



# National Certification Board for Diabetes Educators

## HANDBOOK

# 2014 Certification Examination for Diabetes Educators

### **2014 Examination Windows**

May - June

November - December

### **Application Windows**

January 15 - March 15

July 15 - September 15

[www.ncbde.org](http://www.ncbde.org)



"CertifiedDiabetesEducators"





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## Important General Information

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

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

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

### Executive Office

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

### Testing Agency

Applied Measurement  
Professionals, Inc. (“AMP”)  
18000 W. 105th St.  
Olathe, KS 66061-7543  
913-895-4600  
Fax: 913-895-4651  
Web: [www.goAMP.com](http://www.goAMP.com)  
Email: [info@goAMP.com](mailto:info@goAMP.com)

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



2014 Initial Certification Requirements† Review

Please review before completing application.

NOTE: The Certification Examination for Diabetes Educators is designed and intended for health professionals who have responsibilities that include the direct provision of diabetes self-management education (DSME), as defined by NCBDE. Refer to Definition of Diabetes Education section, page 6.

†This review list represents a summary of requirements. See pages 5-6 for all details.

Yes No

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

- 2. Has your practice experience occurred within the United States or its territories?
3. Has all your practice experience occurred since you met requirement #1 above?
4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above (within the last 4 years)?
5. Have you accrued 1,000 hours of practice experience in diabetes self-management education (DSME) within the last 4 years?
6. Has a minimum of 40% (or 400 hours) of the 1,000 hours of DSME practice experience been accrued within the past year?
7. Have you completed a minimum of 15 hours of continuing education activities\*\* applicable to diabetes within the past 2 years?

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

Before submitting an application, please refer to the application checklist on page 33 in the instruction section of the Handbook.

\* See Eligibility Requirements for Initial Certification, page 5, 1. A. or B. for specific licensure/certification/registration requirements.

\*\* See Continuing Education Guidelines, page 19, for details.



## 2014 Certification Examination for Diabetes Educators

**GENERAL**

### Examination Application Deadlines, Fees, and Dates

<b>Spring 2014</b>				
<b>May to June 2014 Examination Window</b>				
	<b>Application Fee</b>	<b>Apply Online or Mail Application No Earlier Than*</b>	<b>Application Deadline Date**</b>	<b>For paper applications – if you have not received notice of receipt of application by AMP, call AMP at 913-895-4600.</b>
Initial or Lapsed Certification	\$350	January 15, 2014	March 15, 2014	If more than 4 weeks since completed application mailed
Renewal of Certification	\$250			
<p>*Applications for this administration will be accepted beginning January 15, 2014. The online application process will not be available until this date and paper applications received before this date will be returned.</p> <p>**Deadline date is the date an online application is completed or postmark deadline for paper application.</p>				

<b>Fall 2014</b>				
<b>November to December 2014 Examination Window</b>				
	<b>Application Fee</b>	<b>Apply Online or Mail Application No Earlier Than*</b>	<b>Application Deadline Date**</b>	<b>For paper applications – if you have not received notice of receipt of application by AMP, call AMP at 913-895-4600.</b>
Initial or Lapsed Certification	\$350	July 15, 2014	September 15, 2014	If more than 4 weeks since completed application mailed
Renewal of Certification	\$250			
<p>*Applications for this administration will be accepted beginning July 15, 2014. The online application process will not be available until this date and paper applications received before this date will be returned.</p> <p>**Deadline date is the date an online application is completed or postmark deadline for paper application.</p>				



### Introduction

The purpose of this *Certification Examination for Diabetes Educators Handbook* (Handbook) is to provide information and guidance to individuals who are interested in diabetes educator certification.

While certification may be a future goal for a health professional who elects to become a diabetes educator, it is not intended to serve as an entry to the specialty. Rather, being a practice-based certification, it requires individuals to accrue professional practice experience prior to applying. This practice experience is necessary in order to master the knowledge and application of that knowledge associated with the specialty. A mastery level program is different than an entry level credentialing process where prior to taking it, individuals need only complete mandatory, prescribed academic requirements, e.g., nursing license examination.

With this information in mind, it is critically important to understand at the outset that the Certification Examination for Diabetes Educators (Examination) is designed and intended for health professionals who have responsibilities that include the direct provision of DSME (as defined by NCBDE, see Definition of Diabetes Education, [page 6](#)).

### Mission

The mission of the National Certification Board for Diabetes Educators (NCBDE) is to define, develop, maintain and protect the certification and credentialing process to promote quality diabetes education.

### Definition of a Certified Diabetes Educator

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

### Purpose

The purpose of the NCBDE certification program is to conduct certification activities in a manner that upholds standards for competent practice in diabetes self-management education. The CDE® credential demonstrates that the certified health professional possesses distinct and specialized knowledge, thereby promoting quality care for persons with diabetes. Certification is a voluntary process used to assess and validate qualified health professionals' knowledge in diabetes education. It is an evaluative process that demonstrates that rigorous eligibility requirements have

been met. Certification is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, or other considerations.

### Objectives

Objectives of the certification program are to

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

### Responsibility for Certification

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

### Canons of Ethical Conduct

NCBDE has adopted Canons of Ethical Conduct and Rules and Procedures (see Appendix VI, [page 25](#)). All applicants for the Examination and CDEs must attest to and agree to abide by the Canons and Rules and Procedures.

### Statement of Nondiscrimination Policy

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



## **Disciplinary Policy**

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

1. Falsification of application information
2. Noncompliance with review and audit procedures
3. Loss of current, active, unrestricted licensure, certification or registration used to meet the discipline requirement
4. Revocation or suspension of current license or other credential, or other disciplinary action by a licensing or regulatory board or registration commission/agency
5. Violating the canons of ethical conduct
6. Validated unethical practice of diabetes education
7. Giving or receiving assistance during the Examination
8. Removing or attempting to remove Examination information or materials from the test center
9. Representing oneself falsely as a Certified Diabetes Educator®
10. Obtaining or attempting to obtain certification, whether initial or renewal, by fraud or deception
11. Unauthorized possession and/or distribution of any official NCBDE testing or Examination materials
12. Ineligibility for certification, as determined by NCBDE
13. Misrepresentation or fraud in any statement on the certification Application made to assist individual to apply for, obtain, or renew certification.





Eligibility Requirements for Initial Certification

Individuals who have not previously taken or passed the Examination or whose CDE® credentials lapsed prior to 2013 must meet the requirements. To qualify for the Examination, the following must be met at the time of application and Examination:

1. Discipline\*\*

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

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

OR

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

\*\*Unique Qualifications (UQ) Pathway

An alternative pathway for eligibility to become a CDE® – known as the UQ Pathway – is available for individuals providing diabetes education that do not qualify under the current list of disciplines that qualify for initial certification. This pathway is designed for health professionals holding an advanced degree in a health-related area/concentration from a United States college or university that is 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. The information and application for the UQ Pathway are available at www.ncbde.org.

2. Professional Practice Experience

After meeting the Discipline requirement and before applying for the Examination, both of the following requirements must be met in the United States or its territories (Refer to Appendix I, page 18, for accrual details.):

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

AND

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

In meeting the hourly requirement\*, professional practice experience is defined as responsibilities, within the past 4 years, that include the direct provision of DSME, as defined by NCBDE. See Definition of Diabetes Education, page 6.

\*Note: DSME practice hours accrued under the Diabetes Educator Mentorship program or other volunteer positions are accepted. As with any eligibility requirement, verification of volunteer DSME hours will be needed if an applicant is chosen for an audit. Visit NCBDE's website for more information on the mentorship program.

3. Continuing Education

After meeting the Discipline requirement and before applying for the Examination, the following continuing education requirement must be met:

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

See Continuing Education Guidelines, pages 19-20, for the details on this requirement.

4. Application Fee(s) Payment

INITIAL

## Definition of Diabetes Education

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

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

**For purposes of certification eligibility, some or all of the following components of the DSME process may be performed and counted towards meeting the DSME practice experience requirement:**

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

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

**Note: Regardless of discipline, knowledge (and the ability to apply that knowledge) is necessary across all areas of the examination content outline.**

<sup>±</sup>Adapted from National Standards for Diabetes Self-Management Education and Support, American Diabetes Association Clinical Practice Recommendations. Diabetes Care, Vol. 36, Supplement 1, January 2013.

## On the Other Hand...

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

### Occupational Activities

- demonstration of a skill that does not include some or all of the components of the DSME process
- supervising and managing other professionals
- providing medical assessment, diagnosis, or treatment
- conducting/participating in research activities in which the individual is not involved in DSME
- dispensing/prescribing medications, unless part of the DSME process
- promoting or selling medications or diabetes 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 the DSME process

## Eligibility Requirements for Individuals Whose CDE® Credentials Expired Prior to 2013

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



### Renewal of Certification

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

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

### Eligibility Requirements for Renewal of Certification

For CDEs whose credentials will expire 12/31/2014 and for those whose CDE® credentials have already or will expire in 2013\*:

1. Individuals must continue to hold the license, certification or registration for the same discipline held at the time of initial certification. This license, certification or registration must be current, active, and unrestricted at the time of renewal (e.g., applied for CDE® certification as a registered nurse, must maintain RN license).
2. Accrual of a minimum of 1,000 hours of professional practice experience during the five-year certification cycle. NOTE: Refer to the Renewal Practice Requirement section below.
3. Application Fee(s) Payment.

\*For individuals whose CDE® credentials expired prior to 2013, refer to Eligibility Requirements for Initial Certification, [page 5](#).

### Renewal Practice Requirement

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

### Definition of Professional Practice

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

For those renewing in 2014, the 1,000 hours of professional practice experience requirement must have:

- Taken place in the United States or its territories.
- Been completed during the five year certification cycle between January 1, 2010, and date of application for renewal in 2014.

