



## **INSTRUCTIONS FOR SUBMISSION OF AUDIT DOCUMENTATION**

1. You are encouraged to contact the NCBDE national office at 877-239-3233 if you have any questions about the required documentation prior to submission.
2. Provide completed Section A and Section B forms to verify that, at the time of application, you met the discipline and renewal practice experience requirements as identified in the *2016 Renewal of Certification by Continuing Education Handbook*. **Make copies of Section B as needed.**
3. Provide completed Section C form and verification documentation for all the continuing education activities being reported, e.g., a photocopy of certificate(s) of completion, verification(s) of attendance issued by the recognized provider or other relevant proof of completion or attendance issued by the recognized provider. Each document must include the name of the attendee, title of the activity, date(s) the program/activity was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.

To help you in completing Section C, please refer to Guidelines for Reporting Continuing Education\*, page 3, Instructions for Completing Section C, page 4, and Sample Audit Section C, pages 13-15.

*(\*Note: Activities given by boards of licensure [e.g., board of nursing, board of pharmacy] are not accepted unless the particular board is approved or accredited by one of NCBDE's recognized providers. In these instances, only the recognized provider, not the board, should be listed on the Summary Form.)*

Note: If you are unable to provide documentation for any of the activities claimed/completed within the accrual cycle and the application deadline date used to apply, NCBDE will allow you additional time to accrue continuing education activities for meeting the required minimum of 75 continuing education hours with fees for making use of a later deadline as follows:

- If activity occurred between September 16 and October 15, and your original application was submitted by the standard deadline (September 15), include payment of \$50 extended application fee.
- If the activity occurred between October 16 and December 15, and your original application was submitted by the standard deadline (September 15), include payment of \$150 late application fee.
- If activity occurred between October 16 and December 15, and your original application was submitted by the extended deadline (October 15), include payment of \$100 late application fee.

These activities must be applicable to diabetes and must have been attended/completed no earlier than your accrual start date and no later than deadline date you are using. If you wish to pursue this option, be sure to document the additional activities on Section C and provide a copy of the certificate of completion for each activity.

4. Review checklist, page 2.
5. Submit all materials for receipt by the audit deadline date using certified mail or a traceable courier service to: NCBDE, Attn: Audit Process Continuing Education, 330 East Algonquin Road, Suite 4, Arlington Heights, IL 60005. (Telephone: 877-239-3233). **Note:** Use of certified mail, certificate of mailing or other courier receipt will serve as proof that the materials were submitted in the event the materials are not received by the deadline.

**CHECKLIST**  
**AUDIT MATERIALS FOR**  
**RENEWAL OF CERTIFICATION BY CONTINUING EDUCATION**

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

- Have you completed Section A?
  - Have you included a copy of your current license or verification letter of licensure, certification, or registration\*? (*\*Not needed if you originally certified under a qualifying advanced degree.*)
- Have you completed Section B? Documentation will require AT LEAST one Section B. (The exact number of Section B forms required is dependent on the number of positions needed to verify renewal practice requirement was met at the time of application.)
- Have you completed Section C and provided appropriate verification documentation for each of the continuing education activities?
  - Have you reported your activities in clock hours?
  - Have you completed all continuing education activities? Activities that have not been completed cannot be reported.
  - If using a print out of activities maintained in the NCBDE "My Continuing Education" tracking area on the NCBDE web site, have you included that document?
  - If content applicable to diabetes is not evident from the title of the particular activity, have you included a brief description?
  - Have you included verification documentation for all activities?
- If you added continuing education activities after the deadline you originally used to apply, have you included additional payment? See Instructions, page 1. Check or money order should be made payable to NCBDE. Contact the NCBDE national office for credit card payment information.
- Have you made copies of all audit materials for your files?
- Have you arranged to send all audit materials to NCBDE by certified mail or traceable courier service?

**Retain this checklist, a copy of your audit materials, and the proof of mailing for your records. Materials, including copies, cannot be returned.**

NCBDE will send acknowledgement of receipt of your audit materials via email approximately 3 weeks after receipt of materials.

## Guidelines for Reporting Continuing Education Activities

### Self-Assessment

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

### Continuing education activities:

- must be approved by a provider on the NCBDE List of Recognized Providers.
- must be applicable to diabetes. All subject matter on the Certification Examination Content Outline published in the current Handbook 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 applicant
- Journal clubs or professional reading
- Presentations or lectures by the applicant
- Posters or poster sessions and exhibits
- Preceptorships or mentor hours
- Research
- Volunteer activities

### 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. Clock hours submitted cannot be more than the number of contact hours/credits/units awarded by the recognized provider.

