



## Grace Period Application - Instructions and Checklist

This application is only for use for renewal of certification for those CDEs who expired on 12/31/2018. It is only to be used for applying between December 16, 2018 and March 31, 2019. Please review the *2018 Renewal of Certification by Continuing Education Handbook (Renewal Handbook)* for additional information.

### Applying using Grace Period option?

1. To apply under the Grace Period you must:
  - A. Verify that you meet the requirements to apply under the Grace Period application. See Grace Period Option section, page 9, of the Renewal Handbook for details.
  - B. Verify that you meet the Renewal Practice Requirement. See Renewal Practice Requirement, page 5, of the Renewal Handbook for details.
  - C. Document that CEs were earned **no later than December 15, 2018** and **provide the appropriate verification documentation** on the CE activities. Review the Guidelines for Reporting Continuing Education Activities, Appendix I, page 11.
2. Submit the following:
  - **Application – Part I**
  - **Application – Part II**
    - If you are using the “fillable” format version, you are welcome to use the abbreviations that appear in the drop down box provided. If you are completing the Summary Form by hand, do not use abbreviations or acronyms for the first listing of an organization.
  - **Verification documentation of all Formal continuing education activities** by providing copies of certificates of completion, verifications of attendance issued by a recognized provider on NCBDE’s list, or other relevant proof of completion or attendance issued by the recognized provider for each continuing education activity submitted. Each document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.
  - **Verification documentation for all Expanded activities, if any**, by providing required documentation as shown in Table B, Documentation for Audit or Grace Period Application column.
  - Application fee(s) (Refer to Renewal Handbook, Fees, page 7)

### Send the Grace Period application to:

NCBDE

Attn: Grace Period-Renewal by CE

330 E Algonquin Rd, Suite 4

Arlington Heights, IL 60005

(We recommend sending via traceable service.)

**Checklist – Grace Period Application**

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

**Application – Part I**

- Have you read and can you attest to agreeing to abide by the Canons of Ethical Conduct and the Rules and Procedures?
- Have you read and initialed each attestation? (Items 14, 15, 16 & 17)
- Have you completed all required sections of the application, including your signature in ink on the final attestation, Number 17?

**Application – Part II and Verification Documentation**

- Have you completed Part II and provided appropriate verification documentation for each of the continuing education activities reported?
  - Have you included verification documentation for all Formal continuing education activities by providing copies of certificates of completion, verifications of attendance issued by a recognized provider on NCBDE's list, or other relevant proof of completion or attendance issued by the recognized provider for each continuing education activity submitted. Each document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.
  - Have you included verification documentation for Expanded activities, if any, by providing required documentation as shown in Table B, Documentation for Audit or Grace Period Application column?
  - Have you reported your activities in clock hours?
  - Were your continuing education activities **completed by December 15, 2018**? Activities that have not been completed by that date cannot be reported.
  - If using a print out of activities maintained in the NCBDE "My Continuing Education" tracking area on the NCBDE web site, have you included that document?
  - If content applicable to diabetes is not evident from the title of the particular activity, have you included a brief description or submitted a copy of brochure or program with areas applicable to diabetes identified?
  - Is your verification documentation for all activities in the same order as your tracking print out or summary of activity form?
  - If you are claiming Expanded activities, have you listed them on the designated summary of activity form and are the verification documents in the same order as the form?

**Fees**

- Is your payment for the fee included (either credit card information or a check or money order, payable to NCBDE)? Refer to the Renewal Handbook, Fees, page 7.

**Copy**

- Have you kept copies of the application for your files? Retain this checklist and a copy of your application for your records. Under no circumstances are applications, including copies, returned to applicants.

**Mail Application**

- Send your application to the NCBDE national office. It must be postmarked no later than March 31, 2019. (See Renewal Handbook, Deadline Dates and Fees Overview, [page 1](#)).
- (Recommended, but Optional)** Send paper application by certified mail or traceable courier service. (See Renewal Handbook, Adherence to Published Policies section, [page 7](#)).



