



National Certification Board for Diabetes Educators

EXAMINATION HANDBOOK

2019 Certification Examination for Diabetes Educators

www.ncbde.org



"CertifiedDiabetesEducators"





Table of Contents

GENERAL

Important General Information	ii
Certification FAQs	1
Examination Application Fees and Dates	2
Introduction	2
Mission	2
Definition of a Certified Diabetes Educator	2
Purpose	2
Objectives	2
Responsibility for Certification	3
Canons of Ethical Conduct	3
Statement of Nondiscrimination Policy	3
Confidentiality	3
Disciplinary Policy	3

INITIAL

Eligibility Requirements for Initial Certification	4
Definition of Diabetes Education (DE)	5
On the Other Hand...	5
Initial Certification Requirements [†] Review	6

RENEWAL

Renewal of Certification	7
Eligibility Requirements for Renewal of Certification	7
Renewal Practice Requirement	7
Reinstatement of Expired Credentials	8

APPLICATION/SCHEDULING

Application Process	9
How to Apply for an Examination	9
Testing Window	10
Fees	10
Adherence to Published Policies	10
Audit Policy	10
Examination Administration	10
Requests for International Test Centers (Outside United States)	10
Requests for Special Accommodations	11
Changes after the Application Is Submitted	11
Rejected Applications	11
Appeals – Policies – Eligibility	11
Withdrawals and Refunds	11

EXAMINATION PROCESS

Examination Windows	12
Scheduling an Examination	12
Holidays	12
Examination Appointment Changes	12
Missed Appointments and Forfeitures	13
Inclement Weather, Emergency or Power Failure	13

PREPARING FOR THE EXAMINATION

Examination Construction and Scoring	14
Details	14
Testing of Advancements	14
Studying for the Examination	15
Practice Examination	15

TAKING THE EXAMINATION

Overview	16
Identification and Fingerprinting	16
Security/Rules	16
Misconduct	16
Copyrighted Examination Questions	17
Practice Testing	17
Timed Examination	17
Candidate Comments	17

FOLLOWING THE EXAMINATION

Report of Results	18
Re-Examination	18
Appeals – Policies – Testing Circumstances	18
Scores Cancelled by NCBDE or PSI	19
Duplicate Score Report	19
Certificates and Wallet Cards	19
Use of Certification Marks	19

APPENDICES

Appendix I – Accrual Information for Initial/Expired or Renewal of Certification/Expired Certification	20
Appendix II – Continuing Education Guidelines	21
Appendix II – Recognized Continuing Education Providers List	22
Appendix III – JANUARY 1 - JUNE 30 2019 Examination Content Outline	23
Appendix III – EFFECTIVE STARTING JULY 1, 2019 Examination Content Outline	25
Appendix IV – Sample Examination Questions	27
Appendix V – References	28
Appendix VI – Canons of Ethical Conduct and Rules and Procedure	30

FORMS

Application Instructions for the Examination	38
Examination Application Checklist	38
PART I – Application Form	39
PART II – Application Form	42
Request for Special Accommodations Form	45
Documentation of Disability-Related Needs Form	46
Transfer of Application Form	47
Index	50



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
Email: info@ncbde.org

Testing Agency

PSI Services
18000 W. 105th St.
Olathe, KS 66061-7543
913-895-4600
Fax: 913-895-4651
Web: www.goAMP.com
Email: info-AMP@goAMP.com

NCBDE and PSI 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.



Certification FAQs Certification Information Questions

What is a Certified Diabetes Educator? *See page 2.*

For more information, visit our website here: https://www.ncbde.org/certification_info/what-is-a-cde/

Who is eligible for certification as a diabetes educator? *See page 4.*

For more information, visit our website here: https://www.ncbde.org/certification_info/discipline-requirement/

What is diabetes education? *See page 5.*

For more information, visit our website here: https://www.ncbde.org/certification_info/eligibility-requirements/

How do I track my DE professional practice hours?

For more information, visit our website here: https://www.ncbde.org/certification_info/certification-faqs/#126

Are there professional practice experiences that are not considered diabetes education? *See page 5.*

For more information, visit our website here: https://www.ncbde.org/certification_info/certification-faqs/#121

Is there a maximum number of hours per week that may be claimed as diabetes education?

For more information, visit our website here: https://www.ncbde.org/certification_info/certification-faqs/#121

Is there an alternative pathway for eligibility to become a Certified Diabetes Educator (CDE®) other than the discipline requirements listed? *See page 5.*

For more information, visit our website here: https://www.ncbde.org/assets/1/7/UQPathwayApp2016Final_fillable.pdf

When will I hear about the status of my application for the Examination? *See page 9.*

For more information, visit our website here: https://www.ncbde.org/certification_info/application-status/

How is the exam constructed? *See page 14.*

For more information, visit our website here: https://www.ncbde.org/certification_info/preparing-for-the-exam/

How long is certification valid?

For more information, visit our website here: https://www.ncbde.org/certification_info/certification-faqs/#20



Examination Application Fees and Dates

2019 Examination Window				
	Application Fee	Apply Online or Mail Application No Earlier Than*	Testing Window	For paper applications – if you have not received notice of receipt of application by PSI, call PSI at 888-519-9901.
Initial or Expired Certification	\$350+	January 1, 2019	90 days from approval of application	If more than 4 weeks since completed application mailed
Renewal of Certification	\$250			

*Applications for year-round testing will be accepted beginning January 1, 2019. The online application process will not be available until this date and paper applications received before this date will be returned.

*For those approved by UQ approval process, fee is \$200 for first time exam applicants and \$350 for any future applications.

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 DE (as defined by NCBDE, see Definition of Diabetes Education, [page 5](#)).

Mission

The mission of the National Certification Board for Diabetes Educators (NCBDE) is to promote comprehensive and ongoing quality diabetes education and support by defining, developing, maintaining, and protecting the certification and credentialing processes.

Definition of a Certified Diabetes Educator

A Certified Diabetes Educator® (CDE®) is a health professional who possesses comprehensive knowledge of and experience in diabetes prevention, prediabetes, and diabetes management. The CDE® educates, supports, and advocates for people affected by diabetes, addressing the stages of diabetes throughout the lifespan. The CDE® promotes self-management to achieve individualized behavioral and treatment goals that reduce risks and 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 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, PSI Services 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, [pages 30-37](#)). 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.

Confidentiality

- Under no circumstances will individual examination scores be reported to anyone but the individual who took the examination. 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.
- Names of applicants who do not pass the examination are confidential and are not revealed under any circumstances, except by legal compulsory process.
- Aggregate scores without personally identifiable markers may be used by the NCBDE Board and/or Examination Committee in collaboration with the testing agency to set the passing point for the examination and to analyze performance of specific test items.
- All information provided to NCBDE may be used for a variety of analyses to study diabetes educators, certified diabetes educators, and the practice of diabetes education. However, information sharing will be limited to data reports in aggregate form or documents that do not contain personally identifiable information.

- Published studies and reports concerning applicants (exam and renewal by continuing education) will contain no information identifiable with any individual, unless authorized by the applicant.

Information on the status of an individual's certification is considered public information; though verification requests may require specific information from the individual or requesting body to ensure correct identification of the individual in question.

