



Becoming a Diabetes Specialist (CDCES): Getting Started 2026

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Pronouns: She, her, and hers
President, Diabetes Education Services



Land Acknowledgment

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



DiabetesEd.net Website Orientation



PocketCards



Get NEW CDCES Coach App



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

www.DiabetesEd.net | info@diabetesed.net | 530-893-8635

[Question of the Week & Sample Questions](#)

We are Here to Help!



Bryanna Sabourin
Director of Operations

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

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- › Inclusion
- › Diversity
- › Equity
- › Access



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

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Start Your Journey

Want to know the requirements to become a CDCES?

Step 1 Becoming a Diabetes Specialist (CDCES)

Requirements to apply

Taking the CDCES Exam in the next 6 months?

Step 2 Preparing to Take the CDCES Exam

Focus on exam success

Preparing for CDCES Exam?

[Future CDCES - Click Here!](#)

[Prep for CDCES Webinars](#)

Preparing for BC-ADM Exam

[Future BC-ADM - Click Here!](#)

[Prep for BC-ADM -](#)

Topics – Becoming A Diabetes Specialist

- ▶ Certified Diabetes Care and Education Specialist
 - ▶ Eligibility
 - ▶ Requirements
 - ▶ Getting Hours
 - ▶ Exam content
 - ▶ Study strategies
 - ▶ [Resources](#)



DiabetesEd Training Program in San Diego Scholarships
To train the next generation of Diabetes Care & Education Specialists

Calling All Health Care Professionals

Our goal is to cast this net far and wide to address the rising prevalence of diabetes.

- ▶ Currently, 16% of people in the United States live with diabetes, and over 38% live with prediabetes according to the [CDC](#).
- ▶ Diabetes is more prevalent in communities of color and impacts individuals with less income and resources.
- ▶ CDCES's are influential in addressing health disparities and promoting equitable care through their work in health care settings across the country.

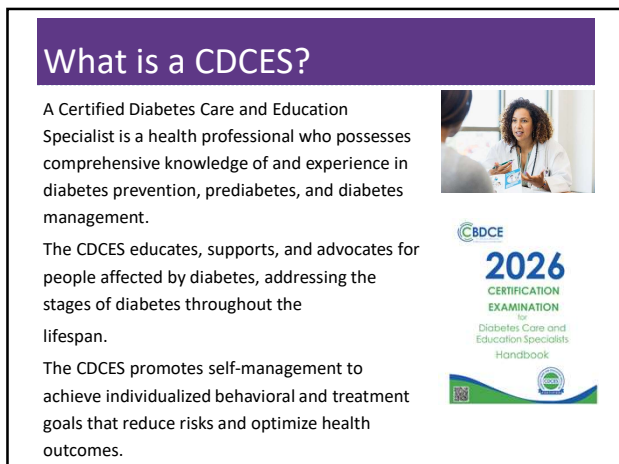


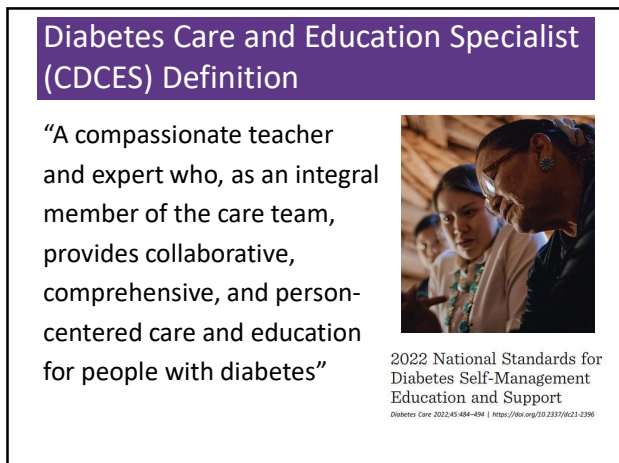
Why Take the CDCES Exam?

- ▶ Provides a mechanism to demonstrate professional accomplishment and growth
- ▶ Provide formal recognition of specialty practice and knowledge at a mastery level
- ▶ Provides validation of demonstrated dedication to diabetes
- ▶ Promote continuing commitment to best practices, current standards and knowledge









Definition of Diabetes Care & Education

- ▶ It is a component of a comprehensive plan of diabetes care.
- ▶ Involves the person with prediabetes and or diabetes, caregivers and specialists
- ▶ Ongoing process of facilitating the knowledge, skill, and ability necessary for self-care, as well as activities that assist a person in implementing and sustaining the health practices to manage on an ongoing basis, beyond or outside of formal self-management training.