# Renewal by Continuing Education

## Guidelines for Reporting Continuing Education Activities

### *Minimum Total of 75 Hours of Acceptable Activities Required*

#### 1. Expectations

Health professionals specializing in diabetes education will demonstrate through renewal of 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 CDEs who select renewal of certification by continuing education 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. Renewal by Continuing Education Cycles

For those renewing for the first time, the start date for accruing professional practice hours is the 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 2018, those who renewed by continuing education using the standard deadline of September 16, 2013, accrual starts September 17, 2013; for a CDE who renewed by examination on June 6 or November 27, 2013, the accrual date starts on September 16, 2013).

All hours must be obtained prior to the date of application for renewal.

#### 3. Activities:

- must be applicable to diabetes. All subject matter on the Certification Examination Content Outline published in the current Handbook is considered applicable to diabetes. (See Examination Handbook, Appendix III, or Renewal by Continuing Education Handbook, Appendix II)

- must be completed as defined by the renewal of continuing education cycles policy. (All activities must be completed prior to the application deadline and before submitting the application.)
- must be at a professional level that enhances the quality and effectiveness of diabetes self-management education practice.
- do not have to be discipline specific nor do the activities 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.

#### ***Formal continuing education activity formats acceptable for renewal of certification by continuing education - minimum of 45 clock hours of the following:***

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

#### ***Expanded activities acceptable for renewal of certification by continuing education - maximum of 30 clock hours of the following:***

- Academic courses
- Presentations or lectures by the certificant
- Publications - articles or books written by the certificant
- Service as a Mentor in NCBDE's Mentorship Program

#### 4. Activities - Additional Information/Requirements

See Tables A and B.

**Table A. Formal Continuing Education Activities - Additional Information/Requirements**

Category Hour Definition	Hours Required/Allowed	Requirements	Activity Documentation for Audit or Grace Period Application
1 contact hour = 1 clock hour	<ul style="list-style-type: none"> <li>Minimum of 45 clock hours</li> </ul>	<ul style="list-style-type: none"> <li>Must be approved by a provider on the NCBDE List of Recognized Providers (See 5. Formal Activities - Recognized Continuing Education Providers on page 4).</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Activities <b>NOT</b> acceptable:               <ul style="list-style-type: none"> <li>Other certification/credentials awarded</li> <li>Elected office or serving on Boards and/or Committees</li> <li>Journal clubs or professional reading</li> <li>Posters or poster sessions and exhibits</li> <li>Preceptorships or mentor hours (Exception - See Expanded Activities - Table B)</li> <li>Research</li> <li>Volunteer activities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Proof of participating in formal continuing education activities is met by providing copies of certificates of completion, verifications of attendance issued by a recognized provider on NCBDE's list, or other relevant proof of attendance issued by the recognized provider for each continuing education activity submitted.</li> <li>Each document must include the name of the attendee, title of the activity, date(s) the program was attended or completed, the recognized provider(s), and the total number of credits or contact hours awarded.</li> </ul>