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

### What is Included in the Definition

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

### What is NOT Included in the Definition

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

### For Those Unable to Meet the Practice Requirement

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



## **Reinstatement of Lapsed Credentials**

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

Refer to Appendix I, page 18 for accrual details.

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

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

## Application Process

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

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

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

Documentation of eligibility does not need to be submitted with an application for the Examination. However, NCBDE reserves the right to verify and/or audit information supplied by an applicant.

If selected for an audit, the applicant will be asked to submit appropriate documentation supporting eligibility. The necessary documentation must be received by the deadline date. Individuals selected for audits will not be able to make appointments for the Examination until their applications have been approved. Neither the NCBDE national office nor AMP can provide the status of an audit via telephone, facsimile or email.

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

- A. Individuals applying for initial certification (or those whose CDE® credentials lapsed prior to 2013) who are applying using an advanced degree in social work, or pre-approved through the Unique Qualifications Pathway (see Eligibility Requirements, 1.C., [page 5](#)) must apply using the paper method. Individuals applying with an advanced degree in social work must submit required official transcripts.
- B. Individuals applying for renewal (or those whose CDE® credentials lapsed in 2013) **AND** who are unable to document meeting the renewal practice requirement must apply using the paper method and submit additional documentation of required continuing education activities. Contact the NCBDE national office for the additional documentation needed for this process.
- C. Individuals who do not wish to use a social security number as an identifier must apply using the paper application and include a note to this effect. A unique identifying number will be assigned when the application is processed.

## How to Apply for an Examination

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

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

If special accommodations are being requested, complete the Request for Special Accommodations form included in this Handbook ([page 39](#) or available for download online) and submit it to AMP by mail or fax before scheduling an examination appointment.

OR

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

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

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

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

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



### Testing Window

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

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

### Fees

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

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

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

### Adherence to Published Policies

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

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

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

### Audit Policy

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

### Examination Administration

The Examination is delivered by computer at more than 190 Assessment Centers throughout the United States and selected international locations. The Examination is administered by appointment only, Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your Examination. Scheduling is done on a first-come, first-served basis. (See Scheduling an Examination, [page 12](#).)

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

### Requests for International Test Centers (Outside United States)

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

There is no additional fee for applicants who reside in one of the U.S. territories where an international Assessment Center is available. Individuals residing outside of the United States or its territories who are interested in testing at an international Assessment Center will need to submit a completed application form, the application fee, and an international Assessment Center fee of \$200. For applicants who do not have social security numbers, unique identifying numbers will be assigned when the applications are processed. All other rules and regulations regarding the computerized examination apply to international examination applicants. All examinations will be given in computerized format only. International applicants will not receive instant score reports. Results will be sent via U.S. mail within 3-5 business days after completion of the examination to the applicant's address of record.



## Requests for Special Accommodations

NCBDE complies with the Americans with Disabilities Act ("ADA") and provides reasonable and appropriate accommodations for those with documented disabilities taking the Examination and for other individuals taking the Examination with qualifying medical conditions that may be temporary or are not otherwise covered by the ADA. Accommodations may be made for these individuals, provided a request for special accommodations is submitted to AMP with the application and the request is approved. The form for requesting special accommodations is included on [page 39](#) and the AMP website. Instructions for completion must be followed and both required documents submitted prior to the application deadline.

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

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

## Telecommunication Devices for the Deaf

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

## Changes After the Application is Submitted

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

## Rejected Applications

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

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

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

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

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

## Appeals

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

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

## Withdrawals and Refunds

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

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

- a) Transfer of the application to the next WINDOW (one time only). Request for this transfer must be made in writing using the Transfer of Application form, [page 41](#), and sent to Applied Measurement Professionals, Inc. (AMP) via mail or facsimile; the request must be received no later than 10 business days prior to their scheduled appointment. If the request is received in the required time frame, an individual may schedule their appointment when the next application window opens with payment of a \$100 transfer fee. Transfers are not available if requests are received less than 10 business days prior to scheduled appointment. *Note: The acceptance of a transfer request does not extend the expiration date of a CDE® credential. An individual holding the CDE® credential who does not successfully renew during the year of expiration must stop using the credential after the expiration date and cannot resume using the credential until written confirmation of passing the examination is received.*



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

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

## Examination Process Examination Windows

Spring: May – June

Fall: November – December

## Scheduling an Examination

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

- Online Scheduling:** You may schedule an examination appointment online at [www.goAMP.com](http://www.goAMP.com). To use this service, follow these easy steps:
  - Go to [www.goAMP.com](http://www.goAMP.com) and select “Schedule/Apply for an Exam.”
  - Follow the simple, step-by-step instructions to select your examination program and schedule an examination.

OR

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

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

records. When AMP is contacted to schedule an examination appointment, you will be notified of the time to report to the Assessment Center. Please make note of it at that time because admission letters will NOT be sent.

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

## Holidays

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

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

## Examination Appointment Changes

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

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





## **Missed Appointments and Cancellation**

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

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

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

## **Inclement Weather, Emergency or Power Failure**

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

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

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

## **Preparing for the Examination**

### **Content of Examination**

The Examination is composed of 200 multiple-choice, objective questions with a total testing time of four (4) hours. It is based on a content outline developed from a practice analysis completed in 2013 which surveyed diabetes educators about the tasks they performed. Questions on the Examination are linked directly to a task or tasks. Each question, therefore, is designed to test if the candidate possesses the knowledge necessary to perform the task or has the ability to apply it to a job situation. On the Examination Content Outline (see Appendix III, [pages 21-22](#)), the number of questions on the Examination from each content area is provided next to each major outline heading (I through III) and also next to the subheadings within the major content headings.

NCBDE prepares the Examination with the advice and assistance of AMP. The questions are developed and reviewed for relevancy, consistency, accuracy, and appropriateness by individuals with expertise in diabetes education. Twenty-five of the 200 questions are new questions that have not been used on previous Examinations. Inclusion of these questions allows for collection of meaningful statistics about new questions, but are not used in the determination of individual Examination scores. These questions are not identified and are scattered throughout the Examination so that candidates will answer them with the same care as the questions that make up the scored portion of the Examination. This methodology assures candidates that their scores are the result of sound measurement practices and that scored questions are reflective of current practice.

### **Testing of Advancements**

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

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

## **Studying for the Examination**

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

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

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

### **Practice Examination**

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

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

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

## **Taking the Examination**

### **Overview**

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

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

### **Identification and Fingerprinting**

To gain admission to the assessment center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

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

### **Security/Rules**

NCBDE and AMP maintain examination administration and security standards that are designed to assure that

all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following procedures apply during the examination:

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

### **Misconduct**

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

- creating a disturbance, being abusive or otherwise uncooperative;
- displaying and/or using electronic communications equipment such as pagers, cellular/smart phones, PDAs;
- talks or participates in conversation with other examination candidates;

- giving or receiving help or suspected of doing so;
- attempting to record examination questions or make notes;
- attempting to take the examination for someone else; or
- being observed with notes, books or other aids not listed on the roster.

## Copyrighted Examination Questions

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

## Practice Testing

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

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

## Timed Examination

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

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

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

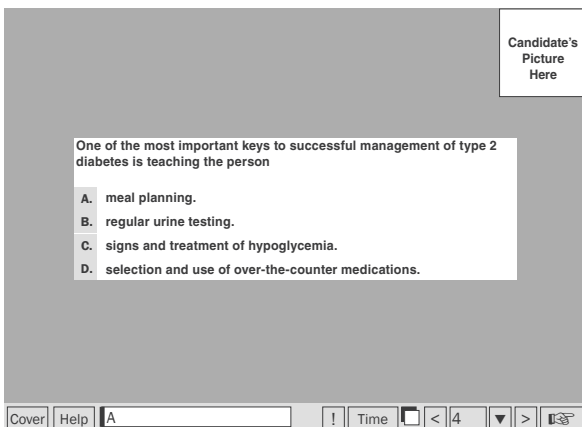
To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward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

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

## Candidate Comments

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

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





## Following the Examination Report of Results

After completion of the evaluation, candidates are instructed to report to the proctor to receive their score reports\*. Scores are released only to the candidates and are reported in written form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

**\*Note: With the spring 2014 examination, implementation of an updated examination content outline goes into effect. Therefore, prior to final scoring, all candidate scores and the passing point will be reviewed to ensure accuracy. Because this information will not be finalized when the spring 2014 testing begins, AMP will not be able to initially release examination scores or pass/fail status at the conclusion of the testing session. Every effort will be made to mail score reports approximately 8 weeks after the date tested, but no later than 8 weeks after the final date of the test administration window.**

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

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

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

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

candidates can learn important information about their area(s) of weakness by examining raw subscores by content areas.

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

### Re-Examination

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

**IMPORTANT NOTE:** For spring 2014 examination candidates, there will NOT be an opportunity to retest during the examination window. For fall 2014 examination candidates, unsuccessful candidates are allowed to apply one time for re-examination during the examination window by completing the online application at [www.goAMP.com](http://www.goAMP.com) or completing the Re-Examination form, [page 42](#), and submitting the application fee. (NOTE: To make use of the one-time re-examination option, applicants must either complete the online application process, including fee payment, or ensure that AMP receives the completed paper Re-Examination Application no less than 10 business days prior to the end of the window). Re-applicants who submit the Re-Examination Application may call AMP approximately 7-10 days after mailing their Re-Examination Application to schedule their examination appointments.