Definition of Diabetes Care & Education

- ▶ Process incorporates the needs, goals and life experiences of the person and is guided by evidence-based standards.
- ▶ Includes practical problem-solving approaches and collaborative care.
- ▶ Address psychosocial issues, lifestyle change, and strategies to sustain self-management



Quick Question A

- ▶ Diabetes Care and Education Exam includes which of the following philosophies?
- ▶ A. Encouraging compliance improves outcomes
- ▶ B. Empower people to improve diabetes self-management
- ▶ C. Consider individual needs, goals and life experiences
- ▶ D. Help all people achieve an A1c less than 7
- ▶ E. Collaborate and provide ongoing care

Benefits of Becoming A CDCES

1. Improving Diabetes Outcomes and Quality of Life well-being.

2. Addressing Health Disparities:

CDCESs are essential in caring for diverse populations, including those disproportionately affected by diabetes.

We are a part of advocating for equity and increased access to care.

3. Reducing Healthcare Costs:

Diabetes education can significantly reduce healthcare costs by preventing complications

CDCESs contribute to cost savings by promoting preventive care and self-management.

4. Expansion of Care Models:

Growing emphasis on preventive health services and chronic disease management, health settings.

CDCES professionals are vital in addressing the diabetes crisis. Their expertise is increasingly in demand across various healthcare settings.

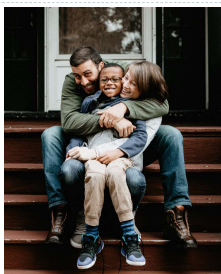
Diabetes Self Management Ed Benefits

- ▶ Improved knowledge
- ▶ Lower weight
- ▶ Improved quality of life
- ▶ Reduced mortality
- ▶ Positive coping
- ▶ Reduced cost
- ▶ Only 5-7% of Medicare/insured receive DSME)
- ▶ Increased primary care, preventive services
- ▶ Less frequent use of acute care and inpt admissions
- ▶ More likely to follow best practice recommendations (esp those with Medicare)



Steps to Becoming A CDCES

1. **Educational Requirement:** Hold a relevant degree such as in nursing, dietetics, pharmacy, or other health-related field.
2. **Professional Licensure:** Maintain an active license in a qualifying health discipline (e.g., RN, RD, MD, etc.) or have a degree in an eligible field like public health or social work.
3. **Experience Requirement:**
 - ▶ A minimum of two years (to the day) of professional practice experience in the discipline under which one is applying for certification.
 - ▶ Obtain at least 1,000 hours of diabetes education experience within the last five years, with at least 200 hours in the most recent year.
4. **Continuing Education:** Complete at least 15 hours of continuing education in diabetes management and care within 2 years before applying.



Initial Certification Eligibility

► **Discipline** - Licenses (current, active, unrestricted license from one of the U.S. or its territories):

- Clinical Psychologist
- Registered Nurse (includes Nurse Practitioners, CNS)
- Occupational Therapist
- Optometrist
- Pharmacist
- Physical Therapist
- Physician (M.D. or D.O.)
- Podiatrist OR

► **B. Registrations/Certifications**

- Dietitian or dietitian nutritionist holding active registration with the Commission on Dietetic Registration
- PA holding active registration with the NCCPA
- Exercise physiologist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Physiologist
- Health educator holding active certification as a Master Certified Health Education Specialist from the National Commission for Health Education Credentialing

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 if selected for audit



Unique Qualifications Pathway

- Available for individuals that do not qualify under the current list of disciplines that qualify for initial certification.
- Designed for health professionals holding an advanced degree in a health-related area/concentration from a U.S. college or university accredited by a nationally recognized regional accrediting body to pursue certification.
- This pathway has different eligibility requirements and requires pre-approval prior to applying for the Examination at www.CBDCE.org



Need 2000 DCE hours

Professional Degree, *DCE Practice Hours, plus CE

- Only experience occurring **AFTER** completing your professional degree can be counted toward the Professional Practice Experience requirement.
- Need 1000 hours of DCE Practice Hours
- If on Unique Qualifications Pathway, need 2000 hours of DSME
- For more: info@CBDCE.org or call 877 -239- 3233



***DCE = Diabetes Care and Education**

Professional Practice Experience Must meet all - 2026

- ▶ A minimum of two years (to the day) of professional practice experience in the discipline under which one is applying for certification

AND

- ▶ *Minimum of 1,000 hours of professional practice experience within the past 5 years in diabetes self-management education delivered face to face or electronic with a minimum of 200 hours (= about 4 hrs a week) accrued in the last 12 months.