**Table B. Expanded Activities - Additional Information/Requirements**

Category	Category Hour Definition	Hours Required/Allowed	Requirements	Documentation for Audit or Grace Period Application
Academic Coursework	One semester credit hour = 15 hours of formal continuing education activity	<ul style="list-style-type: none"> <li>• No minimum required</li> <li>• Can mix and match with other non-formal categories</li> <li>• Maximum if only utilizing this non-formal category: 2 semester credit hours (30 CE hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Offered through an accredited college or university</li> <li>• Content must be applicable to diabetes</li> <li>• Repeat courses are not accepted for certification renewal. CDEs may claim credit for a specific course only once, even if they took that course multiple times during their accrual cycle.</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting documents, such as a transcript(s) showing the number of academic credits, sponsoring organization etc.</li> <li>• Title must clarify content applicable to diabetes or additional information provided to verify content applicable to diabetes must be provided.</li> </ul>
Presentations	One presentation = 10 hours of formal continuing education activity hours	<ul style="list-style-type: none"> <li>• No minimum required</li> <li>• Can mix and match with other non-formal categories</li> <li>• Maximum if only utilizing this non-formal category: 3 presentations (30 CE hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary presenter</li> <li>• Content must be applicable to diabetes</li> <li>• Delivered in a structured teaching/learning framework as part of conference, seminar, or teleconference where continuing education credits are awarded to attendees.</li> <li>• Minimum of 45 minutes in length</li> <li>• Original presentation; repeat or modified presentations of previous presentations cannot be counted</li> <li>• Excludes poster presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting documents such as a copy of the program, abstract, objectives, course content, as well as evidence that the individual actually presented the topic.</li> <li>• Proof that continuing education credits were awarded to the attendees.</li> </ul>
Publications	One publication = 10 hours of formal continuing education activity hours	<ul style="list-style-type: none"> <li>• No minimum required</li> <li>• Can mix and match with other non-formal categories</li> <li>• Maximum if only utilizing this non-formal category: 3 publications (30 CE hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary author</li> <li>• One peer-reviewed article or book chapter related to diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting documents, such as cover page with author's name, abstract or actual copy of the entire article or chapter, indicating peer review.</li> </ul>
Service as Mentor in NCBDE Mentorship Program	One completed partnership experience = 10 hours of formal continuing education activity hours	<ul style="list-style-type: none"> <li>• No minimum required</li> <li>• Can mix and match with other non-formal categories</li> <li>• Maximum if only utilizing this non-formal category: 3 mentees (30 CE hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Verification of completion of mentor/mentee partnership during their accrual cycle.</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes Education Mentorship Program Experience Verification Document</li> </ul>

## 5. **Formal Activities - Recognized Continuing Education Providers**

Formal continuing education activities must be provided by or approved by one of the following:

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

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



### **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  
Web: [www.ncbde.org](http://www.ncbde.org)  
E-mail: [info@ncbde.org](mailto:info@ncbde.org)



## Grace Period Application - Renewal of Certification as a Diabetes Educator by Continuing Education

For office use only  
App entered

**SUBMISSION OF GRACE PERIOD APPLICATION**

When completed, mail the Grace Period application and documentation, along with appropriate fee to:  
**Attn: Renewal by Continuing Education, NCBDE, 330 East Algonquin Road, Suite 4, Arlington Heights, IL 60005.**  
 Applications for renewal by continuing education **must** be sent **ONLY** to NCBDE and cannot be accepted via facsimile or email.

**Please print or type ONLY.**

1. First Name \_\_\_\_\_ 2. Middle Initial(s) \_\_\_\_\_ (2 characters max.)
3. Last Name \_\_\_\_\_
4. Certification Information
  - 4a. CDE Certificate Number\* \_\_\_\_\_ (XXXX-XXXX) 4b. Expiration year (yyyy) \_\_\_\_\_  
 \*Can be found on your certificate or wallet card. You may also contact the NCBDE national office.
  - 4c. If your name has changed, under what name did you previously certify? \_\_\_\_\_
5. Gender (check one)     Male     Female    6. Date of Birth \_\_\_\_\_ (mm/dd/yyyy)
7. Social Security Number (last 4 digits only) \_\_\_\_\_
8. Telephone Numbers (XXX-XXX-XXXX, including area code)
  - 8a. Home \_\_\_\_\_ 8b. Work \_\_\_\_\_ (ext) \_\_\_\_\_
  - 8c. I can be reached during the day (check one)     Home     Work
9. E-mail Address\*\*\* (**required**) \_\_\_\_\_

\*\*\* This address will be used by NCBDE in relation to the renewal application process. It is important that you receive these messages. Therefore, be sure to add @ncbde.org to your "safe senders" list for incoming email messages.

10. Mailing Address

**Use of home address is highly recommended to ensure receipt of written communications and certificate.**

- 10a. Street (Be sure to include Apt or Unit number and PO Box, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10b. City \_\_\_\_\_ 10c. State \_\_\_\_\_ 10d. Zip Code \_\_\_\_\_ (XXXXX)
- 10e. Country, only if outside U.S./Territories \_\_\_\_\_

11. **Application Fee** – Refer to Renewal Handbook, Fees, page 7.