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.

### Recognized Continuing Education Providers

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

- American Association of Diabetes Educators (AADE)
- American Diabetes Association (ADiabA)
- Academy of Nutrition and Dietetics (Academy), formerly known as American Dietetic Association
- Accreditation Council for Pharmacy Education (ACPE) Accredited or Approved Providers
- Accreditation Council for Continuing Medical Education (ACCME- AMA) Accredited or Approved Providers
- American Nurses Credentialing Center (ANCC) Accredited or Approved Providers
- American Academy of Family Physicians (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Optometry (AAO)
- American Academy of Physician Assistants (AAPA)
- American Association of Clinical Endocrinologists (AACE)
- American College of Endocrinology (ACE)
- American College of Sports Medicine (ACSM)
- American Medical Association (AMA)
- American Nurses Association (ANA)
- American Occupational Therapy Association (AOTA)
- American Osteopathic Association (AOA)
- American Physical Therapy Association (APTA)
- American Psychological Association (APA)
- American Podiatric Medical Association (APMA)
- Commission on Dietetic Registration (CDR) Accredited or Approved Providers
- Council on Continuing Medical Education (CCME-AOA) Approved Sponsors
- Council on Podiatric Medical Education (CPME-APMA) Approved Sponsors
- International Diabetes Federation (IDF)
- National Association of Clinical Nurse Specialists (NACNS)
- National Association of Social Workers (NASW)
- National Commission for Health Education Credentialing (NCHEC) Designated Providers

Continuing education activities from accredited academic institutions within the United States or its territories granting degrees related to professional practice are also accepted (e.g., continuing education activity provided by an accredited academic institution's School of Nursing, Nutrition, Social Work, Medicine, etc.).

## Instructions for Completing Section C - Summary of Continuing Education Activities Form

Renewal of certification by continuing education requires that CDEs complete 75 clock hours of continuing education in content areas applicable to diabetes during the certification cycle. For 2016, accrual of continuing education activities started January 1, 2012 for CDEs renewing for the first time\* – or the day after the deadline date of your last renewal by continuing education or September 16, 2011 if you renewed by examination.

\*CDEs who allowed their credentials to expire in 2010 or earlier and had their credentials reinstated by passing the Examination in 2011 must use the January 1, 2012 accrual start date.

### Instructions

1. Review the Guidelines for Reporting Continuing Education Activities, page 3, and the Sample Audit Section C, pages 13-15.
2. Complete Section C\*\* as needed to document continuing education activities. Photocopy Section C if necessary.  
*\*\*If you have been using the "My Continuing Education" Tracking area on NCBDE's web site: On Page 1 of Section C - Summary of Continuing Education Activities Form, include a notation of "See Attached" across the area on the form where activities are reported. Print out your list of tracked activities and include it with the Audit materials.*  
OR  
*If you are using the "fillable" format version, you are welcome to use the abbreviations that appear in the drop down box provided. If you are completing the Summary Form by hand, do not use abbreviations or acronyms for the first listing of an organization.*
3. Print or type all information legibly.
4. The number of hours counted for each activity must be reported as the number of clock hours spent by the participant completing the continuing education activity applicable to diabetes (not to exceed the number of approved contact hours).
5. If content applicable to diabetes is not evident from the title, include on a separate sheet of paper a brief description of how the activity is applicable to diabetes.
6. Submit certificates of completion or other evidence of attendance for all activities.
7. Keep a copy of your audit materials as well as copies of all certificates of completion, verification of attendance, brochures or other relevant material.

Any CDE® who does not or cannot provide required information or who does not meet eligibility requirements based on the documentation submitted will be declared ineligible for renewal.

**SECTION A – Contact Information and Discipline Requirement Verification Form**

Complete BOTH sections.

**1) CERTIFICANT CONTACT INFORMATION**

Name (please print/type) \_\_\_\_\_

a) your eight (8) digit CDE® certificate number or the last 4 digits of your social security number

\_\_\_\_\_;

AND

b) date renewal application was completed\* \_\_\_\_\_(MM/DD/YYYY)

*\*If you applied online – use date applied; if you applied using the paper application, use the date signed.*

Mailing Address: \_\_\_\_\_  
Street Address Apt/Unit

\_\_\_\_\_ City St Zip

Daytime phone (including area code): \_\_\_\_\_ Extension \_\_\_\_\_

Fax (including area code): \_\_\_\_\_

Email address (**required**): \_\_\_\_\_

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

**2) DISCIPLINE VERIFICATION\*\* INFORMATION**

Check **ONE** only and include documentation of current, active, unrestricted licensure/certification/ registration if applicable.