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 at any time during application or examination windows or during the certification cycle
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 expired prior to 2014 must meet the requirements. To qualify for the Examination, the following must be met at the time of application and Examination:

1. Discipline**

A. Licenses (current, active, unrestricted license from one of the United States or its territories):

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

OR

B. Registrations/Certifications

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

OR

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

To verify the program, an official transcript that indicates that an advanced degree in social work was awarded must be submitted with the Application for the Examination.

NOTE: Individuals who meet the criteria under [1 A] License, [1 B] Registrations/Certifications, or [1 C] Master's in Social Work **must apply** under that criteria.

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 20](#), 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 DE experience with a minimum of 40% (400 hours) of those hours accrued in the most recent year preceding application. Delivery method of DE can be provided via face to face or electronic (e.g. telephone, internet).

In meeting the hourly requirement, professional practice experience is defined as responsibilities, within the past 4 years, that include the direct provision of DE, as defined by NCBDE. See Definition of Diabetes Education, [page 5](#).*

[Click here for information on tracking DE hours. https://www.ncbde.org/certification/info/certification-faqs/#126](https://www.ncbde.org/certification/info/certification-faqs/#126)

***Note:** DE practice hours accrued under the Diabetes Educator Mentorship program or other volunteer positions are accepted. Visit NCBDE's website for more information on the mentorship program: https://www.ncbde.org/certification_info/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 21-22](#), for the details on this requirement.

4. Application Fee(s) Payment

*****Don't qualify under the current list of disciplines? Check out our Unique Qualifications (UQ) Pathway on page 5 and at <https://www.ncbde.org/certification/info/unique-qualifications-pathway/>.***



2019 Certification Examination for Diabetes Educators

****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.

Definition of Diabetes Education (DE)

Editor's Note: The 2017 National Standards for Diabetes Self-Management Education and Support (NSDSMES) reflect a change in terminology from 'program' to 'services', along with other revisions. Please refer to the NSDSMES standards for full details*.

Diabetes self-management education and support or DSMES, also referred to as diabetes self-management training or diabetes education, 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 education (DE) is used.

DE[±] 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 prediabetes and diabetes self-care, as well as activities that assist a person in implementing and sustaining the health practices needed to manage the condition on an ongoing basis, beyond or outside of formal self-management training. 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. DE should include practical problem-solving approaches and collaborative care, address psychosocial issues, lifestyle change, and strategies to sustain self-management.

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

- **Assessment:** The participant's DE needs are identified. This process is led by the participant with assessment and support of the educator.
- **Education Plan:** The participant's individualized education plan is developed. The plan reflects the participant's self-management goals and current evidence and practice guidelines and includes criteria for evaluating outcomes.

- **Interventions:** The educator delivers intervention options to assist the participant in meeting self-management goals.
- **Ongoing Support:** The educator provides options for ongoing support and resources. The support option(s) is selected by the participant to best meet their self-management goals.
- **Participant Progress:** The educator will monitor and communicate whether the participant is achieving their self-management goals and other outcome(s) to evaluate effectiveness of interventions. Additional assessments are based on the participant's needs across the lifespan.
- **Documentation:** The educator documents the assessment, education plan, intervention, and outcomes in the participant's health record.
- **Services Development/Administration:** Development and administrative activities performed as part of DSMES services.

Have you read the definition and not sure if you are providing DE? For more information visit our website: https://www.ncbde.org/certification_info/eligibility-requirements/

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

*Adapted from 2017 National Standards for Diabetes Self-Management Education and Support, American Diabetes Association. Diabetes Care, Published online August 2017.

On the Other Hand...

For initial certification, there are activities that are *not* considered DE 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

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

Professional Activities

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

Personal Activities

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



2019 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 education (DE), as defined by NCBDE. Refer to Definition of Diabetes Education section, page 5.

†This review list represents a summary of requirements. See pages 4-5 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 physiologist, registered dietitian, dietitian nutritionist, or registered PA, is your license, certification or registration current, active and unrestricted?*

OR

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

OR

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

- 2. Has your practice experience occurred within the United States or its territories?
3. Has all your practice experience occurred since you met requirement #1 above?
4. Do you have a minimum of 2 calendar years (to the day) of practice experience since you received the license, registration or advanced degree as outlined above?
5. Have you accrued 1000 hours of practice experience in diabetes education (DE) within the last 4 years?
6. Has a minimum of 40% (or 400 hours) of the 1000 hours of DE 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 38 in the instruction section of the Handbook.

* See Eligibility Requirements for Initial Certification, page 4, 1. A., B. or C. for specific licensure/certification/ registration requirements.

** See Continuing Education Guidelines, pages 21-22, for details.

INITIAL



Renewal of Certification

Renewal of certification must be completed during the calendar year in which a CDE's credential expires. 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).*

Eligibility Requirements for Renewal of Certification

For CDEs whose credentials will expire 12/31/2019:

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 1000 hours of professional practice experience during the five-year certification cycle. NOTE: Refer to the Renewal Practice Requirement section below.
3. Individuals renewing by Examination will need to take/pass the Examination by 12/31/2019 in order to renew their certification with no interruption.
4. Application Fee(s) Payment.

Renewal Practice Requirement

Individuals will need to document a minimum of 1000 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 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 2019, the 1000 hours of professional practice experience requirement must have:

- Taken place in the United States or its territories.
- Been completed during the appropriate five year certification cycle. For those renewing for the first time, the start date for accruing practice hours is January 1 following the year of initial certification. For those who have previously renewed, the start date for accruing practice hours is the day after the deadline date of their last renewal by continuing education or the fall exam deadline date (e.g., for those renewing in 2019, those who renewed by continuing education on September 15, 2014, accrual starts September 16, 2014; for a CDE who renewed by exam on June 6 or November 27, 2014, the accrual date starts on September 16, 2014). All hours must be obtained prior to the date of application for renewal.

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 1000 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.

Click here for CE Packet. <https://www.ncbde.org/assets/1/7/CEPacketRenewalNonPractice2019.pdf>

Reinstatement of Expired Credentials

- Individuals whose CDE® credentials have expired may pursue reinstatement of their credentials. Reinstatement requires that an individual must meet appropriate eligibility requirements and pass the Examination.
- Certification is NOT extended between the time of credential expiration and passing the Examination.

1. Expired Credential Reinstatement Option: Expiration Date of 12/31/2014 – 12/31/2018

Successful reinstatement starts a new certification cycle with new CDE® certificate number. The amount of time the credential is expired cannot be used as part of cumulative active status certification years. The individual may not use the credential until receipt of passing score report.

Requirements:

- 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 application and Examination (e.g., applied for CDE® certification as a registered nurse, must maintain RN license).

- Expired option extends to five years after most recent expiration date. *For 2019 Examinations, the expired reinstatement option is available to individuals whose CDE® credentials expired 12/31/2014 through 12/31/2018.*
- Must apply for the examination, **with** documentation of either 75 hours of acceptable continuing education hours OR renewal practice requirement at the time of applying for the exam.
- Accrual cycle start date for either the continuing education hours or renewal practice hours begins five years prior to the opening application date e.g., apply for 2019 examination, accrual start date is January 1, 2014; Refer to Appendix I, [page 20](#).
- Application Fee: \$350
- Must pass the Examination

2. Expired Credential Option: Expiration Date of 12/31/2013 or earlier

Individuals whose credential expired 12/31/2013 or earlier must be able to document meeting all eligibility requirements in place for initial applicants prior to applying for reinstatement.

