



## NATIONAL CERTIFICATION BOARD FOR DIABETES EDUCATORS

### *APPLICATION FOR NOMINATION TO NCBDE BOARD OF DIRECTORS*

NCBDE is pleased to provide this information about its eligibility requirements for nomination, governance structure, and board responsibilities to consider before making a decision to apply for a position on the Board of Directors.

#### **NCBDE Board of Directors**

The NCBDE Board of Directors ("Board") currently has a total of ten positions, including that of Immediate Past Chair. ***Positions to be filled by election in 2009 for service beginning in 2010 are one registered nurse, one registered dietitian, and one registered pharmacist. (Revised 6/22/2009).***

#### **Director Responsibilities**

The primary focus of the Board is oversight of the certification program for diabetes educators, which may include certification examination development and review, setting passing scores, determining eligibility requirements, reviewing applications, and determining test performance standards. Directors may also serve on committees and special task forces related to certification issues. Management and operation of the NCBDE national office are overseen by NCBDE's Chief Executive Officer.

It is important to understand that those elected to the Board are expected to attend one orientation and three business meetings each year, as well as committee and task force meetings as necessary. Directors should anticipate volunteering personal time each month to devote to board activities and assignments.

Service on the Board is voluntary and all expenses incurred for travel, lodging, and other meeting-related activities are paid by NCBDE, in accordance with established policies.

During term of office and for two years after completing board tenure, directors may not participate in the development or presentation of review courses, study guides, or any materials designed primarily for examination review purposes.

## Nomination Details

The NCBDE Nominating Committee, composed of Board Directors, interviews CDE<sup>®</sup>s who submit applications and prepares a slate of candidates to present to the Board for election. New Directors are notified in October of their election and attend their first meeting the following February.

## Eligibility for Nomination

*To be eligible for nomination for the 2009 election, an applicant must be a registered nurse, registered dietitian or registered pharmacist. (Revised 6/22/2009).* All applicants must be diabetes educators certified by NCBDE.

The applicant must be currently employed in diabetes education, or formerly employed in diabetes education and currently employed in another diabetes-related area other than the manufacture, sale, or distribution of diabetes-related products or services.

## Application Instructions:

1. Type or print neatly.
2. Complete all sections of the application.
3. Sign and date the application.
4. Submit the following with the application\*:
  - a. Copy of **current** *curriculum vitae* or resume
  - b. Two (2) letters of recommendation from persons knowledgeable about your professional practice experience and activities in diabetes education.
5. Submit the completed application and all required documentation by mail\*\*, **postmarked no later than August 1, 2009**, to:

***Nominating Committee***  
**NCBDE**  
**330 East Algonquin Road, Suite #4**  
**Arlington Heights, IL 60005**

*\* All required materials must accompany the application.*

*\*\* Faxed materials will not be accepted.*

As part of the nomination process, applicants will be contacted by telephone for interviews by the Nominating Committee. Completion of this application does not guarantee inclusion on the final NCBDE ballot. All original documents pertaining to application are retained by NCBDE.



**NATIONAL CERTIFICATION BOARD FOR DIABETES EDUCATORS**  
**BOARD OF DIRECTORS APPLICATION**

*Completed application form and all required documentation must be submitted by mail, postmarked no later than August 1, 2009.*

**Section A: Personal and Employment Information**

Name					
Credentials			Title		
Preferred Mailing Address		Preferred Telephone Contact		Preferred Email Address	
<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
Employer					
Employer Address					
City		State		Zip Code	
Work Phone		Work Fax		Work Email	
Home Address					
City		State		Zip Code	
Home Phone		Home Fax		Home Email	

**Section B: Certification Information**

Year of Initial CDE Certification	Year Recertified (if applicable)
CDE Number	Current Expiration Date

**Section C: Education Background**

Highest Academic Level Completed (Associate, Bachelor's, Master's, Doctoral)	Degree Earned and Year Conferred
College/University Awarding Degree, City and State	Major Area of Study

**Section D: Professional Experience in Diabetes Education**

<b>INDICATE THE PRACTICE SETTING OF YOUR PRESENT EMPLOYMENT</b> (please check all that apply)	
<input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Both Hospital Inpatient/Outpatient <input type="checkbox"/> Physician's Office <input type="checkbox"/> Nursing Home/Extended Care Facility	<input type="checkbox"/> Community Health Agency <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Private Practice <input type="checkbox"/> Academic/University <input type="checkbox"/> Other (specify): _____
Total number of years experience in diabetes education	Number of hours per week spent providing diabetes education (in your present position)

**Section D, Professional Experience in Diabetes Education, continued**

**Briefly describe the skills and training you possess that qualify you to be a director of NCBDE.**

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**Section E: Professional Activities**

*In the space provided below, list diabetes education-related and other professional activities in which you have been involved. Include offices held, committee affiliations, other special projects (editorial boards, newsletters, etc.), and dates of service.*

**National diabetes education-related activities**

<u>Position Held</u>	<u>Organization</u>	<u>Dates</u>

**State/local diabetes education-related activities**

<u>Position Held</u>	<u>Organization</u>	<u>Dates</u>

**Section E, Professional Activities, continued**

**Board and committee experience with other organizations**

<u>Position Held</u>	<u>Organization</u>	<u>Dates</u>

**Other relevant activities**

<u>Position Held</u>	<u>Organization</u>	<u>Dates</u>

**Section F: Applicant Statements**

*For Section F, on a separate piece of paper, provide responses to the following:*

1. Why you are interested in serving on the NCBDE Board of Directors
2. How your professional experience reflects your leadership abilities
3. What you envision will be key challenges facing NCBDE during the next 3-5 years and identify strategies to help NCBDE meet these challenges

**Attestation and Willingness to Serve**

*The following statement must be signed and dated:*

I hereby apply for a position on the NCBDE Board of Directors and attest to the truth of all statements and information, including eligibility, provided herein. I understand that I must be currently certified by NCBDE and currently employed in diabetes education, or formerly employed in diabetes education and currently employed in another diabetes-related area other than the manufacture, sale, or distribution of diabetes-related products or services at the time my position on the Board would become effective. I understand the duties, requirements and time commitments of NCBDE Directors and willingly agree to meet these responsibilities if I am elected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date