### Scores Cancelled by NCBDE or AMP

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

### Certificates and Wallet Cards

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

### Use of Certification Marks

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

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



## Appendix I

### Accrual Information for Initial/Renewal of Certification

Category	Number of Continuing Education Hours Required	Accrual Start Date for Continuing Education Activities	Professional Practice Experience	Accrual Start Date for Professional Practice Experience
Initial Or Lapsed Prior to 2013	15 hours	No earlier than 2 years prior to the date of application	Per Eligibility Requirements for Initial Certification, 2. Professional Practice Experience, <a href="#">page 5</a>	No earlier than 4 years prior to the date of application

**APPENDICES**

Information below is applicable ONLY for 1) current CDEs who ARE able to document meeting the practice requirement and wish to renew by Examination; or 2) individuals whose credentials lapsed in 2013 who ARE able to document meeting the practice requirement and must pass the Examination to reinstate their credential. Refer to Renewal Practice Requirement, [page 7](#), for definition of practice.

Category	Number of Continuing Education Hours Required	Accrual Start Date for Continuing Education Activities	Professional Practice Experience	Accrual Start Date for Professional Practice Experience
Renewal of Certification – 1st Renewal (e.g., first certified in 2009)	None	n/a	1000 hours	January 1, 2010
Renewal of Certification – certified prior to 2009				
Credential lapsed in 2013				

Information below is applicable ONLY for 1) current CDEs who CANNOT document meeting the practice requirement; or 2) individuals whose credentials lapsed in 2013 who CANNOT document meeting the practice requirement. Renewal/Reinstatement is dependent upon successfully documenting 75 hours of applicable continuing education activities and successfully passing the Examination.

Category	Number of Continuing Education Hours Required	Accrual Start Date for Continuing Education Activities	Professional Practice Experience	Accrual Start Date for Professional Practice Experience
Renewal of Certification – 1st Renewal (e.g., first certified in 2009)	75 hours	January 1, 2010	n/a	n/a
Renewal of Certification – certified prior to 2009		September 16, 2009		
Credential lapsed in 2013		January 1, 2010		

## **Appendix II**

### **Continuing Education Guidelines**

1. Self-Assessment

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

2. Continuing Education Cycles for 2014 Applications

Refer to the Accrual Cycles Information, Appendix I, page 18.

3. Continuing education activities:

- must be approved by a provider on the NCBDE List of Recognized Providers. (Refer to the list of Recognized Continuing Education Providers on page 20).
- must be applicable to diabetes. All subject matter on the Certification Examination Content Outline published in the 2014 Certification Handbook for Diabetes Educators is considered applicable to diabetes.
- must be completed as defined by the renewal of continuing education cycles policy. (All continuing education activities must be completed prior to the application deadline and before submitting the application.)
- must be at a professional level that enhances the quality and effectiveness of diabetes self-management education practice.
- does not have to be discipline specific nor does it have to be in any specific area of concentration, e.g., social workers may attend a diabetes related nursing program and use those clock hours for renewal of certification.

Activities acceptable for continuing education

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

Activities **not** acceptable for continuing education

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

4. Continuing Education Hour

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

5. Recognized Continuing Education Providers

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

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

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

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

Accreditation Council for Pharmacy Education (ACPE) Accredited or Approved Providers  
<http://www.acpe-accredit.org/pharmacists/default.asp>

Accreditation Council for Continuing Medical Education (ACCME-AMA) Accredited or Approved Providers  
<http://www.accme.org/physicians-and-health-care-professionals>

American Nurses Credentialing Center (ANCC) Accredited or Approved Providers  
<http://www.nursecredentialing.org/Accreditation/AccreditedOrganizations>

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

American Academy of Nurse Practitioners (AANP)  
<http://www.aanp.org/education/continuing-education-ce/ce-opportunities>

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

American Academy of Physician Assistants (AAPA) <http://www.aapa.org/cme.aspx>

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

American College of Endocrinology (ACE)

American College of Sports Medicine (ACSM) <http://www.acsm.org/find-continuing-education>

American Medical Association (AMA)  
<http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education.shtml>

American Nurses Association (ANA) <http://ananursece.healthstream.com/default.aspx>

American Occupational Therapy Association (AOTA) <http://www.aota.org/Practitioners/ProfDev/CE.aspx>  
[http://www.do-online.org/index.cfm?au=D&PagelD=edu\\_main&SubPagelD=cme\\_main](http://www.do-online.org/index.cfm?au=D&PagelD=edu_main&SubPagelD=cme_main)

American Physical Therapy Association (APTA) <http://www.apta.org/CareersEducation/>

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

Commission on Dietetic Registration (CDR) Accredited or Approved Providers <http://cdrnet.org/products/>

Council on Continuing Medical Education (CCME-AOA) Approved Sponsors  
<http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Pages/default.aspx>

Council on Podiatric Medical Education (CPME-APMA) Approved Sponsors  
<http://www.cpme.org/education/content.cfm?ItemNumber=2422&navItemNumber=2237>

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

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

National Association of Social Workers (NASW) <http://www.socialworkers.org/CEPortal/CEPSearch.aspx>

National Commission for Health Education Credentialing (NCHEC) Designated Providers [http://www.nchecc.org/dzapps/dbzap.bin/apps/assess/webmembers/tool?webid=ncheccsite&pToolCode=TAB6&pCategory1=TAB6\\_PROCAL&pSaveCat1=Yes](http://www.nchecc.org/dzapps/dbzap.bin/apps/assess/webmembers/tool?webid=ncheccsite&pToolCode=TAB6&pCategory1=TAB6_PROCAL&pSaveCat1=Yes)

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



## Appendix III

### Examination Content Outline

#### I. Assessment of Diabetes and Prediabetes (60)

- A. Assess Learning/Self-Care Behaviors (20)
  1. Goals and learning needs
  2. Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
  3. Learning style (audio, visual, observational, psychomotor, etc.)
  4. Barriers to learning (concrete vs. abstract thinking, literacy and numeracy levels, language, cultural values, religious beliefs, health beliefs, psycho-social and economic issues, family dynamics, etc.)
  5. Physical capabilities/limitations (visual acuity, hearing, functional ability, etc.)
  6. Readiness to change behavior (confidence in ability to change, value of change, etc.)
- B. Assess Medical/Health/Psychosocial and Economic Status (20)
  1. Diabetes-specific health history (duration, symptoms, complications, adherence to standards of care, treatment, etc.)
  2. General health history (family history, allergies, medical history, nutrition history, etc.)
  3. Previous and current medication regimen (medication dosage, prescription and nonprescription drugs, herbals, alternative remedies, adverse reactions, etc.)
  4. Treatment fears and myths (hypoglycemia, hyperglycemia, needles, weight gain, etc.)
  5. Family/Caregiver dynamics and social supports
  6. Substance use (alcohol, tobacco, caffeine, etc.)
  7. Developmental transitions and mental health status (age, life stages, coping ability, adjustment to diagnosis, etc.)
  8. Specific barriers to diabetes self-care regimen (cognitive ability, language, cultural, spiritual, psychosocial, physical, economic, etc.)
  9. Diabetes-specific physical assessment (injection and blood glucose monitoring sites, blood pressure, weight, height, body mass index, lower extremities, acanthosis nigricans, etc.)
  10. Laboratory and patient collected data trends (blood glucose, A1C, lipid profile, renal/liver function, etc.)
- C. Assess Current Knowledge and Self-Management Skills (20)
  1. Diabetes (e.g., pathophysiology)
  2. Eating patterns (food and beverage preferences, portion sizes, timing of meals and snacks, eating environment, disordered eating, etc.)
  3. Exercise/Physical activity history and/or level
  4. Monitoring techniques and equipment (blood glucose, ketones, blood pressure, weight, foot examination, etc.)
  5. Record keeping activities (blood glucose, food, activity, etc.)
  6. Medication use (oral and injectable medications, administration technique, delivery systems, timing and dosage, adherence, etc.)
  7. Use of health care resources (health care professionals, insurance, etc.)

#### II. Interventions for Diabetes and Prediabetes (89)

- A. Collaborate with Patient/Family/Caregiver/Healthcare Team to Develop: (16)

1. Individualized diabetes education plan based on assessment (learning objectives, sequence of information, selection of content, communication, etc.)
2. Instructional methods (discussion, demonstration, role playing, simulation, technology-based platforms, etc.)
3. Behavioral goals (S.M.A.R.T. goals, AADE-7, etc.)
- B. Teach/Counsel Regarding Principles of Care (50)
  1. General topics
    - a) Classifications and diagnosis (ADA Clinical Practice Recommendations, AACE, etc.)
    - b) Modifiable risk factors (lifestyle behaviors, etc.)
    - c) Pathophysiology (auto-immunity, MODY, insulin resistance, fuel metabolism, secondary diabetes, etc.)
    - d) Effects and interactions of physical activity, food, medication, and stress
    - e) Treatment options (choices, availability, cost, risk/benefit, etc.)
    - f) Goals of treatment (blood glucose, A1C, blood pressure, lipids, quality of life, prevention of complications, etc.)
    - g) Purpose of laboratory tests (A1C, lipids, kidney and liver function tests, etc.)
    - h) Evidence-based diabetes research
  2. Living with diabetes and prediabetes
    - a) Psychosocial adaptation (new diagnosis, complications, coping skills, etc.)
    - b) Psychosocial problems (depression, eating disorders, divorce, etc.)
    - c) Role/Responsibilities of care (patient, family members, team, shared responsibility, etc.)
    - d) Decision making/Behavior change skills
    - e) Safety (sharps disposal, medical ID, driving, etc.)
    - f) Hygiene (dental/skin/feet, etc.)
    - g) Social/Financial issues (employment, insurance, disability, discrimination, etc.)
  3. Metabolic monitoring
    - a) Glucose (testing sites, meter selection, sensor, etc.)
    - b) A1C
    - c) Blood pressure
    - d) Regimen and record keeping (blood glucose logs, food records, etc.)
    - e) Lipids/Cholesterol
    - f) Liver/Renal monitoring (liver function studies, microalbuminuria, serum creatinine, etc.)
    - g) Ketones
  4. Nutrition principles and guidelines
    - a) ADA and Academy of Nutrition and Dietetics nutrition recommendations (meal planning, macro/micronutrients, etc.)
    - b) Carbohydrates (food source, sugar substitutes, fiber, carbohydrate counting, etc.)
    - c) Fats (total, saturated, monounsaturated, etc.)
    - d) Protein (renal disease, wound care, etc.)
    - e) Food and medication integration (medication timing, meal timing, etc.)
    - f) Food label interpretation (nutrition facts, ingredients, health claims, etc.)