- See Eligibility Requirements for Initial Certification, [page 4](#).
- Application Fee(s) Payment



Application Process

Before applying, individuals will want to closely review the Examination Application Fees and Dates section on page 2, as well as Appendix I – Accrual Information for Initial/Renewal of Certification, page 20, and Appendix II – Continuing Education Guidelines, page 21, for important details about the application process.

Applicants may apply beginning January 1, 2019, 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 PSI 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 expired prior to 2014) who are applying using an advanced degree in social work, or pre-approved through the Unique Qualifications Pathway (see Eligibility Requirements, 1.C., page 4) 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 expired between 2014-2018) 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.

Click here for CE Packet. <https://www.ncbde.org/assets/1/7/CEPacketRenewalNonPractice2019.pdf>

- C. 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. Click on “Candidates,” and follow the online instructions. [Note: Certified Diabetes Educators or those individuals whose credentials have expired 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 immediately, 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 (pages 45-46 or available for download online) and submit it to PSI by mail or fax before scheduling an examination appointment.

OR

2. **Paper Application:** Complete and submit to PSI 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, pages 39-43.

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, pages 45-46, and submit it to PSI with the examination application and fee.

PSI 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 PSI at 888-519-9901.



regarding the availability of international computerized Test Centers, please visit the website at www.goAMP.com. PSI 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 Test Center is available. Individuals residing outside of the United States or its territories who are interested in testing at an international Test Center will need to submit a completed application form, the application fee, and an international Test 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 PSI **with** the application and the request is approved. The form for requesting special accommodations is included on [pages 45-46](#) and on the www.goAMP.com website. Instructions for completion must be followed and both required documents submitted.

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, please provide notification to PSI Candidate Services at 888-519-9901 prior to the Examination. 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.

Changes after the Application Is Submitted

PSI 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 applicant, if selected for audit, does not submit required documentation by the audit deadline date.

When an application is rejected for any of these reasons, the application fee, minus a \$100 processing fee, 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.

Appeals – Policies – Eligibility

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 within the 90-day window.

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 a new 90-day window (one time only). Request for this transfer must be made in writing using the Transfer of Application form, [page 47](#), and sent to PSI 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 in a new 90 day window with payment



2019 Certification Examination for Diabetes Educators

of a \$100 transfer fee. Transfers are not available if requests are received fewer 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 fewer 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 Forfeitures, [page 13](#), for important information on failing to arrive at the Test Center on date/time scheduled.

Examination Process

Examination Windows

Ongoing, beginning January 1.

Scheduling an Examination

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

- Online Scheduling:** You may schedule an examination appointment online at www.goAMP.com. To use this service, follow these easy steps:
 - Go to www.goAMP.com and select “Candidates.”
 - Follow the simple, step-by-step instructions to select your examination program and schedule an examination.

OR

- Telephone Scheduling:** Call PSI 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 provide your social security number or assigned identification number and to confirm a location, a preferred date and time for testing. PSI will use the social security numbers or unique identification numbers in maintaining applicant records. When PSI is contacted to schedule an examination appointment, you will be notified of the time to report to the Test Center. Please make note of it at that time because admission letters will NOT be sent.

If PSI 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:

New Year’s Day	Labor Day
Martin Luther King Jr. Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day (July 4)	Christmas Eve Day
	Christmas Day

Examination Appointment Changes

You may reschedule an examination appointment **once** within the 90-day testing window at no charge by calling PSI 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 90-day testing window for which the candidate applies. Refer to Withdrawals and Refunds section, [page 11](#), for information on requesting a transfer to a new 90-day testing window.*

If your Examination is scheduled on...	You must contact PSI 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 Forfeitures

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 PSI 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 a new 90-day testing window.

Inclement Weather, Emergency or Power Failure

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

You may visit www.goAMP.com prior to the Examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an Examination be canceled at a Test Center, all scheduled candidates will receive notification following the original Examination date regarding rescheduling or reapplication procedures.

If power to a Test 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

Examination Construction and Scoring

NCBDE develops the Certification Examination for Diabetes Educators (Examination) with the technical assistance of a testing agency. The two organizations work together to construct and validate the examination. NCBDE periodically conducts a survey of diabetes educators practice – often called a practice or job analysis. The study surveys Certified Diabetes Educators to determine the significance of specific tasks to a CDE's practice. The practice analysis information is used to develop the examination content outline and to determine the percent distribution of the items for the role. Therefore, the subject matter and importance of each item on the examination reflects data validated by this periodic study.

NCBDE selects CDEs who represent the multidisciplinary aspect of profession to serve on its Examination Committee. The Examination Committee drafts the examination's multiple-choice items, which are then edited and validated by the testing agency, and approved by the Committee for inclusion on the examination. The Examination Committee and the testing agency review all the examination items for subject matter, validity, difficulty, relevance, bias, and importance for current practice. All items are evaluated, classified, and revised by the Examination Committee and the testing agency for conformance to psychometric principles. Each item is pretested prior to its use and must meet statistical parameters prior to being used as a scored item.

On the basis of a completed practice analysis, it is usually necessary to develop a new examination form to reflect the updated examination content outline and to review the minimum passing point/score. A Passing Point Study is conducted by a panel of experts in the field. The methodology used to set the minimum passing score is the Angoff method. NCBDE's most recent analysis* was completed in 2013, with the examination content outline being implemented starting with the administration of the spring 2014 examination. In conducting the Passing Point Study, the experts evaluated each question on the spring 2014 examination to determine how many correct answers were necessary to demonstrate the knowledge and skills required to pass the examination, while keeping in mind the need to ensure that the passing score was consistent with the intended purpose of the examination.

**An updated practice analysis was conducted in 2018 with a new examination content outline to be implemented July 1, 2019.*

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.

See Following The Examination, Report of Results for more information on scoring ([page 18](#)).

Details

The Examination is a written examination composed of 200 multiple-choice, objective questions with a total testing time of four (4) hours. 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.

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 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 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 applicants testing January 1, 2019 to June 30, 2019 review the Examination Content Outline (see Appendix III, [pages 23-24](#)). Applicants scheduled to test starting July 1, 2019 should refer to the Examination Content Outline (see Appendix III, [pages 25-26](#)). 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 28](#)). 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 27](#)).

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 by 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 Appendix III, for applicants testing January 1, 2019 to June 30, 2019 Examination Content Outline on [pages 23-24](#); for applicants testing starting July 1, 2019 Examination Content Outline on [pages 25-26](#)). 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 a PSI Test Center. You do not need computer experience or typing skills to take the Examination. On the day of your appointment, report to the Test Center no later than the scheduled time. Look for the signs indicating PSI Test 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 PSI are not responsible for delays caused by weather or candidates' unfamiliarity with routes to, or locations of, Test Centers. You are advised to familiarize yourself with any and all information necessary to arrive on time.

To access an overview video of the testing experience, please use the following link: <http://online.goamp.com/CandidateHome/CandidateInformation.aspx>.

Identification and Fingerprinting

To gain admission to the Test 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 admission 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 Test 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 PSI maintain examination administration and security standards that are designed to ensure that all candidates are provided the same opportunity to demonstrate their abilities. The Test 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, 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 Test Center. PSI is not responsible for items left in the reception area at the Test 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 Test Center.
- Only individuals with medical reasons requiring access to food/beverages are allowed to bring these items into the Test 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;
- 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.