Enclosed is either a photocopy of current license, certification, registration or certificate from the issuing credentialing body or an official written verification form from the appropriate credentialing body.

\*See below:

- a. For certified clinical exercise physiologists (ACSM-CEP, formerly clinical exercise specialists), clinical psychologists, registered nurses, nurse practitioners, clinical nurse specialists, master certified health education specialists, occupational therapists, optometrists, pharmacists (RPh or PharmD), physical therapists, physicians, or podiatrists, registered clinical exercise physiologists (ACSM-RCEP), please provide verification of your license/certificate to practice in your professional discipline.
- b. Physician assistants and dietitians (and dietitian nutritionists) should provide their registration information and NOT submit state license information.

OR

My initial certification was obtained using a qualifying advanced degree. An official transcript was submitted with my original application.

**SECTION B – Verification of Professional Practice Experience (Please make copies as needed.)**

**Certificant’s Name** \_\_\_\_\_

**Please identify:**

1) your eight (8) digit CDE® certificate number or last 4 digits of your social security number \_\_\_\_\_;

**AND**

2) the date renewal application was completed\* \_\_\_\_\_(MM/DD/YYYY)

*\*If you applied online – use date applied; if you applied using the paper application, use the date signed.*

**Definition of Professional Practice**

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

**What is Included in this 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**

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.

**The 1000 hours of professional practice experience requirement must have (for 2016 renewal):**

- taken place in the United States or its territories
- completed between January 1, 2012 for CDEs renewing for the first time\* – or the day after the deadline date of your last renewal by continuing education or September 16, 2011 if you renewed by examination

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.

**Supervisor/Professional Colleague Verification**

For employment/volunteer positions, a supervisor must complete the verification. For self-employment positions, a department head, chief of staff, Certified Diabetes Educator® or other licensed health care professional who knows you and is familiar with your practice should complete the verification.

***Please print or type only (except for signature) and provide all required information.***

I have reviewed the renewal practice requirement guidelines above and attest that to the best of my knowledge all information is accurate, complete and truthful. I understand I may be contacted regarding this information.

**Supervisor/Colleague Name (printed)\*** \_\_\_\_\_

**Signature\*** \_\_\_\_\_ **Date Signed\*** \_\_\_\_\_  
(Original Signature Only)

**Title\*** \_\_\_\_\_ **Department** \_\_\_\_\_

**Institution\*** \_\_\_\_\_

**Street Address\*** \_\_\_\_\_

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

**Daytime Telephone\*** \_\_\_\_\_ (include area code)

**E-mail Address\*** \_\_\_\_\_

**\*Required**

## Section C - Summary of Continuing Education Activities Form

Before completing this form, refer to the Guidelines for Reporting Continuing Education Activities, page 3, and Instructions for Completing Section C, page 4, especially if you have been using the on-line tracking form on NCBDE's site, and Sample Audit Section C, pages 13-15.

Certificant's Name: \_\_\_\_\_

Please identify your eight (8) digit CDE® certificate number or last 4 digits of your social security number \_\_\_\_\_

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
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7.			
8.			
9.			
10.			
<b>Subtotal Number of Hours for THIS Page</b>			
<b>TOTAL HOURS for all pages</b>			

**NCBDE Audit Documentation - Renewal of Certification by Continuing Education 2016**

Certificant's Name: \_\_\_\_\_

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
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<b>TOTAL HOURS for all pages</b>			



**NCBDE Audit Documentation - Renewal of Certification by Continuing Education 2016**

Certificant's Name: \_\_\_\_\_

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
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44.			
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<b>TOTAL HOURS for all pages</b>			

**NCBDE Audit Documentation - Renewal of Certification by Continuing Education 2016**

Certificant's Name: \_\_\_\_\_

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
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61.			
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<b>TOTAL HOURS for all pages</b>			

**NCBDE Audit Documentation - Renewal of Certification by Continuing Education 2016**

Certificant's Name: \_\_\_\_\_

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
62.			
63.			
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<b>TOTAL HOURS for all pages</b>			

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**NCBDE Audit Documentation - Renewal of Certification by Continuing Education 2016**

*Renewal of Certification by Continuing Education – Sample Section C Summary Form  
See current Handbook for complete information on Renewal by Continuing Education requirements and process.*

**Section C Summary Form<sup>±</sup>: Provides Important Notes and Identifies Errors  
That Will Cause a Delay in Processing**

**NCBDE Renewal by Continuing Education Audit Documentation**

Applicant's Name: Jane Doe

**SECTION C - SUMMARY OF CONTINUING EDUCATION ACTIVITIES  
Renewal by Continuing Education**

Renewal of certification by continuing education activities requires that CDEs meet eligibility requirements and complete 75 clock hours of continuing education in content areas applicable to diabetes during their applicable accrual cycle (e.g., newly certified in 2011, 1/1/2012 to date of application; renewed by examination anytime in 2011, 9/16/2011 to date of application; renewed by continuing education in 2011 using extended deadline of 10/15/2011, 10/16/2011 to date of application). Activities must be completed at the time of application and the application needs to be postmarked by the published deadline date.