AND

- ▶ Minimum of **15 clock hours of continuing diabetes education** within **2 years** prior to applying for certification.

2021- 2026 Practice Experience Updates Extended through 2026 and beyond? CBCDE

STANDARD PATHWAY		
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS (PRIOR REQUIREMENT)	PERMANENT REQUIREMENT CHANGE FOR ALL APPLICATIONS SUBMITTED FROM 1/1/2024 AND FORWARD*
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 1000 hours in no more than 4 years prior to applying	Total 1000 hours of DCE within 5 years

UNIQUE QUALIFICATIONS PATHWAY		
DCE PROFESSIONAL PRACTICE EXPERIENCE REQUIREMENT	WITHOUT ADJUSTMENTS (PRIOR REQUIREMENT)	PERMANENT REQUIREMENT CHANGE FOR ALL APPLICATIONS SUBMITTED 1/1/2024 AND FORWARD*
Current DCE experience (12 months prior to applying)	At least 400 hours of DCE in last 12 months	At least 200 hours of DCE in last 12 months
Total DCE experience needed prior to applying	Total 2000 hours in no more than 4 years prior to applying	Total 2000 hours of DCE within 5 years

* Temporary changes were originally set to end 2022 – 2025 were approved in November 2023 to move from temporary to permanent changes in the eligibility requirements for initial certification.

What Hours Count?

Excerpt from CBDCE Exam Handbook regarding what hours count towards the 1000-hour requirement:

- ▶ **Assessment:** The participant's DCE needs are identified. This process is led by the participant with the assessment and support of the educator.
- ▶ **Education and Care Plan:** The participant's individualized education and care plan is developed. The plan reflects the participant's self-management goals and current evidence and practice guidelines and includes criteria for evaluating outcomes.
- ▶ **Interventions:** The specialist delivers intervention options to assist the participant in meeting self-management goals.
- ▶ **Ongoing Support:** The specialist provides options for ongoing support and resources. The support option(s) is selected by the participant to best meet their self-management goals.



What Hours Count?

- ▶ **Participant Progress:** The specialist will monitor and communicate whether the participant is achieving their self-management goals and other outcome(s) to evaluate the effectiveness of interventions. Additional assessments are based on the participant's needs across the lifespan.
- ▶ **Documentation:** The specialist documents the assessment, education plan, intervention, and outcomes in the participant's health record.
- ▶ **Services Development/Administration:** Development and administrative activities performed as part of DSMES services.



Preparing for the CDCES Exam FREE Webinar & Resource Page

Tracking your activities and hours consistently is key, and these varied approaches can help you meet the requirements while making a positive impact in the community.

What Hours DON'T Count

Occupational Activities

- ▶ demonstrating a basic skill in which the health professional is not providing DCE
- ▶ providing medical assessment or diagnosis
- ▶ conducting/participating in research activities in which the health professional is not providing DCE
- ▶ dispensing/prescribing medications
- ▶ promoting sales of diabetes medications, supplies, and products

Professional Activities

- ▶ providing continuing education to professionals (e.g., teaching nurses, physicians)
- ▶ membership or committee work in professional organizations

Personal Activities

- ▶ having diabetes or caring for a family member with diabetes
- ▶ diabetes-related volunteer activities that do not include some or all of the components of DCE

How to Get Your Hours



1 Volunteer in Community Health Programs or Diabetes Camps

- Offer your expertise to local diabetes prevention or management programs, such as YMCAs Diabetes Prevention Program, Diabetes Camps, or similar initiatives.

2 Shadow a Diabetes Education Specialist in your Community

- Search for already existing diabetes programs in your community and volunteer to help with their diabetes program. This might even evolve into a paid position in the future.