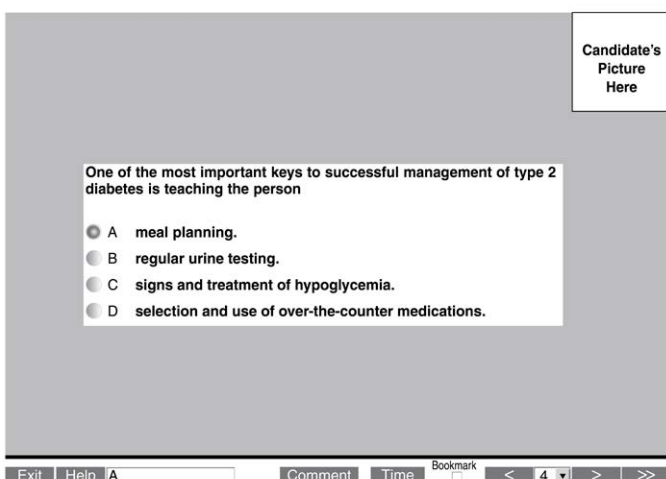
Practice Testing

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 may be prompted to provide a fingerprint scan at the testing carrel unless this was completed during check-in. Your photograph, taken before beginning the examination, 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 typing A, B, C, or D 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 double arrows (>>) to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double arrows (>>). 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, you may make comments for any question by clicking on the Comment button 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 answer 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: Beginning July 1, 2019, 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 July testing begins, PSI will not be able to initially release examination scores or pass/fail status at the conclusion of the testing appointments. Every effort will be made to mail score reports as quickly as possible after sufficient data has been collected.

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 ensure 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 PSI 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 PSI Examination Services Department.

Refer to Confidentiality, [page 3](#).

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 July/August 2019 examination candidates, there will NOT be an opportunity to retest until score reports have been released. Once score reports are released, unsuccessful candidates may re-apply with PSI using the online application process or paper application providing the applicant still meets the eligibility requirements.

Appeals – Policies – Testing Circumstances

- In the rare event that a problem arises in the administration of an examination, it may affect an individual or group of applicants. Problems may include, without limitation, power failures, defective equipment, or other disruptions of exam administrations such as natural disasters or other emergencies. When these atypical circumstances occur, the testing agency will conduct an investigation to provide information to NCBDE. Based on this information, NCBDE, at its sole discretion, may not score the exam, may withhold reporting of a score while NCBDE reviews the matter, or may cancel/invalidate the test score. If NCBDE deems it appropriate to do so, NCBDE will work with the testing agency to give affected candidates the opportunity to retake the exam as soon as possible, at no additional cost. Affected applicants will be notified of the reasons for the cancellation and their options for retaking the exam.
- Applicants who do not pass the examination and believe irregular testing conditions (such as a disturbance) were a contributing factor may file an appeal with the CEO. All appeal requests must be filed no later than thirty (30) days after the applicant’s examination administration date. All



appeals must describe the suspected problem and the requested remedy. Appeals based on irregular testing conditions will be reviewed by NCBDE only in the event the applicant does not pass the examination. If the applicant passes the examination, the appeal will be terminated without a decision on the appeal.

- Notice of the CEO's final determination will be provided to the applicant, and the determination of the CEO will be final.
- Applicants may not:
 - » Obtain copies of the examination
 - » Appeal the content or interpretation of NCBDE's examination questions or examinations.

Refer to appeal procedures: http://www.ncbde.org/certification_info/post-examination-information/#AppealExamResults

Scores Cancelled by NCBDE or PSI

NCBDE and PSI 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 PSI reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

Duplicate Score Report

Score reports are available directly from PSI, NCBDE's testing agency, for a period of 12 months from the date of the exam administration. A fee of \$25 is required with each request for a duplicate score report. This fee is paid directly to PSI. Please contact PSI for additional information: info-AMP@goAMP.com or 888-519-9901.

Certificates and Wallet Cards

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

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®.

For additional information upon passing the Examination, visit our website: <https://www.ncbde.org/currently-certified/newly-certified/>



Appendix I

Accrual Information for Initial/Expired or Renewal of Certification/Expired 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 Expired Prior to 2014	15 hours	No earlier than 2 years prior to the date of application	Per Eligibility Requirements for Initial Certification, see page 4 2. Professional Practice Experience	No earlier than 4 years prior to the date of application

APPENDICES

Information below is applicable ONLY for current CDEs who ARE able to document meeting the practice requirement and wish to renew by Examination. 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 2014)	None	n/a	1000 hours	January 1, 2015
Renewal of Certification – certified prior to 2014				September 16, 2014

Information below is applicable ONLY for current CDEs who CANNOT document meeting the practice requirement. Renewal 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 2014)	75 hours	January 1, 2015	n/a	n/a
Renewal of Certification – certified prior to 2014		September 16, 2014		

Information below is applicable ONLY for individuals whose credentials expired between 12/31/2014 and 12/31/2018. Upon application, individuals must be able to document EITHER 75 hours of acceptable continuing education activities OR 1000 renewal practice hours. Reinstatement is dependent upon documenting 75 hours of applicable continuing education activities OR 1000 hours of renewal practice hours and then successfully passing the Examination. Refer to Renewal Practice Requirement, [page 7](#), for definition of practice.

Category	Number of Continuing Education Hours OR Renewal Practice Hours	Accrual Start Date for Continuing Education Activities OR Renewal Practice Hours
Credential Expired 12/31/2014 to 12/31/2018	75 continuing education hours OR 1000 renewal practice hours	1/1/2014

Appendix II

Continuing Education Guidelines - Initial Certification

1. Expectations:

- Health professionals specializing in diabetes education will demonstrate through certification:
 - knowledge and skills are up-to-date
 - ability to practice proficiently, safely, and in a manner consistent with current National Standards of Diabetes Self-Management Education and Support (NSDSMES)
- All individuals will engage in a personal assessment to identify professional needs and participate in appropriate activities that are inclusive of the Examination Content Outline in the current Handbook.

2. Continuing Education Cycles for 2019 Applications

Refer to the Accrual Cycles Information, Appendix I, [page 20](#).

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 22](#)).
- Must be applicable to diabetes. All subject matter on the Certification Examination Content Outline published in the 2019 Certification Handbook for Diabetes Educators is considered applicable to diabetes.
- All continuing education activities must be completed before submitting the application.
- Must be at a professional level that enhances the quality and effectiveness of diabetes 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

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) <https://www.diabeteseducator.org/education>

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

Academy of Nutrition and Dietetics (ACADEMY) <https://www.eatrightstore.org/cpe-opportunities>

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

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

American Nurses Credentialing Center (ANCC) Accredited or Approved Providers
<https://www.nursingworld.org/Organizational-Programs/Accreditation/Find-an-Accredited-Organization>

American Academy of Family Physicians (AAFP) <http://www.aafp.org/cme.html>

American Association 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 PAs (AAPA) <https://www.aapa.org/learning-central/>

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

American College of Endocrinology (ACE) <https://www.aace.com/college/>

American College of Sports Medicine (ACSM) <https://www.acsm.org/>

American Medical Association (AMA) <https://www.ama-assn.org/education-center>

American Nurses Association (ANA) <https://www.nursingworld.org/ana/>

American Occupational Therapy Association (AOTA) <http://www.aota.org/Education-Careers/Continuing-Education.aspx>

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
<https://www.cdrnet.org/products/continuing-professional-development-education>

Council on Continuing Medical Education (CCME-AOA) Approved Sponsors <https://osteopathic.org/cme/>

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/>

National Association of Social Workers (NASW) <https://www.socialworkers.org/Careers/Continuing-Education>

National Commission for Health Education Credentialing (NCHEC) Designated Providers
<https://www.nchech.org/continuing-education>

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.