- g) Alcohol (amount, precautions)
  - h) Weight management (adult and childhood obesity, failure to thrive, etc.)
  - i) Special considerations (food allergies, gastroparesis, celiac disease, bariatric surgery, etc.)
  - 5. Physical activity
    - a) ADA and American College of Sports Medicine recommendations
    - b) Benefits, barriers, and precautions (e.g., post exercise delayed onset hypoglycemia)
    - c) Exercise/Activity plan (aerobic, resistance training, etc.)
    - d) Adjustment of monitoring, food, and/or medication
  - 6. Pharmacologic management
    - a) ADA/European Association for the Study of Diabetes (EASD), AACE guidelines
    - b) Medications (insulin, oral and injectable medications, administration, side effects, etc.)
    - c) Delivery systems (pump therapy, devices, etc.)
    - d) Medication adjustment
    - e) Interactions (drug-drug, drug-food, etc.)
    - f) Non-prescription preparations
  - 7. Acute complications: causes, prevention and treatment
    - a) Hypoglycemia
    - b) Hyperglycemia
    - c) Diabetic ketoacidosis (DKA)
    - d) Hyperosmolar hyperglycemic state (HHS)
  - 8. Chronic complications and comorbidities: causes, prevention and treatment
    - a) ADA Clinical Practice screening recommendations
    - b) Eye disease (retinopathy, cataracts, glaucoma, etc.)
    - c) Sexual dysfunction
    - d) Neuropathy (autonomic, peripheral, etc.)
    - e) Nephropathy
    - f) Vascular disease (cerebral, cardiovascular, peripheral, etc.)
    - g) Lower extremity problems (foot ulcers, Charcot foot, etc.)
    - h) Dermatological (wounds, yeast infection, ulcers, etc.)
    - i) Dental and gum disease
    - j) Co-morbidities (hypertension, depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
  - 9. Other management issues
    - a) Honeymoon period, dawn phenomenon, Somogyi effect
    - b) Hypoglycemia unawareness
    - c) Sick days
    - d) Physical capabilities/Limitations (visual acuity, hearing, functional ability, etc.)
    - e) Surgery and special procedures
    - f) Travel and disaster preparedness
    - g) Transition populations (pediatric, geriatric, care settings, etc.)
    - h) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
    - i) Changes in usual schedules (shift, religious, cultural, etc.)
    - j) Assistive and adaptive devices (talking meter, magnifier, etc.)
    - k) Substance use (tobacco, marijuana, illicit drugs, etc.)
    - l) Pump/Device malfunctions
    - m) Disparities (economic, access, sex, ethnicity, geographic, mental capabilities, etc.)
  - C. Evaluate, Revise and Document (17)
    - 1. Weight, blood glucose, food intake, medication regimen, physical activity plan
    - 2. Patient self-reports and/or device downloaded reports
    - 3. Evaluate effectiveness of teaching in the following:
      - a) Achievement of objectives
      - b) Progress towards behavioral goals
      - c) Self-management skills
      - d) Psychosocial adaptation
    - 4. Ongoing plans for achieving and evaluating objectives and behavioral goals
  - D. Referral and Follow-Up (6)
    - 1. Issues requiring referral to other (health care) professionals
      - a) Additional diabetes education
      - b) Medical nutrition therapy
      - c) Exercise prescription
      - d) Mental health
      - e) Medical care (foot care, dilated eye exam, pre-conception counseling, etc.)
      - f) Financial and social services
      - g) Risk reduction (smoking cessation, obesity, preventative services, etc.)
      - h) Medication consult
      - i) Discharge planning, home care, community resources (visual, hearing, language, etc.)
    - 2. Communication between diabetes educator and provider
    - 3. Diabetes Self-Management Support (DSMS) (pharmaceutical industry, community resources, and/or health plan coaches/case managers, etc.)
- III. Disease Management (26)**
- A. Education and Program Standards (8)
    - 1. Translate National Standards for Diabetes Self-Management Education and Support (NSDSMES)
      - a) Perform needs assessment (target population, etc.)
      - b) Develop curriculum (identify program goals, content outline, lesson plan, teaching materials, etc.)
      - c) Choose teaching methods and materials for target populations
      - d) Evaluate program outcomes (number of people served, provider satisfaction, patient satisfaction, effectiveness of diabetes education materials, etc.)
      - e) Assess patient outcomes (behavior changes, A1C, lipids, weight, quality of life, ER visits, hospitalizations, work absences, etc.)
      - f) Perform continuous quality improvement activities
      - g) Maintain patient information/demographic database
  - B. Clinical Practice (16)
    - 1. Apply inpatient standards (AACE, ADA, Endocrine Society, etc.)
    - 2. Apply outpatient standards (AACE, ADA, Endocrine Society, etc.)
    - 3. Target high-risk populations for intervention
    - 4. Identify health care professionals in need of education
  - C. Engage in Diabetes Advocacy (community awareness, health fairs, work place, legislative efforts, media, etc.) (2)

## Appendix IV

### Sample Examination Questions

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

#### CORRECT ANSWERS TO SAMPLE QUESTIONS

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

## Appendix V

### References

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

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## **Appendix VI**

### **Canons of Ethical Conduct and Rules and Procedure**

#### **Canons of Ethical Conduct**

##### **I. PREAMBLE**

###### **C1.1 Introduction**

The practice of diabetes self-management education (“Profession”) is a recognized allied health profession. The Certified Diabetes Educator® (“CDE”) assumes specific responsibilities to physicians or other licensed/registered health professionals, people with diabetes or prediabetes and their significant other(s), the public, associates, and to the Profession itself. These responsibilities must be discharged with honor and integrity to assure the maintenance of public confidence in the Profession and to protect the person with diabetes or prediabetes and his/her significant other[s]. For the purposes of these Canons of Ethical Conduct (“Canons”), the term “CDE” shall mean any person who has earned the certification offered by the National Certification Board for Diabetes Educators (the “Board”). As used herein, “Committee” refers to the Professional Discipline Committee of the Board.

The Profession exists for the primary purpose of recognizing and advancing the specialty practice of diabetes self-management education (DSME) and support. CDEs are responsible for maintaining and promoting ethical practice, including, without limitation, reporting unethical practices in accordance with these Canons. These Canons, adopted by the Board, shall be binding upon all CDEs and candidates approved to take the CDE certification examination.

###### **C1.2 Ethics, Custom and the Law**

Unethical conduct may involve violations of customs and usages of the Profession as well as actions that violate the law and regulations. Failure to conform to these Canons, including conduct that violates moral principles, customs and practices of the Profession, the law or regulations, may be subject to disciplinary action in accordance with the “Rules and Procedures Regarding the Canons of Ethical Conduct” (“Rules”). Disciplinary action depends on the particular circumstances involved and, without limitation, how the conduct in question reflects upon the dignity and integrity of the Profession.

The Committee will take appropriate action, if any, consistent with the Rules. Each CDE has a civic and professional obligation to report to the appropriate governmental body any and all evidence that may come to his/her attention involving the alleged criminal conduct of any CDE relating to the practice of DSME.

###### **C1.3 Disclosure of Other Agency Actions**

Each CDE must promptly, fully and accurately disclose to the Board any and all investigations, findings, and actions by any government agency, quasi-government agency, licensing board, registration body, or other similar health related agency or body responsible for national, state or local licensing and/or oversight of diabetes education-related licenses, certifications, or the like (“Agencies”). The CDE’s disclosure requirement includes investigations by federal, state and/or private payors regarding existing or potential known or unknown billing malfeasance. Each CDE must make such disclosure to the Board within thirty (30) days from the date of the commencement of action by any Agency. Each CDE must promptly and fully cooperate with the Board and with the Agencies.

##### **II. RESPONSIBILITIES TO THE PHYSICIAN AND/OR APPROPRIATELY LICENSED/REGISTERED HEALTH CARE PROVIDER**

###### **C2.1 Provision of Services**

The CDE shall recognize the person’s freedom of choice in selection of diabetes treatment and education and his/her health care provider. Professional affiliations, including employment and referral relationships, may not adversely limit access to services and shall not adversely affect the decision-making process of the CDE. The CDE must adhere to the ethical principles of the Board which shall take preference over business relationships.

###### **C2.2 Scope of Practice**

The Certification Examination for Diabetes Educators (Examination) is sensitive to areas of general practice and contemporary diabetes knowledge across multiple professional disciplines. Passing the Examination verifies core knowledge in the field of diabetes. Holding the CDE credential does not confer any permission to manage diabetes beyond the scope of the individual’s professional practice. The boundaries of professional practice are determined by state practice acts. Job descriptions and job functions are determined by employing agencies, not the CDE credential.

###### **C2.3 Services Not Components of DSME**

The CDE shall only provide DSME as defined by the National Certification Board for Diabetes Educators. While other services may be provided in the management and treatment of a person with diabetes/prediabetes, they may not be promoted or provided as components of DSME.



**III. RESPONSIBILITIES TO THE PERSON WITH  
DIABETES/PREDIABETES**

**C3.1 Evaluation and Recommendation**

It is the responsibility of the CDE to recommend diabetes self-management plans specific to the needs of the individual and to provide appropriate educational and learning information to the person with diabetes/prediabetes, other healthcare professionals, the public, etc. The CDE shall recognize that each individual person is unique and deserves specific and responsive guidance from the CDE. The CDE shall be guided at all times by concern for the physical, emotional, social and economic welfare of the person. The needs, goals and life experiences of the person shall be taken into account. All decisions by the CDE must be made with the understanding and intent that the individual person's best interests are the primary concern.