3 Join ADCES Local Networking Diabetes Groups

- Networking with diabetes educators in your area can lead to opportunities to gain hours and possible future employment.

4 Join Diabetes Support Groups

- Facilitate or assist with support groups in person or online to provide guidance and share educational resources.

5 Offer Educational Workshops or Webinars

- Create and present workshops for people with diabetes or even train other healthcare professionals about aspects of diabetes management.

How To Get Your Hours



Collaborate with Pharmacies

Partner with local pharmacies to provide diabetes education to people picking up diabetes-related medications or supplies.



Participate in Health Screenings or Free Health Clinics

Assist with diabetes screenings, provide educational coaching at health fairs, or sign up to provide diabetes coaching at your local free clinic.



Support Long-Term Care Facilities

Offer diabetes-related education to residents in long-term care or assisted living facilities.



Join our Facebook Certification Exam Study Group

This group is over 3000 members strong, and they share information, support, and resources for exam success! A great place to check in with your peers and receive ongoing support and inspiration.

CBDCE Handbook Checklist 2026

Yes No

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

OR

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

OR

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

- ☐ ☐ 2. Has your practice experience occurred within the United States or its territories?
- ☐ ☐ 3. Has all your practice experience occurred since you met requirement #1 above?
- ☐ ☐ 4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above or are you using a Master's degree in a health-related field as a waiver for one of the two years?
- ☐ ☐ 5. Have you accrued 1000 hours of practice experience in diabetes care and education (DCE) within the last 5 years?
- ☐ ☐ 6. Do you have a minimum of 20% (or 200 hours) of the 1000 hours of DCE practice experience accrued within the past year?
- ☐ ☐ 7. Does your practice experience include at least some or all in the DCE process: assessment, education plan, interventions, ongoing support, monitoring and communication of participant progress, documentation, and development of DSMES services/administration?
- ☐ 8. The Examination Content Outline (ECO) identifies what is covered on the Examination. Reminder that regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the ECO. Have you reviewed the ECO and assessed your knowledge across the ECO?
- ☐ 9. Have you completed (within the past 2 years) a minimum of 15 hours of continuing education activities** applicable to diabetes and provided by or approved by a provider on our list of Recognized Continuing Education Providers?

If the answer to any of the above questions is "no", you are not ready to apply for the Certification Examination for Diabetes Care and Education Specialists.

DCE Overall Objective

Participant Centered

- ▶ Support informed decision making
- ▶ Problem solving
- ▶ Active collaboration to improve clinical outcomes and quality of life



- ▶ Avoid judgmental words that increase feelings of shame and/or guilt
- ▶ Choose words and phrases that put people first
- ▶ Avoid shame and blame

What We Say Matters: Language that Respects the Individual and Imparts Hope | FREE Webinar & Resources

Like

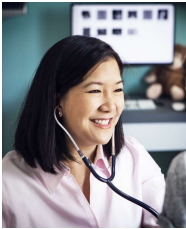


Diabetes Education 25th Anniversary

Join us May 13th or Enjoy the Recorded Version

Exam Steps to Becoming A CDCES

- 1. Apply for the CDCES exam** through the Certification Board for Diabetes Care and Education (CBDCE).
- 2. Prepare** using study materials, review courses, and practice exams related to diabetes education.
- 3. CDCES Exam:** 175-question certification exam, which covers topics including assessment, care and education strategies, standards and practices.
- 4. Maintain Certification:** You can renew your certification every **3** years through continuing education, fulfilling practice hour requirements, or retaking the exam.



Exam Details

- Questions are linked directly to a task or tasks.
- Each question is designed to test if the candidate possesses the **knowledge necessary to perform the task or has the ability to apply it to a job situation.**
- 25 of the 175 questions are new - but are **not** counted in the determination of individual examination scores.
- Score based on 150 questions



Overview of CDCES Exam

- ▶ 175 multiple-choice, objective questions with a total testing time of four (4) hours.
- ▶ Based on job analysis which surveyed diabetes educators about the tasks they performed.