**NOTE: In this example, Ms. Doe was initially certified in 2006 and last renewed using the standard deadline of 9/15/2011 for renewal by continuing education. Therefore, for this renewal cycle, her accrual start date for continuing education hours is 9/16/2011. If she had been initially certified in 2011 or reinstated the credential in 2011 after expiring, her accrual start date would be 1/1/2012.**

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) <b>*Provider must appear on the NCBDE List of Recognized Providers.</b>	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed.
1. Diabetes Symposium	Grandview Hospital Nurses Association  <i>Please note: Sample program has approval from the American Nurses Credentialing Center (ANCC), an organization which appears on the NCBDE List of Recognized Providers. Therefore, the American Nurses Credentialing Center must appear in this section of the form, not Grandview Hospital Nurses Association.</i>	October 2-4, 2011	24
2. Clinical Perspectives in Type 2 Diabetes Care	Michigan Nurses Association, Michigan Dietetic Association, or Michigan Association of Diabetes Educators  <i>Please note: State or local chapters of recognized providers are not included on the NCBDE List of Recognized Providers. Only an organization on the NCBDE List of Recognized Providers should be identified in this section of the form. Often, program/course brochures and/or certificates include this information.</i>	<i>Please note: Exact dates (mm/dd/yyyy) must appear on the form.</i>	1.5
3. ADA P.G. Course  <i>Please note: An acronym should not be used as it may represent more than one organization or activity; spell out the name of the organization, etc. at least for the first use..</i>	Commission on Dietetic Registration American Nurses Credentialing Center  <i>Please note: CDR, ADA (American Diabetes Association) or any other Provider appearing on the NCBDE List of Recognized Providers that has approved the meeting for continuing education would be acceptable.</i>	February 10-15, 2012	20
<b>SUBTOTAL THIS PAGE:</b>			45.5 hours
<b>TOTAL:</b>			121.5  <i>Please note: only 75 hours are needed for renewal. However, you are encouraged to submit additional hours if available and applicable.</i>

**ATTESTATION: This statement must be signed and dated in ink by the certificant.**

Page 1 of 2

*Please note: Complete audit documentation must be received by the NCBDE national office by the deadline identified in the audit communication. Verification documentation is required for all continuing education activities.*

**NCBDE Audit Documentation - Renewal of Certification by Continuing Education 2016**

Renewal of Certification by Continuing Education – Sample Section C Summary Form  
See current Handbook for complete information on Renewal by Continuing Education requirements and process.

**Section C Summary Form<sup>±</sup>: Provides Important Notes and Identifies Errors  
That Will Cause a Delay in Processing**

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) <b>*Provider must appear on the NCBDE List of Recognized Providers.</b>	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed.
4. Type 2 Diabetes in the Elderly	<p><i>Nursing 2012</i></p> <p><i>Please note: Nursing 2012 is a journal. This activity has approval from ANCC (American Nurses Credentialing Center), a provider that appears on the NCBDE List of Recognized Providers, and therefore, this information (ANCC) must appear in this section of the form, not "Nursing 2012".</i></p>	July 8, 2012	<p>3</p> <p><i>Please note: Enter the actual time spent on the activity. HOWEVER, hours may not exceed total units/ credits awarded by provider. In this example, this activity has been approved only for 2 clock hours.</i></p>
<p>5. Sweet Success</p> <p><i>Please note: Content matter applicable to diabetes is not evident from this abbreviated entry, e.g., full title is Sweet Success: Diabetes and Pregnancy. If an activity cannot be identified as being applicable to diabetes by the title, submit an explanation on a separate sheet of paper or submit copy of brochure or program with areas applicable to diabetes identified.</i></p>	<p>Joslin Diabetes Center/Bayer Health Care</p> <p><i>Please note: Provider must appear on the NCBDE List of Recognized Providers. Reporting either Joslin Diabetes Center or Bayer Health Care is not acceptable; identify which organization on NCBDE List of Recognized Providers approved or accredited the organization. Only an organization on the List of Recognized Providers should appear in this column.</i></p>	July 15-17, 2013	12
<p>6. ADA FNCE 2014</p> <p><i>Please note: Do not use abbreviations or acronyms in title section, at least for the first time used. Also: this entry does not provide any indication that the hours documented are applicable to diabetes.</i></p>	Commission on Dietetic Registration	October 1-5, 2014	<p>35</p> <p><i>Please note: Be sure to review the activities acceptable for continuing education before claiming hours. It is important to include only those activities applicable to diabetes and not to include such things as poster and/or exhibit sessions, or other non acceptable forms of continuing education.</i></p>
<p>7. Conference</p> <p><i>Please note: Content matter applicable to diabetes is not evident from this abbreviated entry, e.g., sample activity is actually the "American Association of Diabetes Educators Annual Meeting". If an activity cannot be identified as being applicable to diabetes by the entry, submit an explanation on a separate sheet of paper or submit copy of brochure or program with areas applicable to diabetes identified.</i></p>	ADA	<p>August 2015</p> <p><i>Please note: Exact dates (mm/dd/yyyy) must appear on the form.</i></p>	<p>26</p> <p><i>Please note: It is important not to include hours for non-acceptable activities such as poster and/or exhibit sessions.</i></p>
<b>SUBTOTAL THIS PAGE:</b>			76 hours
<b>TOTAL:</b>			121.5 hours