**\$500 ‡** (Grace Period Option)

**Indicate payment method:**

Check (payable to NCBDE, personal, corporate, or cashier's check)

Money order (payable to NCBDE)

Credit card - If payment is by credit card, complete the following:

Type of card (check one)     VISA     Mastercard     American Express     Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (mm/yyyy) Security Code \_\_\_\_\_

Billing address if different from mailing address, including city, state and zip code  
 \_\_\_\_\_  
 \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

‡Total fee includes late fee of \$250 for Grace Period Option.

**Office use only:** P   C   MO   Check # \_\_\_\_\_ Payment Entry Date \_\_\_\_\_



**12. Professional Discipline Information - Check one category.**

NOTE: If initial certification was obtained under an applicable license/registration, you must continue to hold an active, unrestricted license/registration in that discipline.

- |  |  |
|--|--|
| <input type="checkbox"/> (8035) Certified Clinical Exercise Physiologist (ACSM-CEP) <i>formerly Clinical Exercise Specialist</i> | <input type="checkbox"/> (8030) Registered Clinical Exercise Physiologist (RCEP)         |
| <input type="checkbox"/> (1030) Clinical Nurse Specialist (CNS)  | <input type="checkbox"/> (8010) Registered Dietitian (RD)                                |
| <input type="checkbox"/> (8050) Clinical Psychologist (LP)   | <input type="checkbox"/> (8015) Registered Dietitian Nutritionist (RDN)                  |
| <input type="checkbox"/> (3010) Doctor of Medicine (MD)  | <input type="checkbox"/> (1010) Registered Nurse (RN)                                    |
| <input type="checkbox"/> (7050) Doctor of Optometry (OD)   | <input type="checkbox"/> (2010) Registered Pharmacist (RPh w/ baccalaureate degree)      |
| <input type="checkbox"/> (3020) Doctor of Osteopathy (DO)  | <input type="checkbox"/> (2020) Registered Pharmacist (RPh w/ Doctor of Pharmacy degree) |
| <input type="checkbox"/> (5010) Doctor of Podiatric Medicine (DPM)   | <input type="checkbox"/> (6010) Physical Therapist (PT)                                  |
| <input type="checkbox"/> (8020) Master Certified Health Education Specialist (MCHES)   | <input type="checkbox"/> (9030) Advanced degree in clinical psychology (renewal only)    |
| <input type="checkbox"/> (1020) Nurse Practitioner (NP)  | <input type="checkbox"/> (9040) Advanced degree in exercise physiology (renewal only)    |
| <input type="checkbox"/> (7010) Occupational Therapist – Registered (OTR)  | <input type="checkbox"/> (9050) Advanced degree in health education (renewal only)       |
| <input type="checkbox"/> (4010) PA (PA-C)  | <input type="checkbox"/> (9020) Advanced degree in nutrition (renewal only)              |
|  | <input type="checkbox"/> (9060) Advanced degree in public health (renewal only)          |
|  | <input type="checkbox"/> (9010) Advanced degree in social work                           |

**13. Professional Information - Please complete each section.**

A.1. Primary Practice Setting

- (1) Hospital Inpatient Only
- (2) Hospital Outpatient Only
- (3) Both Hospital Inpatient/Outpatient
- (4) Physician's Office
- (5) Community Health Agency
- (6) Private Practice
- (7) Home Health Agency
- (8) Other \_\_\_\_\_

A.2. Secondary Practice Setting

- (9) Not Applicable
- (1) Hospital Inpatient Only
- (2) Hospital Outpatient Only
- (3) Both Hospital Inpatient/Outpatient
- (4) Physician's Office
- (5) Community Health Agency
- (6) Private Practice
- (7) Home Health Agency
- (8) Other \_\_\_\_\_

B. Experience in Diabetes Related Care and Education

- (3) Over 5 years to 10 years
- (4) Over 10 to 15 years
- (5) Over 15 years to 20 years
- (6) Over 20 years to 25 years
- (7) Over 25 years

C. Percent of Time Spent Providing Diabetes Related Care and Education

- (1) Less than 25%
- (2) 26% to 50%
- (3) 51% to 75%
- (4) More than 75%

D. Highest Education Level Achieved

- (1) Associate Degree (Nursing)
- (2) Diploma in Nursing
- (3) Baccalaureate Degree
- (4) Master's Degree
- (5) Doctoral Degree
- (6) Medical Degree

E. Delivery Method for DE

- (1) Face to face only
- (2) Electronic only (e.g., telephone, internet)
- (3) Face to face and electronic
- (4) Not applicable

F. 1. Mailing List Permission

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.