Exam Content - Assessment

- ▶ Assessment (37)
 - ▶ Physical and Psychosocial (12)
 - ▶ Self-Management Behaviors and Knowledge (15)
 - ▶ Learning (10)



- I. Assessment (37)**
- A. Physical and Psychosocial (12)**
1. Diabetes relevant health history (diagnosis, duration, symptoms, complications, treatment, comorbidities, healthcare utilization)
 2. Diabetes specific physical assessment (biometrics, life experiences, interventions, etc.)
 3. Social determinants of health (economic, living situation, healthcare access, social supports, and food/housing insecurity)
 4. General health history (family medical, mental health, substance use, surgical, allergies and medication)
 5. Current measures and other laboratory data
 6. Mental health/wellbeing (adjustment to diagnosis, coping ability, etc.)
 7. Considerations related to diabetes self-care practices (cognitive, physical, language, cultural, spiritual, family/caregiver dynamics, bias and myths, life transitions, etc.)
- B. Self-Management Behaviors and Knowledge (15)**
1. Disease process
 2. Eating habits and preferences
 3. Activity habits and preferences
 4. Medication practices and preferences (prescription, nonprescription, complementary and alternative medicine)
 5. Monitoring and data collection (glucose, ketones, weight, dietary intake, activity, etc.)
 6. Use of resources
 7. Use of technology (monitors, smart delivery systems, apps, online education, patient portals, etc.)
 8. Risk reduction of acute and chronic complications
 9. Problem solving
- C. Learning (10)**
1. Goals and needs of learner
 2. Readiness to learn and change behavior
 3. Preferred learning styles (audio, visual, observational, psychomotor, individual vs. group, virtual, etc.)
 4. Literacy, numeracy, health literacy, and digital literacy
 5. Considerations related to learning (developmental stage, physical abilities, language preferences, cultural, spiritual, psychosocial, economic, family/caregiver dynamics, learning disabilities, etc.)

Exam | Care and Education Interventions

- ▶ Care & Education Interventions (105)
 - ▶ Disease Process & Approach to Treatment (22)
 - ▶ Individualizes Education Plan (17)
 - ▶ Person Centered Education on Self-Care Behaviors (58)
 - ▶ Evaluation, documentation and follow-up (8)

- D. Care and Education Interventions (105)**
- A. Disease Process and Approach to Treatment (22)**
1. Diagnosis and classification
 2. Pathophysiology involving biochemical pathway, disease phenomenon, modifiable and non-modifiable risk factors
 3. Lifestyle management activities (diet, activity, and stress)
 4. Pharmacological and non-pharmacological management
 5. Treatment goals (glycemic metrics, blood pressure, lipids, risk reduction, quality of life)
- B. Individualized Education Plan (17)**
1. Diabetes process and outcomes
 2. Diabetes specific physical assessment (biometrics, life experiences, interventions, etc.)
 3. Social determinants of health (economic, living situation, healthcare access, social supports, and food/housing insecurity)
 4. General health history (family medical, mental health, substance use, surgical, allergies and medication)
 5. Current measures and other laboratory data
 6. Mental health/wellbeing (adjustment to diagnosis, coping ability, etc.)
 7. Considerations related to diabetes self-care practices (cognitive, physical, language, cultural, spiritual, family/caregiver dynamics, bias and myths, life transitions, etc.)
- C. Person-Centered Education on Self-Care Behaviors (58)**
1. Nutrition Principles and Guidelines
 - a. American Diabetes Association (ADA) and Academy of Nutrition and Dietetics (Academy) recommendations (meal planning, macronutrients, dietary approaches, etc.)
 - b. Carbohydrate Counting (carb counting, carb exchange, and carb choices)
 - c. Fat types, food labels
 - d. Protein food sources (meat, beans, seafood, etc.)
 - e. Alcohol (amount, precautions)
 - f. Food and medication interactions (medication timing, meal timing, etc.)
 - g. Food and medication interactions (lactation, fertility, pregnancy, health status, etc.)
 - h. Weight management
 - i. Safety and food allergies
 - j. Special considerations (food allergies, food aversions, gastrointestinal, other chronic medical issues, food safety, food security, etc.)
 2. Physical Activity
 - a. ADA and American College of Sports Medicine recommendations
 - b. Benefits, challenges, and safety considerations, post-exercise recovery and hydration, etc.
 - c. Activity goals (frequency, intensity, time, and type)
 - d. Adjustment of priorities, food, and medication for personal and expanded activities
 3. Medication Management
 - a. ADA/Endocrine Society Association for the Study of Diabetes (AACE) guidelines
 - b. Medication class, action, administration, side effects, contraindications, etc.
 - c. Medication selection (individualized, protection, glycemic effect, impact on weight, type and duration of diabetes, cost, hypoglycemia, etc.)
 - d. Insulin delivery systems
 - e. Insulin delivery systems
 - f. Insulin delivery systems
 4. Monitoring and Interpretation
 - a. Glucose device metrics (one-time testing techniques, metrics)
 - b. A1C
 - c. Ketones
 - d. Blood pressure
 - e. Weight
 - f. Lipids
 - g. Kidney health