* Note: The links to the various organizations on the list are provided as a courtesy, and though all attempts are made to ensure the links are viable, NCBDE is not responsible for links that may be incorrect or become inactive. In addition, though NCBDE may have a professional relationship with any number of these organizations, NCBDE is separate and autonomous from all of the organizations included on the list.

Appendix III

JANUARY 1 - JUNE 30 2019

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.)

January 1 - June 30, 2019 Examination Content Outline

- 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 III

Examination Content Outline

EFFECTIVE STARTING JULY 1, 2019

I. Assessment of the Diabetes Continuum (59)

A. Learning (19)

1. Goals and needs of learner
2. Learning readiness (attitudes, developmental level, perceived learning needs, etc.)
3. Preferred learning styles (audio, visual, observational, psychomotor, etc.)
4. Technology literacy and use (devices, software, apps, virtual coaching, patient portals, etc.)
5. Challenges to learning (concrete vs. abstract thinking, literacy and numeracy, language, cultural values, religious beliefs, health beliefs, psychosocial and economic issues, family dynamics, learning disabilities, etc.)
6. Physical capabilities/limitations (visual acuity, hearing, functional ability, etc.)
7. Readiness to change behavior (self-efficacy, value of change, etc.)

B. Health and Psychosocial Status (19)

1. Diabetes-relevant health history (diagnosis/presentation, duration, symptoms, complications, treatment, etc.)
2. General health history (family history, allergies, medical history, etc.)
3. Diabetes-specific physical assessment (biometrics, site inspection, extremities, etc.)
4. Data trends (laboratory and self-collected)
5. Current use of technology (meters, pumps, sensors, apps, software, etc.)
6. Treatment fears and myths (hypo/hyperglycemia, causes, complications, needles, weight gain, etc.)
7. Family/caregiver dynamics and social supports
8. Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
9. Life transitions (living situation, insurance coverage, age related changes, etc.)
10. Mental health status (adjustment to diagnosis, coping ability, etc.)
11. Challenges to diabetes self-care practices (cognitive, language, cultural, spiritual, physical, economic, etc.)

C. Knowledge and Self-Management Practices (21)

1. Disease process
2. Eating habits and preferences
3. Activity habits and preferences
4. Monitoring (blood glucose, ketones, weight, etc.)
5. Record keeping (blood glucose, food, activity, etc.)
6. Medication taking habits (prescription, nonprescription, complementary and alternative medicine, etc.)
7. Use of health care resources (health care team, community resources, etc.)
8. Risk reduction (cardiovascular, etc.)
9. Problem solving

II. Interventions for Diabetes Continuum (88)

A. Collaborate with Individual/Family/Caregiver/Health Care Team to Develop: (18)

1. Individualized education plan based on assessment (selection of content, learning objectives, sequence of information, communication, etc.)

2. Instructional methods (discussion, demonstration, role playing, simulation, technology-based platforms, etc.)
3. Goals for lifestyle changes (S.M.A.R.T. goals, AADE-7, etc.)

B. Educate Based on Individualized Care Strategies (35)

1. General topics
 - a) Classification and diagnosis
 - b) Modifiable and non-modifiable risk factors
 - c) Pathophysiology (auto-immunity, monogenic, insulin resistance, secondary diabetes, cardiometabolic risks, etc.)
 - d) Effects and interactions of activity, food, medication, and stress
 - e) Drug and non-drug treatment options (access, risk/benefit, etc.)
 - f) Immunizations
 - g) Therapeutic goals (A1C, blood pressure, lipids, quality of life, etc.)
 - h) Laboratory test interpretation (A1C, lipids, renal and hepatic function tests, etc.)
 - i) Evidence-based findings for decision support (Diabetes Prevention Program, Diabetes Attitudes Wishes and Needs study, clinical trials, etc.)
2. Living with diabetes and prediabetes
 - a) Healthy coping (problem solving, complications, life transitions, etc.)
 - b) Psychosocial problems (depression, eating disorders, distress, etc.)
 - c) Role/Responsibilities of care (individual, family, team, etc.)
 - d) Social/Financial issues (employment, insurance, disability, discrimination, school issues, etc.)
 - e) Lifestyle management
 - f) Record keeping (blood glucose logs, food records, etc.)
 - g) Safety (sharps disposal, medical ID, driving, etc.)
 - h) Hygiene (dental, skin, feet, etc.)
3. Monitoring
 - a) Glucose (meter selection, continuous glucose sensing, sites, etc.)
 - b) Ketones
 - c) A1C
 - d) Blood pressure and weight
 - e) Lipids and cardiovascular risk
 - f) Renal and hepatic (function studies, microalbuminuria, serum creatinine, etc.)
4. Nutrition principles and guidelines
 - a) American Diabetes Association (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 (food source, total, saturated, monounsaturated, etc.)
 - d) Protein (food source, renal disease, wound care, etc.)
 - e) Food and medication integration (medication timing, meal timing, etc.)
 - f) Food label interpretation (nutrition facts, ingredients, health claims, sodium, etc.)
 - g) Alcohol (amount, precautions)
 - h) Weight management (adult and childhood obesity, failure to thrive, fad diets, etc.)