- Yes, include my contact information on these lists.
- No, I do not wish NCBDE to include my contact information on these lists.

F.2. Email Use Permission

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.

- Yes, include my email contact information on these lists.
- No, I do not wish NCBDE to include my email contact information on these lists.

\*F.1. and F.2.: 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.

G. Ethnicity

- (1) Do not wish to answer
- (2) Native American/Native Alaskan
- (3) Asian/Asian-American/Pacific Islander
- (4) African American
- (5) Hispanic/Latino
- (6) Caucasian
- (7) Other (specify) \_\_\_\_\_

H. Preferred Salutation (must check one)

- (1) Ms.
- (2) Miss
- (3) Mrs.
- (4) Mr.
- (5) Dr.



**14. Eligibility Verification - Must be completed.**

The eligibility requirements below apply to current CDEs renewing their credential by Continuing Education. To renew by Continuing Education you must meet and attest to **EACH** of the following:

**A. Discipline Requirement Verification** – Yes, I continue to hold the license or registration for the same discipline held at the time of initial certification or I applied initially under an advanced degree.

**B. Renewal Practice Requirement** – Yes, I verify that I have provided a minimum of 1,000 hours of professional practice experience within the renewal cycle.

- 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.
- The professional practice experience must have taken place in the United States or its territories.
- Refer to the 2018 Renewal by Continuing Education Handbook, Renewal Practice Requirements, page 5, for details.

**C. Continuing Education Requirement** – Yes, I verify that I have accrued 75 clock hours of continuing education in content areas applicable to diabetes within the renewal cycle\*. Refer to Renewal Handbook, Appendix I, Guidelines for Reporting Continuing Education Activities, page 11, for full details.

\*For the grace period option: 1) **all practice experience and continuing education activities must be completed no later than December 15, 2018**; and 2) the accrual start date for practice experience and continuing education activities begins January 1, 2014 if you are renewing for the first time - OR the day after the deadline date of your last renewal by continuing education or September 16, 2013 if you renewed by examination.

**D. Canons of Ethical Conduct and Canons’ Rules and Procedures** – Yes, I verify that I have read and agree to abide by the Canons of Ethical Conduct and the Canons’ Rules and Procedures, Renewal Handbook, pages 17-24.

**I attest that I meet the above (A) Discipline Requirement, (B) Renewal Practice Requirement and (C) Continuing Education Requirement; agree to abide by (D) Canons of Ethical Conduct and the Canons’ Rules and Procedures; and have read the 2018 Renewal Handbook. \_\_\_\_\_ initials**

**15. Confirmation of Audit**

Applications may be chosen for audit at any time; however, NCBDE also identifies applications on a regular basis to verify eligibility requirements. If your application is chosen for audit, you will receive, via email or mail, a notice including a deadline for response. Individuals chosen for audit must be able to provide documentation that they met all of the requirements in place at the time of application by the deadline date. The audit process must be successfully completed in order for the application to move forward in the review process. Instructions and documents for submission of audit materials will be provided and responses must be received by the identified deadline dates.

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

Audit materials must be received at the NCBDE National Office by the deadline date identified on the audit notice (within 14 days from date of application). If not received by the deadline date, payment of a past due processing fee of \$25 will be required to complete application processing. \_\_\_\_\_ **initials**

**16. Communication Permission**

NCBDE may use phone, mail and email to communicate directly with certificants about their renewal applications. NCBDE may also communicate using any of these methods regarding the organization’s products or services that may be of benefit to certificants.

