- C. ADA
- D. ISPAD

Flash Card #2

- Which organization focuses on children and adolescents with diabetes?
- A. EASD
- B. AACE
- C. ADA
- D. ISPAD

Flash Card #3

- Which organization recommends an A1C goal of 6.5% (if safe).
- A. EASD
- B. AACE
- C. ADA
- D. ISPAD

Flash Card #4

- Which organization recommends addressing 7 self-care behaviors in diabetes education?
- A. EASD
- B. ADCES
- C. ADA
- D. ISPAD

Flash Card #5

- Which organization recommends glucose goals during pregnancy?
- A. EASD
- B. ADCES
- C. ADA
- D. ACOG

Thank You

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