OUTLINE EFFECTIVE STARTING JULY 1, 2019

- i) Special considerations (food allergies, food aversion, gastroparesis, celiac disease, metabolic surgery, etc.)
 - j) Dietary and herbal supplements
 - 5. Activity
 - a) ADA and American College of Sports Medicine recommendations
 - b) Benefits, challenges, and precautions (comorbid conditions, post exercise delayed onset hypoglycemia, etc.)
 - c) Activity plan (aerobic, resistance training, etc.)
 - d) Adjustment of monitoring, food, and/or medication
 - 6. Medication management
 - a) ADA, European Association for the Study of Diabetes (EASD), American Association of Clinical Endocrinologists (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 (ulcers, Charcot foot, etc.)
 - h) Dermatological (wounds, yeast infection, ulcers, etc.)
 - i) Infection (genitourinary tract, pulmonary, skin and soft tissue, etc.)
 - j) Dental and gum disease
 - k) Comorbidities (hypertension, heart disease, depression, cognitive dysfunction, thyroid disease, celiac disease, obesity, sleep apnea, polycystic ovarian syndrome, etc.)
 - 9. Problem Solving and Other Management Issues
 - a) Honeymoon period, dawn phenomenon
 - b) Hypoglycemia unawareness
 - c) Pump, device, and sensor
 - d) Sick days
 - e) Surgery and special procedures
 - f) Changes in usual schedules (shift, religious, cultural, etc.)
 - g) Travel
 - h) Emergency preparedness
 - i) Physical capabilities and limitations (visual acuity, hearing, functional ability, etc.)
 - j) Assistive and adaptive devices (talking meter, magnifier, etc.)
 - k) Pre-conception planning, pregnancy, post-partum, and gestational diabetes
 - l) Special populations (pediatric, adolescence, geriatric, etc.)
 - m) Transitions of care (pediatric, young adult, care settings, etc.)
 - n) Substance use (alcohol, tobacco, marijuana, caffeine, etc.)
 - o) Disparities (economic, access, sex, ethnicity, geographic, mental capabilities, etc.)
 - C. Evaluate, Revise and Document (26)
 - 1. Weight, blood glucose patterns, eating habits, medication management, activity
 - 2. Self-reports and/or device downloaded reports
 - 3. Evaluate the effectiveness of interventions in:
 - a) achievement and progress toward goals
 - b) self-management skills
 - c) psychosocial adjustment
 - d) unexpected challenges (loss of insurance, job change, etc.)
 - 4. Individual's plan for the continuum of care with health care team and follow-up education and support
 - D. Referral, Support, and Follow-Up (9)
 - 1. Issues requiring referral
 - a) Education (diabetes, diabetes prevention program, peer, group vs. individual, behavioral, etc.)
 - b) Medical Nutrition Therapy
 - c) Exercise
 - d) Lifestyle coaching
 - e) Behavioral health
 - f) Learning disabilities
 - g) Medical care (foot care, dilated eye exam, pre-conception counseling, family planning, sexual dysfunction, etc.)
 - h) Risk reduction (smoking cessation, obesity, preventative services, etc.)
 - i) Medication management
 - j) Sleep assessment
 - k) Financial and social services
 - l) Discharge planning, home care, community resources (visual, hearing, language, etc.)
 - 2. Support (community resources, care managers, peer, prescription assistance programs, etc.)
 - 3. Communication between diabetes educator and health care team
- III. Disease Management (28)**
- A. Education Services Standards (8)
 - 1. Apply 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, emergency department visits, hospitalizations, work absences, etc.)
 - f) Perform continuous quality improvement activities
 - g) Maintain patient information and demographic database
 - B. Clinical Practice (18)
 - 1. Apply practice standards (AACE, ADA, Endocrine Society, etc.)
 - 2. Implement and support population management strategies
 - 3. Identify medical errors and employ risk mitigation strategies
 - 4. Mentor staff (clinical and non-clinical) and/or lay leaders in need of education
 - 5. Advocate formulary management of diabetes medications and supplies
 - C. Diabetes Advocacy (2)
 - 1. Promote primary and secondary diabetes prevention strategies in at risk individuals and populations
 - 2. Participate in community awareness, health fairs, media

Appendix IV

Sample Examination Questions*

1. In persons with diabetes, the symptoms of serious psychological depression may resemble
 - A. the “dawn phenomenon”.
 - B. the onset of nephropathy.
 - C. symptoms of chronic hypoglycemic episodes.
 - D. symptoms of chronic high blood glucose levels.
2. According to the most recent American Diabetes Association Guidelines, a diagnosis of diabetes mellitus may be confirmed by the findings of
 - A. weight loss.
 - B. polydipsia and polyuria.
 - C. two random plasma glucose levels of 145 mg/dL.
 - D. two fasting plasma glucose levels of 135 mg/dL.
3. According to the most recent American Diabetes Association Nutrition Guidelines, the recommended fat content for a diabetes meal plan is
 - A. individualized.
 - B. 10% of calorie intake.
 - C. 30% of calorie intake.
 - D. dependent on patient’s age.
4. According to DCCT participants striving for good control, some adverse effects of intensive treatment were
 - A. multiple injections causing lipohypertrophy.
 - B. marked hormonal changes requiring more insulin.
 - C. weight gain and risk of severe hypoglycemia.
 - D. insulin resistance caused by hyperinsulinemia.
5. Metformin is an oral antidiabetic agent different than that of sulfonylurea drugs. Some features of the drug are that it
 - A. stimulates insulin secretion and increases hepatic glucose production.
 - B. causes hypoglycemia.
 - C. reduces hyperglycemia in persons with diabetes, but does not lower blood glucose levels in persons who do not have diabetes.
 - D. results in weight gain and increase in plasma insulin levels.
6. Which of the following is a major clinical feature of hyperosmolar hyperglycemic nonketotic syndrome?
 - A. large ketones
 - B. profound dehydration
 - C. nausea and vomiting
 - D. severe acidosis
7. 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?
 - A. increase the evening meal Humalog® (insulin lispro) dose
 - B. increase the bedtime Lantus® (insulin glargine) dose
 - C. decrease the evening meal Humalog® (insulin lispro) dose
 - D. decrease the bedtime Lantus® (insulin glargine) dose
8. One of the most important keys to successful management of type 2 diabetes is teaching the person
 - A. meal planning.
 - B. regular urine testing.
 - C. signs and treatment of hypoglycemia.
 - D. selection and use of over-the-counter medications.
9. 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?
 - A. He should carry a fast-acting carbohydrate with him.
 - B. He should increase his diet by 300 calories to prevent hunger during exercise.
 - C. He should increase his carbohydrate intake before exercising.
 - D. There should be no change in diet.
10. 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?
 - A. The insulin/carbohydrate ratios for meals need to be increased.
 - B. The insulin sensitivity factor needs to be decreased.
 - C. Her infusion sets need to be changed more frequently.
 - D. She forgets to bolus for meals and snacks.

CORRECT ANSWERS TO SAMPLE QUESTIONS

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

* The purpose of the Sample Examination Questions is to provide information to candidates as to the structure and format of the questions on the exam. Refer to [pages 14-15](#).

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 “Examination Construction and Scoring” and “Studying for the Examination” sections on [page 14](#) for additional information.)

ACSM’s Guidelines for Exercise Testing and Prescription, 10th Edition (2017). American College of Sports Medicine. Baltimore, MD: Lippincott Williams and Wilkins.

Academy of Nutrition and Dietetics and American Diabetes Association. Choose Your Foods: Food Lists for Diabetes (2014).

Anderson, B., Funnell, M. The Art of Empowerment: Stories and Strategies for Diabetes Educators, 2nd Edition (2005). Alexandria, VA: American Diabetes Association.

Armstrong, D.G., Lavery, L.A. (Editors). Clinical Care of the Diabetic Foot, 3rd Edition (2016). Alexandria, VA: American Diabetes Association.

The Art and Science of Diabetes Self-Management Education Desk Reference, 4th Edition (2017). Chicago, IL: American Association of Diabetes Educators.

Beaser, R.S. Joslin’s Diabetes Deskbook: A Guide for Primary Care Providers, Updated 3rd Edition (2014). Boston, MA: Joslin Diabetes Center.

Bolderman, K. Putting Your Patients on the Pump, 2nd Edition (2013). Alexandria, VA: American Diabetes Association.

Chase, H.P., Messer, L. Understanding Insulin Pumps & Continuous Glucose Monitors, 3rd Edition (2016). Denver, CO: Children’s Diabetes Foundation.

Childs, B. (Editor). Complete Nurses Guide to Diabetes Care, 2nd Edition (2009). Alexandria, VA: American Diabetes Association.

Clinical Practice Recommendations (latest edition). “Diabetes Care”, Volume 37, Supplement 1, January. American Diabetes Association.

Colberg, S. Exercise and Diabetes (2013). Alexandria, VA: American Diabetes Association.

Continuous Quality Improvement for Diabetes Education and Support Programs, 3rd Edition (2015). Chicago, IL: American Association of Diabetes Educators.

Dietary Guidelines for Americans (latest edition). Department of Health and Human Services and the Department of Agriculture.

Draznin, Boris, Atypical Diabetes (2018). Alexandria, VA: American Diabetes Association.