Email Service Information: As part of reaching out to certificants, NCBDE makes use of an email service to communicate about the certification program, including transactional information, e.g., courtesy renewal reminders. Certificants can choose to unsubscribe from the service at any point using the service’s unsubscribe option or through written notice. *In choosing to unsubscribe to NCBDE’s email service, certificants will not receive news regarding their certification program and will want to make arrangements to visit the NCBDE web site on a regular basis to review their certification status and to learn of any changes in the program.*

**I understand that NCBDE will communicate with me using the above-identified methods regarding my renewal application. I understand that I will be able to unsubscribe from NCBDE’s email service at any point in the future. I understand that should I choose to unsubscribe from the email service, I will need to visit the NCBDE web site to remain current regarding the certification program.\_\_\_\_\_ initials**

**17. Final Attestation/Signature (Sign and date in ink the statement below.)**

I certify that I have read, understand and agree to abide by the Canons of Ethical Conduct and the Canons' Rules and Procedures and the contents of the Renewal of Certification by Continuing Education Handbook, 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 continuing education providers, educational institutions, employers, supervisors and referral sources. I understand that NCBDE may communicate with me via phone, mail, and email regarding this application and that NCBDE is not responsible for communications not received using the email or mail addresses I have provided on this application. I understand that any revisions regarding my contact information need to be communicated to NCBDE in a timely manner and that not providing updates may result in delays in NCBDE communicating the status of my application. Regarding general program information, I understand that should I choose to unsubscribe from NCBDE’s email service, I will need to visit the NCBDE web site to remain current regarding the certification program. I also understand and agree that if any of this information is found to be incomplete or inaccurate in my application or audit documentation, or if I otherwise violate any of the NCBDE polices in the Handbook, my application may be rejected or invalidated by NCBDE.

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

# Section C-Summary of Continuing Education Activities Form

## Formal Continuing Education Activities - Minimum 45 clock hours

Renewal of certification by continuing education activities requires that CDEs meet eligibility requirements and complete 75 clock hours of continuing education in content areas applicable to diabetes during their applicable accrual cycle. A minimum of 45 of the 75 CE requirements must be Formal activities and must be approved by a provider on the NCBDE List of Recognized Providers. No more than 30 clock hours of Expanded activities can be claimed toward the 75 CE requirement.

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

Please identify your eight (8) digit CDE® certificate number: \_\_\_\_\_

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Subtotal Number of Hours for THIS Page</b>			
<b>TOTAL HOURS Formal Activities</b>			

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

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
<b>Subtotal Number of Hours for THIS Page</b>			
<b>TOTAL HOURS Formal Activities</b>			

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

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
<b>Subtotal Number of Hours for THIS Page</b>			
<b>TOTAL HOURS Formal Activities</b>			

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

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
45.			
46.			
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			
61.			
<b>Subtotal Number of Hours for THIS Page</b>			
<b>TOTAL HOURS Formal Activities</b>			

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

Title of Activity	NCBDE Recognized Provider* (Do not use abbreviations or acronyms for the first listing of an organization) *Provider must appear on the NCBDE List of Recognized Providers.	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
62.			
63.			
64.			
65.			
66.			
67.			
68.			
69.			
70.			
71.			
72.			
73.			
74.			
75.			
76.			
77.			
78.			
<b>Subtotal Number of Hours for THIS Page</b>			
<b>TOTAL HOURS Formal Activities</b>			



# Summary of Continuing Education Activities Form

## Expanded Activities - Maximum 30 clock hours

Renewal of certification by continuing education activities requires that CDEs meet eligibility requirements and complete 75 clock hours of continuing education in content areas applicable to diabetes during their applicable accrual cycle. If using Expanded Activities, no more than 30 clock hours from Expanded activities can be claimed toward the 75 CE requirement.

Before completing this form, refer to the Guidelines for Reporting Continuing Education Activities, pages 2-5.

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

Please identify your eight (8) digit CDE® certificate number: \_\_\_\_\_

<u>Expanded Activity Category (Select one)</u> Academic Coursework Presentations Publications Service as a Mentor in the NCBDE Program	Activity Name	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
1.			
2.			
3.			
<b>TOTAL HOURS Expanded Activities</b>			