**C3.2 Confidential Information**

All information related to a person's identity, background, condition, treatment, management plan or education plan or any other information related to the CDE/person or people with diabetes/prediabetes is and shall always remain confidential and may not be communicated to any person or entity who is not providing direct medical care to the patient without the prior written consent of the patient or patient's legal guardian.

Information that may be derived from any CDE's peer review process shall be held and always remain confidential by all participants unless written permission to release the information is obtained from the person under the care of the CDE or that person's legal guardian. All information derived in a work place from a working relationship related to the care of a person with diabetes/prediabetes shall be held and always remain confidential by all parties. The confidentiality requirements set forth in this Canons C3.2 shall be strictly adhered to by all CDEs unless required otherwise by law or valid court order or subpoena, or if it becomes necessary to disclose such information to protect the welfare of the person with diabetes/pre-diabetes and/or the community. In such an event, any disclosure of confidential information shall be in accordance with applicable legal requirements.

**C3.3 Trust and Honesty**

The CDE shall be truthful and honest.

**C3.4 Fees and Compensation**

The CDE shall provide services based on the needs of the individual receiving the services and not solely for personal financial gain. The CDE shall not engage in false, misleading or deceptive actions in relation to the ultimate cost of the services undertaken or furnished. The CDE shall not over utilize or unnecessarily continue services beyond the point of benefit or by providing services more frequently than necessary.

The CDE shall not submit false or misleading information in requesting payment or reimbursement.

**C3.5 Practice Arrangements**

The CDE shall not: (i) directly or indirectly request, receive or participate in dividing, transferring, assigning or rebating any funds derived from a referral of a patient to any other individual or entity, whether affiliated with the CDE or otherwise; or (ii) profit by means of a credit or other valuable consideration, such as an unearned commission, discount or gratuity for providing services, except for the fees earned for services performed for the patient.

The CDE shall refer all persons with diabetes/prediabetes to the most appropriate service provider, taking into consideration the nature and extent of the problem, treatment resources and availability of healthcare benefit coverage, and the likelihood of receiving appropriate and beneficial care. If the CDE is involved in an arrangement with a referring source in which the referring source derives income from the CDE's services, the CDE must disclose all pertinent information to the patient, including without limitation that the referring practitioner derives income from the provision of the services. The CDE shall advise his/her employer of any employer or employee practice which is in contradiction with this Canons C3.5.

**C3.6 Compliance with Laws and Regulations**

The CDE shall provide DSME and other services in accordance with Federal law and the laws and regulations of the jurisdiction(s) in which they practice.

**C3.7 Reporting**

The CDE shall report to the Board any conduct that reasonably appears to violate these Canons. This reporting requirement includes, without limitation, self-reporting, and the reporting about other CDEs, in connection with a third party investigation and finding, regardless of whether the investigation has been completed.

**C3.8 Delegation of Responsibility**

The CDE shall not delegate any task requiring unique skills, knowledge or judgment to an unqualified person. The primary responsibility for services provided by supporting personnel rests with the delegating CDE.

**C3.9 Illegal Discrimination**

The CDE shall not decline to accept a patient on the basis of race, gender, color, religion or national origin or on any basis that would constitute illegal discrimination under federal law.



**C3.10 Sexual Relations with Patient Prohibited**

The CDE shall not have consensual or nonconsensual sexual relations with a current or former person under the care of CDE unless a consensual sexual relationship existed between the CDE and the person prior to the provision of any diabetes educational services or the CDE has not provided any diabetes educational services to the person for a one year period preceding the beginning of the sexual relationship or for a one year period after the termination of the sexual relationship. The CDE shall not engage in, require, or demand sexual relations with a person incident to or as a condition of any diabetes educational services.

**IV. RESPONSIBILITIES TO COLLEAGUES AND THE PROFESSION**

**C4.1 Dignity**

The CDE has the personal responsibility to conduct him/herself in a manner that will assure the dignity and status of the Profession. Examples of unacceptable behavior include, but are not limited to, falsifying documents, misusing the certification credential, slandering or libeling another, disparaging former employers, disparaging former employees, and misrepresenting one's capacity as a provider of services.

**C4.2 Solicitation**

The CDE shall not, either directly or indirectly, solicit the patronage of individual patients or students by way of intimidation, threats, harassing conduct, undue influence, coercion, duress, or unwarranted promises of benefits. The CDE shall not solicit a person who is in a mental condition that impairs his/her personal judgment to make decisions concerning the services being offered. The CDE shall not solicit a person in a manner that is inconsistent with his/her obligation to act in a dignified manner as set forth in Canon C4.1 above.

**C4.3 Examination**

The CDE shall maintain the security and prevent the disclosure of credentialing examinations and their content.

**V. PATIENT CARE BY OTHER HEALTH PROFESSIONALS**

**C5.1 Concern about Care by Other Health Professionals**

The CDE should exercise appropriate respect for other health professionals. Concerns regarding patient care provided by other such professionals should be addressed directly to those professionals rather than to the patient. In the event that such concerns rise to the possible level of criminal violation, incompetence or malpractice, then the CDE must immediately notify the appropriate credentialing, licensure, or registration authority and, if necessary, the patient or legal guardian.

**VI. CREDENTIAL**

**C6.1 Use of Credential**

The CDE shall use the fact that he/she is credentialed only as evidence of meeting the requisite standard of knowledge and competency in the discipline in which the CDE is credentialed, as defined by the Board. The CDE shall not use the credential to promote any services that are outside the scope of practice of a diabetes educator.

**C6.2 Endorsement of Products, Medication, Devices or Supplies**

While a CDE may recommend the use of specific products, medications, devices or supplies, the CDE credential may not be used to label, suggest or otherwise infer that such products, medications, devices or supplies have been endorsed by the National Certification Board for Diabetes Educators.

**C6.3 Employment by Manufacturers, Pharmaceutical Companies or Suppliers**

It is permissible to be employed by a manufacturer, pharmaceutical company or supplier as a CDE. However, the CDE credential may not be used in a manner prohibited by Canon C6.2.

**VII. APPLICATION OF CANONS**

**C7.1 Adherence to Canons**

These Canons shall apply to all CDEs, including certification examination candidates.

## Rules and Procedures

### I. RESPONSIBILITY AND OBJECTIVES OF THE PROFESSIONAL DISCIPLINE COMMITTEE

**R1.1 Objectives.** The fundamental objectives of the Professional Discipline Committee (“Committee”) are to enforce the *Canons of Ethical Conduct* (“Canons”) to ensure that any person who has applied for, or has been awarded the Certified Diabetes Educator® (“CDE”) credential by the National Certification Board for Diabetes Educators (“NCBDE”) is practicing in accordance with professional standards and to protect the public against unprofessional and unethical conduct by CDEs or certification candidates.

**R1.2 Rules.** The Committee shall review and analyze the Canons and shall propose recommendations regarding the Canons for adoption by the Board of Directors (“Board”) of NCBDE.

**R1.3 Conduct.** The Committee is responsible for receiving, reviewing and, if appropriate, adjudicating complaints of unprofessional conduct and/or alleged violations of the Canons.

**R1.4 Resolution of Complaints.** The Committee shall resolve all complaints of unprofessional and unethical conduct and/or alleged violations of the Canons, including, without limitation, findings, conclusions and sanctions, if warranted.

**R1.5 Reports.** Upon the Board’s request, the Committee shall deliver a summary report to the Board identifying the Committee’s activities.

**R1.6 Procedures.** Subject to the review of the Board, the Committee shall adopt procedures and safeguards governing the functions of the Committee to ensure that all CDEs and certification applicants and the Committee are in full compliance with the Canons and these *Rules and Procedures Regarding the Canons of Ethical Conduct* (“Rules”).

**R1.7 Time.** The time periods set forth in these Rules are intended to provide guidance to the Committee, the Board and all relevant parties, and may be extended at the Committee’s discretion depending on the circumstances of each proceeding. Failure of the Committee, the Board or any party to comply with the time periods shall in no event prevent the continuation or conclusion of a proceeding by the Committee or the Board.

### II. NATURE OF AUTHORITY

**R2.1 Power to Investigate.** The Committee shall have the power to, but shall not be obligated to, adjudicate all allegations of unprofessional and unethical conduct that may be harmful to colleagues, or to the public or that may be otherwise contrary to the objectives of the Canons or

NCBDE, provided that such allegations are made in writing. The Committee’s powers do not extend to addressing economic issues as they relate to legitimate marketplace competition.

**R2.2 Disposition of Complaints.** The Committee has the sole authority to decide whether to act on a complaint and to make final determinations regarding each complaint, subject to the Board’s authority to conduct an appeal as set forth in these Rules.

**R2.3 Committee Actions.** The Committee may take the following actions:

- a. notify all parties in writing that no action is warranted against the CDE or certification candidate;
- b. request that the CDE or certification candidate cease the improper conduct, accept supervision, or seek appropriate assistance;
- c. place on probation or reprimand the CDE;
- d. suspend the CDE’s credential for an appropriate amount of time;
- e. permanently revoke the CDE’s credential or temporarily or permanently revoke a certification candidate’s eligibility to take the certification examination;
- f. refer the matter to the proper authorities for criminal prosecution, if appropriate; and/or
- g. propose other action that is warranted under the circumstances.

**R2.4 Monetary Award.** The Committee will not determine or impose monetary awards or penalties.

**R2.5 Committee Meetings.** The Committee shall meet as needed. A quorum at such meetings shall consist of a majority of the members of the Committee. The Committee may meet by telephone conference call. All Committee members must be given at least ten (10) days advance written notice of any meeting, provided that such notice may be waived by any member of the Committee or by the attendance of any member of the Committee at the meeting. Notices may be communicated by mail, hand delivery, electronic transmission or by facsimile.