Exam | Care and Education Interventions

► Care & Education Interventions (105)

► Disease Process & Approach to Treatment (22)

► Individualizes Education Plan (17)

► Person Centered Education on Self-Care Behaviors (58)

► Evaluation, documentation and follow-up (8)

1. Acute Complications: Causes, Prevention, and Treatment
 - a. Hypoglycemia and Hypoglycemia Awareness
 - b. Hypoglycemia
 - c. Diabetic Ketoacidosis (DKA)
 - d. Hyperosmolar Hyperglycemic State (HHS)
2. Chronic Complications and Comorbidities: Causes, Prevention, and Treatment
 - a. ADA Clinical Practice screening recommendations
 - b. Eye disease and visually related issues (diabetes, etc.)
 - c. Heart disease
 - d. Neuropathy
 - e. Kidney disease
 - f. Vascular disease (cerebral, cardiovascular, peripheral, etc.)
 - g. Feet and related problems (ulcers, Charcot foot, etc.)
 - h. Dermological concerns, ulcers, skin reactions
 - i. Infection (pneumonia, yeast, cellulitis, etc.) and soft tissue
 - j. Dental and gum disease
 - k. Other comorbidities (depression, cognitive dysfunction, thyroid disease, etc.)
3. Patient Safety
 - a. Sick days
 - b. Injury and other problems
 - c. Changes in schedule (job, religious, school, etc.)
 - d. Travel
 - e. Pregnancy and postpartum
 - f. Acute and chronic disease (diabetes, hypertension, etc.)
 - g. Medication use (diabetes, hypertension, etc.)
4. Living with Diabetes and Problems
 - a. ADA targets
 - b. Function of eye
 - c. Social (population, pediatric, adolescent, genetic, transplant, etc.)
 - d. Eye (retinopathy, cataracts, glaucoma, etc.)
 - e. Feet (neuropathy, peripheral vascular disease, etc.)
 - f. Kidney (diabetes, hypertension, etc.)
 - g. Heart (diabetes, hypertension, etc.)
 - h. Skin (diabetes, hypertension, etc.)
 - i. Dental (diabetes, hypertension, etc.)
 - j. Other (diabetes, hypertension, etc.)
5. Evaluation, Documentation, and Follow-up (8)
 - a. Review the effectiveness of interventions related to
 - i. achievement and progress toward goals
 - ii. self-management skills
 - iii. psychosocial well-being
 - iv. weight, eating habits, medications, activity
 - v. glycemic control
 - b. Review, discuss, and communicate individual plan for follow-up care, education, support, and referral

Exam Content – Standards & Practices

Standards & Practices (8)

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

- III. Standards and Practices (8)**
- A. Describe the current National Standards for Diabetes Self-Management Education and Support (DSMES)
 - B. Describe the National Diabetes Prevention Program Standards National DPP
 - C. Apply practice standards (AAACE, ADA, Endocrine Society, etc.)
 - D. Describe population health strategies
 - E. Collaborate with other healthcare professionals to advance team-based care
 - F. Advocate for people with diabetes (access to medications and supplies, care in institutional settings, policies, etc.)
 - G. Promote primary and secondary diabetes prevention strategies in at-risk individuals and populations
 - H. Promote evidence-based care and education
 - I. Recognize the impact of disparities (economic, access, gender, ethnicity, geographic, etc.)
 - J. Incorporate principles of diversity, equity, and inclusion



Quick Question – Multiple answers

What are some study strategies that will help you succeed?

- a. Focus your study time on topics you are confident in.
- b. Take as many practice tests as possible
- c. Read as many books on diabetes as possible
- d. Develop a study plan and block off study time.
- e. Teach the content to someone else

What to Study?