Section C Summary Form<sup>±</sup> Reflecting Correct Documentation versus  
 "INCORRECT" Summary Form on Pages 13-14 (Above)

**SECTION C - SUMMARY OF CONTINUING EDUCATION ACTIVITIES**  
 Renewal by Continuing Education

Title	Provider* (Do not use abbreviations or acronyms)	Date Attended or Completed	Clock Hours Being Claimed**
1. Diabetes Symposium	American Nurses Credentialing Center <i>(or any other organization that has approved the activity for continuing education and appears on the NCBDE List of Recognized Providers.)</i>	October 2-4, 2011	24
2. Clinical Perspectives in Type 2 Diabetes Care	American Dietetic Association <i>or</i> ANCC (American Nurses Credentialing Center) <i>or</i> AADE (American Association Diabetes Educators) <i>(or any other organization that has approved the activity for continuing education and appears on the NCBDE List of Recognized Providers.)</i>	November 18, 2011 <i>Entry now includes date of attendance/activity.</i>	1.5
3. American Diabetes Association Annual Advanced Postgraduate Course	Commission on Dietetic Registration <i>or</i> American Nurses Credentialing Center <i>(or any other organization that has approved the activity for continuing education and appears on the NCBDE List of Recognized Providers.)</i>	February 10-15, 2012	20
4. Type 2 Diabetes in the Elderly	ANCC (American Nurses Credentialing Center)	July 8, 2012	2 <i>Entry now reflects awarded number of hours.</i>
5. Sweet Success: Diabetes and Pregnancy <i>Entry now includes a title that clarifies activity. If title does not make it obvious that content is applicable to diabetes – include a written description, program, brochure or other documentation that identifies this information.</i>	Commission on Dietetic Registration <i>(or any other organization that has approved the activity for continuing education and appears on the NCBDE List of Recognized Providers.)</i>	July 15-17, 2013	12
6. Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo 2014 a) behavior change (6 hr) b) type 1 diabetes and nutrition (2 hr) c) insulin and diet (8 hr) d) identifying weight loss goals (10 hr) <i>Entry now includes information to clarify that hours are applicable to diabetes. If title does not make it obvious that content is applicable to diabetes – include a written description, program, brochure or other documentation that identifies this information.</i>	Commission on Dietetic Registration <i>(or any other organization that has approved the activity for continuing education and appears on the NCBDE List of Recognized Providers.)</i>	October 1-5, 2014	26 <i>Number reported now includes only those hours applicable to diabetes and it does not include any exhibit/poster session hours, etc.</i>
7. American Association of Diabetes Educators Annual Meeting <i>Entry now includes a title that clarifies activity is applicable to diabetes.</i>	American Association of Diabetes Educators <i>(or any other organization that has approved the activity for continuing education and appears on the NCBDE List of Recognized Providers.)</i>	August 1-5, 2015 <i>Entry now includes full dates of attendance.</i>	15 <i>Total hours reported do NOT include any exhibit/poster session hours.</i>
<b>SUBTOTAL THIS PAGE:</b>			100.5 hours
<b>TOTAL:</b>			100.5 hours

<sup>±</sup>The two versions of the Section C Summary Form are provided as information only. The continuing education activities and the provider information documented have been created for sample purposes only and do not necessarily represent actual activities. *Please refer to the 2016 Renewal of Certification by Continuing Education Handbook upon publication for the instructions and complete details.*