**R2.6 Confidentiality.** All information disclosed to the Committee and/or the Board, shall be maintained on a confidential basis, except that the Committee and/or the Board shall be permitted to disclose such information when compelled by a validly issued subpoena, when otherwise required by law, to law enforcement officers and/or government agencies if warranted and as determined by NCBDE or the Committee in its sole discretion, or to parties essential to the review and investigation of the alleged unethical or unprofessional conduct, including their legal counsel. Public information shall not be considered confidential information for purposes of this Rule R2.6.





**R2.7 Determination.** When an investigation has been completed and the Committee has made its decision, it shall inform both the complainant (“Complainant”) and the CDE or certification candidate of its conclusions and the actions to be taken, if any, along with the bases for such actions. Such disclosures shall include a citation to any particular Canons section violated.

**R2.8 Record Keeping.** The Committee shall establish reasonable procedures to ensure that confidentiality is maintained with respect to the handling, storage, maintenance and destruction of records.

### **III. CDE OR CERTIFICATION CANDIDATES CONVICTED OF OR CHARGED WITH FELONIES OR DISCIPLINED BY OTHER ENTITIES, ORGANIZATIONS OR AGENCIES**

**R3.1 Conviction/Charge.** If the CDE or certification candidate has been convicted of, pled guilty to, and/or pled nolo contendere to a felony, and/or if the Committee finds that a federal, state or other recognized appropriate enforcement agency (“Agency”) has determined that the CDE or certification candidate is in violation of pertinent rules and regulations, the Committee shall review the record leading to the conviction, plea and/or Agency finding and will thereafter send the CDE or certification candidate a notice requesting the CDE or certification candidate show good cause why he/she is not in violation of the Canons. This action will be conducted without the right to have a hearing, as described in Rule R5.6. Following receipt of the CDE or certification candidate’s response, the Committee may proceed with a final determination in accordance with Rules R2.3 and R6.1. If the CDE or certification candidate has been charged with a felony and/or possible violation of a pertinent rule or regulation, such charge will neither require nor preclude further action by the Committee.

**R3.2 Affiliations.** If the CDE or certification candidate has been expelled or suspended for unethical or unprofessional conduct from a national, regional or state professional association, or had his/her license/registration or credential revoked or sanctioned in any way on ethical grounds by a federal or state licensing, registration, or certifying authority, the Committee shall review the records leading to the sanction(s), if available, and may, if appropriate, send the CDE or certification candidate a notice that his/her/its credentialed status will be suspended, denied or revoked without further proceedings.

**R3.3 Malpractice.** If the CDE or certification candidate has acknowledged committing or has been found to have committed malpractice, the Committee shall review the record leading to the findings, if available, and may thereafter send the CDE or certification candidate a notice that his or her credentialed status will be suspended or revoked without further proceedings.

**R3.4 Committee Hearing.** Except in those instances set forth in Rule R3.1 above, if the CDE or certification candidate’s credentialed status is revoked or suspended pursuant to Rule R3.2 or R3.3, within thirty (30) days from the date of notice of such decision, the CDE or certification candidate shall be permitted to petition the Committee, in writing, to request an appeal hearing. The hearing shall be conducted orally by telephone conference call. The hearing may be conducted in person if the Committee determines that exceptional circumstances exist warranting an in-person hearing. The hearing shall be scheduled by the Committee within thirty (30) days of receipt of the CDE or certification candidate’s notification, and shall take place within sixty (60) days thereafter at a date and time established by the Committee. The CDE or certification candidate shall be responsible for all of his/her costs.

### **IV. DISCIPLINARY PROCEDURES: INITIAL CONSIDERATION**

**R4.1 Complaint.** A complaint (“Complaint”) against any CDE or certification candidate may be submitted by: (i) any party claiming to have been harmed by the unethical or unprofessional conduct of the CDE or certification candidate; (ii) any national, regional or state professional association of which the CDE or certification candidate is a member; (iii) any licensing or credentialing authority; (iv) NCBDE; or (v) the Committee. The Complaint must be in writing and must contain complete and accurate information as required by the Complaint form.

**R4.2 Disclosure of Previous Actions.** The Complainant shall inform the Committee of previous steps, if any, that have been taken with respect to the alleged unethical or unprofessional conduct and the results of such steps taken.

**R4.3 Committee Complaint.** The Committee may proceed on its own initiative when a CDE or certification candidate appears to have violated the Canons by initiating an investigation and/or requesting information from the CDE or certification candidate and/or by submitting a formal Complaint.

**R4.4 Anonymous or Oral Complaint.** The Committee may not act solely on the basis of an anonymous or oral Complaint.

**R4.5 Additional Information.** The Committee may, through correspondence or otherwise, seek supplementary information from the Complainant or any other party, when necessary, in order to completely evaluate the substance of the allegations. In the event that the Committee determines that additional information is necessary but the Complainant refuses to provide such information, the Committee may determine that the case should be closed.

## **V. DISCIPLINARY PROCEDURES: INITIAL ACTION**

**R5.1 Initial Determination.** Within forty-five (45) days of receiving a Complaint from the Complainant, the Committee shall determine whether sufficient information exists to proceed with a formal investigation. The Committee shall not proceed until such time as the Committee is satisfied that the Complainant has complied with all procedural requirements. If the Committee concludes that an investigation is not warranted, it shall notify the Complainant of its determination within thirty (30) days thereafter.

**R5.2 Formal Investigation.** If the Committee determines that a formal investigation should ensue, it shall notify the Complainant and CDE or certification candidate of its determination within thirty (30) days. The notification sent by the Committee to the CDE or certification candidate shall include the Complaint and a description of the alleged behaviors involved in the Complaint, including the specific section of the Canons that the CDE or certification candidate is alleged to have violated. The notification shall include a copy of the Canons and these Rules. The notification shall further contain the name of the Complainant. If the Complainant refuses to have his/her name known to the CDE or certification candidate, the case shall be closed. The notification shall include a statement that the information submitted by the CDE or certification candidate shall become part of the record and may be used in further proceedings.

**R5.3 Response to Complaint.** The CDE or certification candidate is required to provide to the Committee, and personally sign, his/her written response within fifteen (15) business days from the date of the notification sent by the Committee. The CDE or certification candidate's response must be complete, accurate and fully responsive to the Complaint. Failure to respond or any other unwarranted delay by the CDE or certification candidate, or the lack of the CDE or certification candidate's cooperation, shall in no way prevent the continuation or conclusion of the proceedings by the Committee as it deems fit.

**R5.4 Additional Information.** If, after receipt of the CDE or certification candidate's response, the Committee determines that additional information is warranted from either or both the Complainant or the CDE or certification candidate, or from any third party, it shall notify the Complainant and the CDE or certification candidate of the request for additional information. The parties shall provide the additional information no later than fifteen (15) days from the date of the request for additional information.

**R5.5 No Further Action.** Once all of the information has been received pursuant to Rules R5.3 and R5.4 above, the Committee may conclude that the Complaint has no basis in fact, is insufficient or is likely to be corrected on its own merit and, therefore, may determine to close the case without

further action. Such decision shall be made within forty five (45) days of the Committee's receipt of all of the information. If the Committee determines to close the case, it shall inform both the Complainant and the CDE or certification candidate.

**R5.6 Right to a Hearing.** If the Committee, having received all information pursuant to Rules R5.3 and R5.4 above, determines that further action is warranted, it shall notify the Complainant and the CDE or certification candidate that the Committee is prepared to consider all of the information before it and render a decision on that basis. The CDE or certification candidate may request that, prior to such analysis and decision, he/she be afforded the opportunity to have a hearing before the Committee so that he/she may present his/her interpretation of the facts before the Committee. If the CDE or certification candidate desires to have a hearing before the Committee, he/she must so notify the Committee, in writing, within fifteen (15) days of the Committee's notification to the CDE or certification candidate and Complainant as set out in this Rule R5.6. The CDE or certification candidate's failure to timely request a hearing shall be deemed a waiver by the CDE or certification candidate of the right to a hearing. All hearings shall be by telephone conference call unless, due to exceptional circumstances, the Committee determines in its sole discretion to conduct an in-person hearing. The Complainant shall be invited to be present during the hearing. If the Complainant is invited to be present during the hearing but does not attend, the hearing and investigation shall not be suspended or revoked. The Complainant's failure to attend may be considered as a factor in the Committee's determination relating to that particular matter.

**R5.7 Peer Review.** The hearing process shall be conducted through peer review. The CDE or certification candidate may be accompanied by any third party, including legal counsel. However, the CDE or certification candidate, personally, and not any other party including without limitation the CDE or certification candidate's legal counsel, shall make all presentations, responses and address all issues to the Committee.

**R5.8 Committee Panel.** The Committee may, in its discretion, establish a panel ("Panel") consisting of at least three (3) Committee members, to act on its behalf at any hearing referred to in these Rules. The Panel shall conduct any such hearing in accordance with these Rules and shall report all findings during the hearing to the Committee for the Committee's consideration and determination.

**R5.9 Hearing Date/Time.** If the CDE or certification candidate requests a hearing pursuant to Rule R5.6, the Committee shall schedule a hearing date no later than sixty (60) days after receipt of the CDE or certification candidate's request. The Committee shall notify the CDE or certification candidate and Complainant of the date and

time of the hearing. If the hearing is conducted by telephone conference call, the Committee, in its sole discretion, shall determine the date and time of the hearing. If the hearing is conducted in-person, the Committee, in its sole discretion, shall determine the location, date, and time of the hearing. The CDE or certification candidate and Complainant shall each pay all of his/her own costs, respectively.