Draznin, Boris, Diabetes Case Studies. Real Problems, Practical Solutions (2015). Alexandria, VA: American Diabetes Association.

Draznin, Boris, Managing Diabetes and Hyperglycemia in the Hospital Setting. A Clinician’s Guide (2016). Alexandria, VA: American Diabetes Association.

Franz, M., Evert, A. (Editors). American Diabetes Association Guide for Nutrition Therapy, 2nd Edition (2017). Alexandria, VA: American Diabetes Association.

Harris, M., Hood, K., Weissberg-Benchell, J. Teens with Diabetes: A Clinician’s Guide. (2014). American Diabetes Association.

Intensive Diabetes Management, 6th Edition (2016). Alexandria, VA: American Diabetes Association.

Kahn, C.R., et al (Editors). Joslin’s Diabetes Mellitus, 14th Edition (2005). New York, NY: Lippincott, Williams and Wilkins.

Kaufman, F.R. Diabetes: The Obesity-Diabetes Epidemic That Threatens America – And What We Must Do to Stop It. (2005). Westminster, MD: Bantam Dell.

Managing Preexisting Diabetes and Pregnancy: Technical Reviews and Consensus Recommendations for Care (2008). Alexandria, VA: American Diabetes Association.

Medical Management of Pregnancy Complicated by Diabetes, 5th Edition (2013). Alexandria, VA: American Diabetes Association.

Medical Management of Type 1 Diabetes, 6th Edition (2012). Alexandria, VA: American Diabetes Association.

Medical Management of Type 2 Diabetes, 7th Edition (2012). Alexandria, VA: American Diabetes Association.

Pastors, J.G. (Editor). Diabetes Nutrition Q&A for Health Professionals (2003). Alexandria, VA: American Diabetes Association.

Peters, A.L., Laffel, L.M. (Editors). The American Diabetes Association/JDRF Sourcebook for Type 1 Diabetes (2013). Alexandria, VA: American Diabetes Association.

Practical Insulin, 4th Edition (2015). Alexandria, VA: American Diabetes Association.

Rollnick, S., Miller, W., Butler, C. Motivational Interviewing in Health Care: Helping Patients Change Behavior (2008). New York, NY: The Guilford Press.

Ross, T.A., Boucher, J.L. and O’Connell, B.S. (Editors). ADA Guide to Diabetes Medical Nutrition Therapy and Education (2005). Chicago, IL: Academy of Nutrition and Dietetics.

Roszler, Janis, Satin Rapaport, Wendy. Approaches to Behavior (2015). Alexandria, VA: American Diabetes Association.

Scheiner, Gary. Practical CGM (2015). Alexandria, VA: American Diabetes Association.

The Scope of Practice, Standards of Practice, and Standards of Professional Performance for Diabetes Educators (latest edition). Chicago, IL: American Association of Diabetes Educators.



Therapy for Diabetes Mellitus and Related Disorders, 6th Edition (2014). Alexandria, VA: American Diabetes Association.

Warshaw, H.S., Kulkarni, K. The Complete Guide to Carb Counting, 3rd Edition (2012). Alexandria, VA: American Diabetes Association.

Weisenberger, Jill, Prediabetes: A Complete Guide (2018). Alexandria, VA: American Diabetes Association.

White, Jr., J.R., Campbell, R.K. ADA/PDR Medications for the Treatment of Diabetes (2008). Montvale, NJ: Thomson Reuters, Healthcare.

Wolpert, H.A , Anderson, B.J., Weisberg-Benchell, J. Transitions in Care: Meeting the Challenges of Type 1 Diabetes in Young Adults (2009). Alexandria, VA: American Diabetes Association.

Young-Hyman, D., Peyrot, M. Psychosocial Care for People with Diabetes (2012). Alexandria, VA: American Diabetes Association.

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 expired 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 (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 expired prior to 12/31/2014 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 expired 12/31/2014 through 12/31/2018 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 expired prior to 12/31/2014 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 expired 12/31/2014 through 12/31/2018 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 expired between 12/31/2014 and 12/31/2018 who CANNOT document meeting the renewal practice requirement.

Mail the application to:

PSI
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 expired prior to 2014:** 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 expired 12/31/2014 through 12/31/2018 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 PSI Services Inc., 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.

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. Only the sites listed will be considered. This list is subject to change due to availability. You will be contacted by a PSI 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 4](#)) **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.

- Certified Clinical Exercise Physiologist (ACSM-CEP)
- 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)
- PA (PA-C)
- Physical Therapist (PT)
- 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 4](#)), and (2) previously certified individuals whose credentials expired prior to 2014 (see Reinstatement of Expired Credentials, Expired Credential Option: Expiration Date of 12/31/2013 or earlier, [page 8](#).)

21 PROFESSIONAL INFORMATION

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A.1. Primary Practice Setting</p> <ul style="list-style-type: none"> <input type="radio"/> Hospital Inpatient Only <input type="radio"/> Hospital Outpatient Only <input type="radio"/> Both Hospital Inpatient/Outpatient <input type="radio"/> Non-Hospital Outpatient <input type="radio"/> Provider's Office (MD, DO, NP) <input type="radio"/> Community Health Agency <input type="radio"/> Private Practice <input type="radio"/> Home Health Agency <input type="radio"/> Other (specify): _____ <p>A.2. Secondary Practice Setting</p> <ul style="list-style-type: none"> <input type="radio"/> Hospital Inpatient Only <input type="radio"/> Hospital Outpatient Only <input type="radio"/> Both Hospital Inpatient/Outpatient <input type="radio"/> Non-Hospital Outpatient <input type="radio"/> Provider's Office (MD, DO, NP) <input type="radio"/> Community Health Agency <input type="radio"/> Private Practice <input type="radio"/> Home Health Agency <input type="radio"/> Other (specify): _____ <p><input type="radio"/> Not Applicable</p> <p>B. Experience in Diabetes Education</p> <ul style="list-style-type: none"> <input type="radio"/> 2 years or less <input type="radio"/> Over 2 years to 5 years <input type="radio"/> Over 5 years to 10 years <input type="radio"/> Over 10 years to 15 years <input type="radio"/> Over 15 years to 20 years <input type="radio"/> Over 20 years to 25 years <input type="radio"/> Over 25 years <p>C. Percent of Time Spent Providing Diabetes Education</p> <ul style="list-style-type: none"> <input type="radio"/> Less than 25% <input type="radio"/> 26% to 50% <input type="radio"/> 51% to 75% <input type="radio"/> More than 75% <p>D. Percent of Time Spent Providing Diabetes Prevention</p> <ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> 1-25% <input type="radio"/> 26-50% <input type="radio"/> 51-75% <input type="radio"/> More than 75% <p>E. Highest Education Level Achieved</p> <ul style="list-style-type: none"> <input type="radio"/> Associate Degree (Nursing) <input type="radio"/> Diploma in Nursing <input type="radio"/> Baccalaureate Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree <input type="radio"/> Medical Degree | <p>F. Delivery Method for Diabetes Education</p> <ul style="list-style-type: none"> <input type="radio"/> Face to face only <input type="radio"/> Electronic only (e.g., telephone, Internet) <input type="radio"/> Face to face and electronic <p>G. Mailing List Permission</p> <p>NCBDE offers the use of the list of Certified Diabetes Educators (CDEs) for mailings* to outside organizations wishing to advertise their conferences, products, publications and services. Please check the appropriate response below.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>H. Email Use Permission</p> <p>NCBDE offers the use of the list of Certified Diabetes Educators (CDEs) for email communications* to outside organizations wishing to advertise their conferences, products, publications and services. Please check the appropriate response below.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>*G and H: These lists may be provided to formally recognized national certifying agencies and professional licensing commissions, which include the professional disciplines represented by the credential; professional membership associations, which are involved in diabetes education, practice, or policy development; corporations (for-profit or not-for-profit) involved in the sale of diabetes-related products and services (for either the professional or person with diabetes), or related to CDE® employment opportunities.</p> <p>I. Ethnicity</p> <ul style="list-style-type: none"> <input type="radio"/> Do not wish to answer <input type="radio"/> Native American/Native Alaskan <input type="radio"/> Asian/Asian-American/Pacific Islander <input type="radio"/> African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Caucasian <input type="radio"/> Other (Specify) _____ <p>J. Preferred Salutation (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Mrs <input type="radio"/> Mr <input type="radio"/> Dr |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