- ▶ RS is 43, has type 1 diabetes and a BMI 24. Based on ADA Standards and RS's age and health status, which BP and lipid goal is correct?
- ▶ BP less than 140/90, LDL less than 100
- ▶ BP less than 130/80, LDL less than 70
- ▶ BP less than 120/80, start statin
- ▶ BP less than 130/80, LDL less than 100

- ▶ MJ just discovered that in addition to their type 2 diabetes and a BMI of 31, they also have MASH. Based on this diagnosis, which FDA approved medication would help address their steatosis?
- ▶ Semaglutide (Ozempic)
- ▶ Empagliflozin (Jardiance)
- ▶ Tirzepatide (Mounjaro)
- ▶ Semaglutide (Wegovy)

Practice Question 3

- ▶ RL is a 14-year-old with new type 1 diabetes and needs to learn carb counting. Based on the exchange list, how many gms of carb are in this meal? ½ c. spinach salad, 1 cup rice, ¼ cup sliced almonds, feta cheese, and teriyaki chicken cubes.
- ▶ 30 gms
- ▶ 45 gms
- ▶ 60 gms
- ▶ Need more information

Essential Study Tools



Test Taking Toolkit and Webinar for CDCES & BC-ADM Exam

Includes:

- 220 Computerized Test Questions
- Instructional Webinar

with Coach Beverly
Pharmacist, RN
NPN, BC-ADM, CDCES

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

ADCES Book Bundles Review Guide/ Art & Science



ADCES e-Book Bundle | 7th Edition

Med and Insulin PocketCards



NEW Accordion 2-sided PocketCards

Glucagon Treatment for Diabetes-Related Hypoglycemia

Name / Delivery	Supplied	How to Use	Age / Weight / Dosage
Glucagon (Bioss)	1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL	1 mg/0.5 mL: 1.5 mL (30 drops) or 1.5 mL (30 drops) in 4-6 oz liquid. 1 mg/1 mL: 1 mL (20 drops) or 1 mL (20 drops) in 4-6 oz liquid. 2 mg/1 mL: 1 mL (20 drops) or 1 mL (20 drops) in 4-6 oz liquid.	4-5 years: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL. 6-11 years: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL. 12 years and older: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL.
Glucagon (Bioss) - 1 mg/0.5 mL	1 mg/0.5 mL	1.5 mL (30 drops) or 1.5 mL (30 drops) in 4-6 oz liquid.	4-5 years: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL. 6-11 years: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL. 12 years and older: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL.
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Glucagon (Bioss) - 2 mg/1 mL	2 mg/1 mL	1 mL (20 drops) or 1 mL (20 drops) in 4-6 oz liquid.	4-5 years: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL. 6-11 years: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL. 12 years and older: 1 mg/0.5 mL, 1 mg/1 mL, 2 mg/1 mL.



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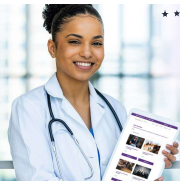
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Level 1 – Diabetes Fundamentals Ready for Viewing

Save the dates for our 2026 webinar course updates

2025 courses available upon enrollment

- Jan. 7th, 2026 | Class 1: Getting to the Nitty Gritty
- Jan. 8th, 2026 | Class 2: Nutrition & Exercise
- Jan. 13th, 2026 | Class 3: Meds Overview for Type 2
- 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

Fee: \$119.00 (Group Discounts Available)



Diabetes Fundamentals 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. 16, 2026 | Standards 1 & 5: Improving Care and Promoting Health
- Feb. 12, 2026 | Standards 2 & 6: Hyperglycemic Crises (DKA, HHS & EDKA)
- Feb. 17, 2026 | Standards 3 & 9: 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. 16, 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



Diabetes Mastery & Cert Readiness

Level

3






Level 4 | Advanced Level | 14+ CEs

DIABETES EDUCATION SERVICES

Clinical Practice & Assessment:

- April 17, 2026 | Class 1: CardioRenal Risk Reduction Toolkit
- May 8, 2026 | Behavior Change Made Easy
- May 13, 2026 | Class 3: What We Say Matters: Language that Respects the Individual and Inspires Hope
- 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:

- Mindfulness & Compassion in the Diabetes Encounter



Advanced Level & Specialty Topics

Level

4

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



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