## **VI. DISCIPLINARY PROCEDURES: DISPOSITION OF COMPLAINT**

**R6.1 Committee Action.** If the Committee concludes that some type of action is warranted, it shall adopt any one (1) or more of the following sanctions or take any other appropriate action:

- a. require that the CDE or certification candidate cease and desist the alleged conduct;
- b. require the supervision of the CDE or certification candidate as the Committee sees necessary;
- c. reprimand the CDE or certification candidate if the Committee determines there has been a Canons violation but no damage to another person, the public or the profession has occurred;
- d. censor the CDE or certification candidate if the Committee determines there has been a Canons violation but the damage done is not sufficient to warrant more serious action;
- e. place the CDE or certification candidate under probation and actually and systematically monitor the CDE or certification candidate for a specific length of time;
- f. if appropriate, refer the matter to the national, regional and state professional association and/ or a state licensing, registration, or certifying authority;
- g. suspend or revoke the CDE or certification candidate's credential;
- h. require the CDE or certification candidate to take remedial personal rehabilitative and/or educational actions; and/or
- h. take any other action as set forth in Rule R2.3 above.

**R6.2 Notification.** The Committee shall notify the Complainant and CDE or certification candidate of its determination and action to be taken within thirty (30) days of the date of its decision.

**R6.3 Appeal.** The CDE or certification candidate shall have fifteen (15) days from the date of the notification to appeal the Committee's findings. The CDE or certification candidate must notify the Committee in writing within fifteen (15) days of the date of the Committee's notification if he/she intends to appeal. The appeal must be mailed by certified mail, return receipt requested or by verifiable overnight express mail service, to NCBDE's headquarters. The CDE or certification

candidate's notification must include all reasons and bases for the appeal. If the CDE or certification candidate does not appeal the Committee's decision within the fifteen (15) day time period, the Committee's conclusions and sanctions shall be deemed final, effective immediately. The Committee shall so notify the Complainant and the CDE or certification candidate.

**R6.4 Panel.** The Board may elect to establish a panel consisting of three (3) of its members ("Appeal Panel"), who are not simultaneously serving on the Committee, to act on its behalf to review, consider and make a final determination about an appeal of a Committee decision.

**R6.5 Board.** If the CDE or certification candidate appeals a decision by the Committee regarding the imposition of discipline and/or sanctions, he/she must do so by submitting a written appeal statement. The Board or Appeal Panel shall consider the written appeal statement and all available evidence. The CDE or certification candidate shall pay for all of his/her own costs.

## **VII. BOARD'S DECISION**

**R7.1 Further Consideration.** The Board or Appeal Panel may, after reviewing the decision of the Committee, determine that the Committee did not properly review the evidence prior to making its final decision in the matter. In such case, the Board or Appeal Panel may remand the matter back to the Committee for further consideration.

**R7.2 Board or Appeal Panel's Decision.** The Board and Appeal Panel shall only overrule the Committee's decisions in the event of the following:

- a. the Canons were incorrectly applied;
- b. the findings of facts by the Committee were clearly erroneous;
- c. it would be unjust or unfair to implement the Committee's decision;
- d. the procedures used by the Committee were in serious and substantial violation of the Canons and these Rules; and/or
- e. the disciplinary sanctions determined by the Committee were grossly disproportionate to the facts.

In no event shall the Board and Appeal Panel be bound by the Committee's determination regarding the sanction.

**R7.3 Notification.** Within sixty (60) days of receipt of the written appeal statement, the Board or Appeal Panel shall notify the Complainant and the CDE or certification candidate of its decision which shall be final. The Board and Appeal Panel's decision may not be appealed. Once the Board or Appeal Panel's decision has been made, it shall notify the Committee, which shall implement the Board or Appeal Panel's directives.



**R7.4 Publication of Sanction.** NCBDE shall report, at least annually, the names of all sanctioned CDE or certification candidates and the violations of the Canons involved. In addition, NCBDE shall notify all interested national, regional and state professional associations as well state licensing and certifying authorities; and, on request, any interested person or public agency deemed necessary to protect the public and/or who recognizes the standards of NCBDE.

#### **VIII. CLOSE OF CASE**

**R8.1 Close of Case.** Once the final decision has been made by the Committee, the Board or Appeal Panel, the matter shall be closed and the files shall be retained at NCBDE's headquarters.

#### **IX. REQUEST FOR REINSTATEMENT OF CREDENTIAL**

**R9.1 Reinstatement Request.** NCBDE will consider all written reinstatement requests, which must include the following information: (i) the date of the final Committee or Board or Appeal Panel disposition; (ii) a complete statement of reasons that the CDE or certification candidate believes support the reinstatement request; and (iii) copies of all relevant documents and materials supporting the reinstatement request. NCBDE will provide its decision to the CDE or certification candidate within forty five (45) days of receipt of the reinstatement request.

#### **X. GOVERNING LAW/VENUE**

**R10.1 Governing Law.** The laws of the State of Illinois shall govern these Rules.

**R10.2 Venue.** The CDE or certification candidate and NCBDE agree to file and pursue all claims and suits regarding these Rules solely with the applicable court in the jurisdiction in which NCBDE's headquarters are located.

# Application Instructions for the Examination

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

## Who can apply online?

- 1) Any initial applicant who is applying under a qualifying license, certification or registration;
- 2) Any individual whose CDE® credential lapsed prior to 2013 who is applying under a qualifying license, certification or registration;
- 3) Any current CDE who can document meeting the renewal practice requirement; and
- 4) Any individual whose CDE® credential lapsed in 2013 who can document meeting the renewal practice requirement.

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

- 1) Any initial applicant who is applying under an advanced degree in social work or pre-approved through the Unique Qualifications Pathway;
- 2) Any individual whose CDE® credential lapsed prior to 2013 who is applying under a qualifying advanced degree in social work;
- 3) Any current CDE® who CANNOT document meeting the renewal practice requirement; and
- 4) Any individual whose CDE® credential lapsed in 2013 who CANNOT document meeting the renewal practice requirement.

## If submitting via paper, send the following:

- Parts I and II
- Application fees
- (ONLY as required) Official Transcripts or UQ pre-approved letter
- (ONLY as required) Summary of Continuing Education Activities Form (Obtained from NCBDE national office). Needed by
  - 1) current CDEs who CANNOT document meeting the renewal practice requirement OR 2) any individual whose CDE® credential lapsed in 2013 who CANNOT document meeting the renewal practice requirement.

## Mail the application to:

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

### EXAMINATION APPLICATION CHECKLIST

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

- Have you reviewed the eligibility requirements to ensure that all requirements have been completed prior to applying for either initial or renewal of certification?
- Have you read and can attest to agreeing to abide by the Canons of Ethical Conduct and the Rules and Procedures?
- Have you reviewed the appropriate deadlines for submission?
- Have you completed all required sections of Parts I and II of the application, including your signature in ink?
- Only for initial applicants and those whose credentials lapsed prior to 2013:** If applying with an advanced degree in social work, have you included an official transcript indicating that the degree was awarded and the date conferred? If applying through UQ Pathway, have you included the pre-approval letter?
- Only for current CDEs who CANNOT document meeting the renewal practice requirement OR those whose credentials lapsed in 2013 who CANNOT document meeting the renewal practice requirement:** Have you included a Summary of Continuing Education Form identifying completion of 75 hours of continuing education activities per the guidelines?
- Have you completed all necessary information in Part I, Section 13 and included a check or money order, payable to AMP, if necessary?
- Have you kept copies of all application materials for your files?
- Optional:** Send application by certified mail or traceable courier service. (See "Adherence to Published Policies" section, [page 10](#).)

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

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# Certification Examination for Diabetes Educators

## SUBMISSION OF APPLICATION

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

<b>1 NAME: FIRST</b>	<b>MI</b>

<b>2 NAME: LAST</b>	<b>GENERATION</b>

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

<b>4 SOCIAL SECURITY NUMBER</b>

<b>5 DATE OF BIRTH</b>		
MONTH	DAY	YEAR
		1 9

<b>6 WORK TELEPHONE NUMBER</b>
AREA CODE

<b>7 HOME TELEPHONE NUMBER</b>
AREA CODE

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

<b>9 STREET ADDRESS</b> (Abbreviate if necessary.)	<b>APT, PO, ETC.</b> (Abbreviate if necessary.)

<b>10 CITY</b>	<b>STATE</b>

<b>11 ZIP CODE/POSTAL CODE</b>

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

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

<b>15 RENEWAL OF CERTIFICATION</b>
CDE® Certificate Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]      Expiration Year: [ ] [ ] [ ] [ ]
If your name has changed, under what name did you previously certify? (please print clearly)
_____
<b>Renewal Practice Requirement</b> (See Renewal Practice Requirement, Page 7)
Check one: <input checked="" type="radio"/> I meet the renewal practice requirement.
<input type="radio"/> I do not meet the renewal practice requirement; documentation of required continuing education is included with the application.
<b>(go to 18)</b>

<b>16 LAPSED (credential expiration date of 2013 or earlier)</b>
<input type="radio"/> Credential lapsed in 2013
<input type="radio"/> Credential lapsed prior to 2013
CDE® Certificate Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]      Expiration Year: [ ] [ ] [ ] [ ]
If your name has changed, under what name did you previously certify?
_____
<b>(go to 18)</b>

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

<b>17 INITIAL CERTIFICATION</b>
<input type="radio"/> No <input checked="" type="radio"/> Yes – Have you taken the Certification Examination before?
If yes, under what name, if different from sections 1 and 2?
_____
<b>(go to 18)</b>

**FORMS**

**18 SPECIAL ACCOMMODATIONS**

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

**19 INTERNATIONAL TEST CENTER REQUEST\***

No  Yes Are you applying for an International Test location?  
Please list the location of choice from the list provided at [www.goAMP.com](http://www.goAMP.com). Only the sites listed will be considered. This list is subject to change due to availability. You will be contacted by an AMP representative to determine the scheduled date.  
International Site: \_\_\_\_\_  
\*Individuals testing outside the U.S. or its territories will be required to pay an additional \$200 fee.