22 CONFIRMATION OF AUDIT REQUIREMENTS

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 be sent a notice via email. Individuals chosen for audit must be able to provide documentation that they met all of the requirements at the time of application. The audit process must be successfully completed in order for the application to move forward in the process. Instructions and a link to the documents for submission of audit materials will be provided via email and documentation must be received by the identified deadline date.

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 4 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 expired prior to 2014. For individuals applying by the UQ pathway, please complete the Initial Certification Eligibility Verification – UQ pathway section below. For CDEs renewing their credentials or individuals whose credentials expired in 2014-2018, please complete the appropriate 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 or dietitian nutritionist holding active registration with the Commission on Dietetic Registration, PA holding active registration with the NCCPA, exercise physiologist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Physiologist, 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.
- DE experience older than 4 years from date of application cannot be counted.
- 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 DE 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 DE, as defined by NCBDE.

- DE must meet the definition as published in the Handbook. See On the Other Hand..., page 5, for examples of experience not considered DE 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 21-22, 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 30-37.

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

OR

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 30-37.

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

OR (SEE NEXT PAGE)

Renewal of Certification Eligibility Verification – The eligibility requirements below apply to current CDEs renewing their credentials via Exam.

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.
- For those who have renewed previously, the start date for accruing practice hours is the day after the deadline date of their last renewal by continuing education or the fall exam deadline date (e.g., for those renewing in 2019, those who renewed by continuing education on September 15, 2014, accrual starts September 16, 2014; for a CDE who renewed by exam on June 6 or November 27, 2014, the accrual date starts on September 16, 2014). For those renewing for the first time, the start date for accruing practice hours is the January 1, 2015.

I verify that I meet the following requirement*: providing a minimum of 1000 hours of professional practice experience at the time of application.

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 30-37*.

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, 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 21-22*, 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 2019. I have enclosed a Summary Form of Continuing Education Activities. _____ initials

OR

Reinstatement of Certification Eligibility Verification – The eligibility requirements below apply to whose CDE credentials expired 12/31/2014 to 12/31/2018.

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. REINSTATEMENT PRACTICE REQUIREMENT VERIFICATION – The practice requirement to apply for the Examination is identified below.

NOTES:

- For purposes of reinstatement of certification in this category, the renewal practice requirement is used. Therefore, 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.
- The start date for accruing practice hours is January 1, 2014;

I verify that I meet the following requirement*: providing a minimum of 1000 hours of professional practice experience at the time of application.

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 30-37*.

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 individuals who wish to reinstate their credentials after letting their credentials expire, but do not or cannot meet the renewal practice requirement, there is only one reinstatement 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. The start date for accruing continuing education activities is January 1, 2014. See Continuing Education Guidelines, *pages 21-22*, 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 reinstate my credential in 2019. I have enclosed a Summary Form of Continuing Education Activities. _____ initials

FORMS

BLANK

Request for Special Accommodations

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit both pages with your application.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Candidate ID # _____ Requested Test Center: _____

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

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

Special Accommodations

I request special accommodations for the Certification for Diabetes Educators 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 PSI staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

**Return this form with your examination application and fee to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services 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 PSI is able to provide the required 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 Request for Special Accommodations.

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:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services at 888-519-9901.**

Transfer of Application

Directions: Use this form to transfer your application to a new 90-day window (one time only). The new 90-day window begins from approval date of transfer from the testing agency, PSI. Complete all requested information. This form and \$100 fee must be received by PSI 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 details.

Last 4 digits of Social Security # _____ or Unique Identification Number _____

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. Make checks payable to PSI Services Inc. 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 _____

Return this form and fee to:
Fax: 913-895-4651 or Mail: PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services at 888-519-9901.

Notes

Notes



Index

Adherence to Published Policies	10	Examination Windows	12
Appeals – Policies – Eligibility	11	Fees	10
Appeals – Policies – Testing Circumstances	18	Holidays	12
Appendix I – Accrual Information for Initial/Expired or Renewal of Certification/Expired Certification	20	How to Apply for an Examination	9
Appendix II – Continuing Education Guidelines	21	Identification and Fingerprinting	16
Appendix II – Recognized Continuing Education Providers List	22	Important General Information	ii
Appendix III – JANUARY 1 - JUNE 30 2019 Examination Content Outline	23	Incllement Weather, Emergency or Power Failure	13
Appendix III – EFFECTIVE JULY 1, 2019 AND FORWARD Examination Content Outline	25	Initial Certification Requirements† Review	6
Appendix IV – Sample Examination Questions	27	Introduction	2
Appendix V – References	28	Misconduct	16
Appendix VI – Canons of Ethical Conduct and Rules and Procedure	30	Missed Appointments and Forfeitures	13
Application Instructions for the Examination	38	Mission	2
Application Form – PART I	39	Objectives	2
Application Form – PART II	42	On the Other Hand	5
Application Process	9	Overview	16
Audit Policy	10	Practice Examination	15
Candidate Comments	17	Practice Testing	17
Canons of Ethical Conduct	3	Purpose	2
Certificates and Wallet Cards	19	Re-Examination	18
Certification FAQs	1	Reinstatement of Expired Credentials	8
Changes after the Application Is Submitted	11	Rejected Applications	11
Confidentiality	3	Renewal of Certification	7
Copyrighted Examination Questions	17	Renewal Practice Requirement	7
Definition of a Certified Diabetes Educator	2	Report of Results	18
Definition of Diabetes Education	5	Requests for Special Accommodations	11
Details	14	Request for Special Accommodations Form	45
Disciplinary Policy	3	Requests for International Test Centers (Outside United States)	10
Documentation of Disability-Related Needs Form	46	Responsibility for Certification	3
Duplicate Score Report	19	Scheduling an Examination	12
Eligibility Requirements for Initial Certification	4	Scores Cancelled by NCBDE or PSI	19
Eligibility Requirements for Renewal of Certification	7	Security/Rules	16
Examination Administration	10	Statement of Nondiscrimination Policy	3
Examination Application Checklist	36	Studying for the Examination	14
Examination Application Fees and Dates	2	Testing of Advancements	14
Examination Appointment Changes	12	Testing Window	10
Examination Construction and Scoring	14	Timed Examination	17
		Transfer of Application Form	43
		Use of Certification Marks	19
		Withdrawals and Refunds	11

**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”