**20 PROFESSIONAL DISCIPLINE INFORMATION**

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

**SECTION A: LICENSE, CERTIFICATION OR REGISTRATION**

Indicate the license, certification or registration under which you are applying.

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

**SECTION B: ADVANCED DEGREE**

Indicate the advanced degree under which you are applying.

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

An official transcript that indicates the degree, date awarded and area of concentration/major must be submitted by (1) those applying for initial certification (see Eligibility Requirements for Initial Certification, [page 5](#)), and (2) previously certified individuals whose credentials have lapsed and who are not applying for the Examination in the year immediately following the credential expiration (see Eligibility Requirements for Individuals Whose CDE® Credentials Expired Prior to 2013, [page 6](#))

**21 PROFESSIONAL INFORMATION**

- |   |  |
|---|--|
| <p>A.1. Primary Practice Setting</p> <ul style="list-style-type: none"> <li><input type="radio"/> Hospital Inpatient Only</li> <li><input type="radio"/> Hospital Outpatient Only</li> <li><input type="radio"/> Both Hospital Inpatient/Outpatient</li> <li><input type="radio"/> Physician's Office</li> <li><input type="radio"/> Community Health Agency</li> <li><input type="radio"/> Private Practice</li> <li><input type="radio"/> Home Health Agency</li> <li><input type="radio"/> Other (specify): _____</li> </ul> <p>A.2. Secondary Practice Setting</p> <ul style="list-style-type: none"> <li><input type="radio"/> Hospital Inpatient Only</li> <li><input type="radio"/> Hospital Outpatient Only</li> <li><input type="radio"/> Both Hospital Inpatient/Outpatient</li> <li><input type="radio"/> Physician's Office</li> <li><input type="radio"/> Community Health Agency</li> <li><input type="radio"/> Private Practice</li> <li><input type="radio"/> Home Health Agency</li> <li><input type="radio"/> Other (specify): _____</li> <li><input type="radio"/> Not Applicable</li> </ul> <p>B. Experience in Diabetes Self-Management Education</p> <ul style="list-style-type: none"> <li><input type="radio"/> 2 years or less</li> <li><input type="radio"/> Over 2 years to 5 years</li> <li><input type="radio"/> Over 5 years to 10 years</li> <li><input type="radio"/> Over 10 years to 15 years</li> <li><input type="radio"/> Over 15 years to 20 years</li> <li><input type="radio"/> Over 20 years to 25 years</li> <li><input type="radio"/> Over 25 years</li> </ul> <p>C. Percent of Time Spent Providing Diabetes Self-Management Education</p> <ul style="list-style-type: none"> <li><input type="radio"/> Less than 25%</li> <li><input type="radio"/> 26% to 50%</li> <li><input type="radio"/> 51% to 75%</li> <li><input type="radio"/> More than 75%</li> </ul> | <p>D. Highest Education Level Achieved</p> <ul style="list-style-type: none"> <li><input type="radio"/> Associate Degree (Nursing)</li> <li><input type="radio"/> Diploma in Nursing</li> <li><input type="radio"/> Baccalaureate Degree</li> <li><input type="radio"/> Master's Degree</li> <li><input type="radio"/> Doctoral Degree</li> <li><input type="radio"/> Medical Degree</li> </ul> <p>E. Delivery Method for Diabetes Self-Management Education</p> <ul style="list-style-type: none"> <li><input type="radio"/> Face to face only</li> <li><input type="radio"/> Electronic only (e.g., telephone, internet)</li> <li><input type="radio"/> Face to face and electronic</li> </ul> <p>F. Do you wish your name and address to be made available to those requesting use of NCBDE mailing lists?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>G. Ethnicity</p> <ul style="list-style-type: none"> <li><input type="radio"/> Do not wish to answer</li> <li><input type="radio"/> Native American/ Native Alaskan</li> <li><input type="radio"/> Asian/Asian-American/ Pacific Islander</li> <li><input type="radio"/> African American</li> <li><input type="radio"/> Hispanic/Latino</li> <li><input type="radio"/> Caucasian</li> <li><input type="radio"/> Other (Specify) _____</li> </ul> <p>H. Preferred Salutation (check one)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Ms</li> <li><input type="radio"/> Miss</li> <li><input type="radio"/> Mrs</li> <li><input type="radio"/> Mr</li> <li><input type="radio"/> Dr</li> </ul> |
|---|--|

**22 CONFIRMATION OF AUDIT**

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

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ELIGIBILITY VERIFICATION – Complete only 1 of the 3 boxes – Submit these pages with Part I.**

**Initial Certification Eligibility Verification - Standard Pathway** – The eligibility requirements below apply to individuals using the standard pathway who are pursuing initial certification and individuals whose CDE® credentials lapsed prior to 2013. For individuals applying by the UQ pathway, please complete the Initial Certification Eligibility Verification - UQ pathway section on the following page. For CDEs renewing their credentials or individuals whose credentials expired in 2013, please complete the Renewal of Certification Eligibility section on the following page.

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

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

**OR**

- 2. Dietitian holding active registration with the Commission on Dietetic Registration, physician assistant holding active registration with the National Commission on Certification of Physician Assistants, exercise specialist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Specialist®, exercise physiologist holding active certification as an American College of Sports Medicine Registered Clinical Exercise Physiologist®, or health educator holding active certification as a Master Certified Health Education Specialist from the National Commission for Health Education Credentialing.

**OR**

- 3. Health professional with a minimum of a master’s degree in social work from a United States college or university accredited by a nationally recognized regional accrediting body.

**AND**

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

NOTE:

- Only experience occurring AFTER meeting the Discipline requirement (A. above) and before the date of application can be counted toward the Professional Practice Experience requirements.
- Must be met in the United States or its territories.

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

**AND**

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

In meeting the hourly requirement, professional practice experience is defined as responsibilities that include the direct provision of DSME, as defined by NCBDE.

- DSME must meet the definition as published in the Handbook. See Handbook, page 6, for examples of experience not considered DSME for purposes of certification.

**AND**

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

**AND**

**C. CANONS OF ETHICAL CONDUCT AND RULES AND PROCEDURES** – I verify that I have read and agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures, pages 25-32.

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

**OR (SEE NEXT PAGE)**

**FORMS**

**Initial Certification Eligibility Verification - Unique Qualifications (UQ) Pathway** – The eligibility requirements below apply to individuals pursuing initial certification and who have been pre-approved by NCBDE via the UQ pathway.

**A. I HAVE BEEN PRE-APPROVED BY NCBDE TO SIT FOR THE EXAMINATION VIA THE UQ PATHWAY.**

**AND**

**B. CANONS OF ETHICAL CONDUCT AND RULES AND PROCEDURES** – I verify that I have read and agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures, *pages 25-32*.

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

**OR**

**Renewal of Certification Eligibility Verification** – The eligibility requirements below apply to current CDEs renewing their credentials or individuals whose credentials expired in 2013.

**A. DISCIPLINE REQUIREMENT VERIFICATION**

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

**AND**

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

NOTES:

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

I verify that I meet the following requirement\*: providing a minimum of 1,000 hours of professional practice experience at the time of application beginning no earlier than January 1, 2010.

**AND**

**C. CANONS OF ETHICAL CONDUCT AND RULES AND PROCEDURES** – I verify that I have read and agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures, *pages 25-32*.

**Check one box ONLY and initial as required:**

- I attest that I have read the above and meet BOTH the discipline and the renewal practice experience requirements and agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures. \_\_\_\_\_ initials

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

- I attest that I have read the above, agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures, and meet the discipline requirement, but am NOT ABLE to document meeting the professional practice requirement. I understand that I must successfully document the required continuing education activities and pass the Examination to renew my credential in 2014. I have enclosed a Summary Form of Continuing Education Activities. \_\_\_\_\_ initials

# Request for Special Accommodations

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

## Application Information

Last 4 digits of Social Security # \_\_\_\_\_

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Telephone Number

## Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Documentation of Disability-Related Needs

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

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity  
Candidate Name Date

as a \_\_\_\_\_  
My Professional Title

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

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

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

# Transfer of Application

**Directions:** Use this form to transfer your application to the next window (one time only). Complete all requested information. This form and \$100 fee must be received by AMP no later than ten (10) business days prior to your scheduled appointment date. Requests received less than 10 business days prior to scheduled appointments will not be honored. Note: Refer to Withdrawals and Refunds section, a), page 11, for the details.

Last 4 digits of Social Security # \_\_\_\_\_

\_\_\_\_\_  
 First Name MI Last Name Other Name Used

\_\_\_\_\_  
 Street Address or PO Box

\_\_\_\_\_  
 City State Zip Code Country

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone

\_\_\_\_\_  
 Email Address

Fee: \$100

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

VISA       MasterCard       American Express       Discover

\_\_\_\_\_  
 Credit Card Account Number Expiration Date (Month/Year)

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

\_\_\_\_\_  
 Signature Date

# Re-Examination Application – For Fall 2014 Window ONLY

**Directions:** Unsuccessful candidates for the fall 2014 examination window are allowed to apply one time for re-examination during the examination window. In order to retest within the fall window, AMP must receive your re-application 10 business days prior to the end of the examination window. Re-applicants who submit this form may call AMP approximately 7-10 days after mailing it to schedule their examination appointments. Note: Refer to the Re-Examination section, page 17, for details.

Last 4 digits of Social Security # \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Other Name Used \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Fee:  Initial or Lapsed Certification . . . . . \$350

Renewal of Certification . . . . . \$250

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

VISA       MasterCard       American Express       Discover

Credit Card Account Number \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORMS**



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



**“CertifiedDiabetesEducators”**