

---

# **9<sup>th</sup> Edition Education Recognition Application Instructions**

---

The 9<sup>th</sup> edition application and instructions corresponds to the 2012 Revised National Standards for Diabetes Self-Management Education and Support

## **Application Types**

- Original
- Renewal
- Additional Site(s) applications
  - Expansion Site Application
  - Multi-Site Application

## **Tips for Navigating the Online Application**

### **Applications have 3 Parts**

#### **Part 1 – General Information**

- Reporting Period
- Program Information
- DSME Advisory Group and Program Coordinator Information

#### **Part 2 – Site and Staff Information**

- Site Information
- Number of Participants and Average Length of Intervention
- Number of Participants Seen During the Reporting Period
- Population Served at the Site during the Reporting Period
- Curriculum, Education Records
- Participant Individualized Behavioral Outcomes/Objectives/Goals
- Instructional Staff

#### **Part 3 –Documentation and Payment**

- Random Paper Audit Item
- Support Documents
- Payment Information

## **ERP Q & A Teleconference**

## **Support Document Package Checklist**

## **Application Types:**

**Original Application** – The program has not previously applied for Education Recognition using the online application method. Those programs that are ready to submit an application must call the ERP staff at 1-888-232-0822 to be assigned a program ID # and be entered into the ERP portal database. If you are not sure if DSME program has ever been Recognized by ADA, please contact the ADA staff. **Multi-sites may be added to an original application, but expansion sites may not be added at this time.** The reporting period for all **multi-sites** entered with an original application must be the same.

**Renewal Application** – The program is currently Recognized and is seeking continued Recognition or is a previously Recognized program with expired recognition. (If it has been 1 or more years since your program has been active, please call the ERP office for instructions as to how to proceed.)

### **Please Note:**

- You may add a new site(s) on the same application as a renewal application. The reporting period for all **multi-sites** entered with an application must be the same. If an additional multi site has a different reporting period a separate application must be created and submitted. Expansion sites do not require a reporting period. See distinctions between multi-sites and expansion sites below under “Additional Sites.”

**Failed Reapply** –An applicant has applied online and was notified that the application failed. You will be sent an e-mail notification of this failure and instructions on how to proceed.

### **Additional Site(s) only (Multi-sites and/or Expansion sites)**

**It is crucial to review the addition of program sites with your hospital or practice compliance office prior to submitting an application.**

For Applicants who are adding another site under their current Recognition: Multi-sites get added to the primary site. Expansion sites can be added to either the primary site or to another already existing multi-site (parent site).

Once you have begun the additional site application, you will be asked if you will be adding an existing preliminary (non-recognized) site or if you will be creating a new Multisite or Expansion site. If you have already created the site within the ERP Portal, you will choose the “Add Existing Preliminary Site” option.

### **Expansion Site Application**

- If you are adding an additional Expansion site, identify the Parent site by selecting the edit button next to “Multi or Expansion site?” selecting expansion site and choosing the parent site from the drop down menu.
- You will only be required to send evidence of [administrative support](#) and a paper audit item assigned by the system. Copies of appropriate program coordinator and instructors' professional license or CDR Registration for RDs and copies of CDR Registration for RDs are **NOT required**.
- Programs may add unlimited number of expansion sites with no additional fee.

### **Multi-Site Application**

- A minimum of one patient must have completed the entire initial comprehensive [DSME Education Cycle](#) prior to submitting the application.
- The reporting period for an additional multi-site application start no more than 6 months prior to the submission of the online application. The reporting period cannot end more than 3 months prior to the date of the online application submission. Within these parameters, the length of the Reporting Period is at the discretion of the program coordinator. Once Recognition is awarded Medicare patient charges for DSME can be back billed to the beginning date of the reporting period.

[back to top..](#)

## Navigating the Application

**Please Note:** As you enter data into the application you can save and return to the application at any time.

Once you have logged into the ERP Portal (<https://erp.diabetes.org/>) you can start the Application by clicking on the Applications/ASRs tab at the top of the page. Scroll down to the appropriate *-application* section. For renewing programs, you will see the dates that the application will be available to you. Click on the *Click Here to Start an Application* link.

Once you start an Application or if you open the existing one, you will be on the Summary Page for the application. This page will always have instructions at the top of the page about the status of the application and what actions you can perform. Just below the Applications/ASRs tab are links for PREVIOUS and NEXT. You can use the NEXT links to step through each page of the application. After you have completed the information on all of the pages you will be on the Application Summary page. From this page you will see a link: "Click here to make payment and submit this Application to ADA for review. You will have the option of entering a credit card or entering a check number. If you do not have the check number at the time of submitting the application, please enter your Program ID number in the box provided.

## Monthly Q & A Teleconference

The ADA Education Recognition program hosts a monthly **Application Q & A teleconference** Please click on the link below to register for the next upcoming Q & A call. You will receive an email confirmation containing the date, time and call in information within the next 7-10 business days.

Monthly  
Q/A  
Conference  
Calls

[Register Now](#)

[back to top..](#)

## Distinctions between multi-sites and expansion sites

	<b>Multi-site</b>	<b>Expansion Site</b>
<b>Staff</b>	Can be different from primary site	Must come from same pool of staff as at parent site
<b>Curriculum</b>	Can be different from primary site	Must be same as at the parent site
<b>CQI</b>	Can be different from primary site	Must be the same as parent site
<b>Policies &amp; Procedures</b>	Can be different from primary site	Must be same as at the parent site
<b>Forms</b>	Can be different from primary site	Must be same as at the parent site
<b>Certificate</b>	Gets separate cert/can bill separately	Uses copy of parent site certificate/billing from parent site only
<b>Website</b>	Site is listed on the ERP website	Site is not listed on the ERP website
<b>Fee</b>	\$100	Free

**Please Note:**

- The site(s) being added (multi or expansion) must have the same sponsoring organization, coordinator and oversight/advisory system as the current Recognized Program.
- Multi-Sites successfully added during the Recognition period will be Recognized from the start date of the reporting period on the additional site application until the expiration date of the current program's Recognition period.
- There is a \$100 fee per an additional multi-site application.
- Once approved, expansion sites can be converted to multi-sites and vice versa, during the same Recognition period, without an additional fee. Converting an expansion site to a multi-site requires an application.
- Hospital sites can only expand out to other hospital locations per Medicare guidelines
- Always check with your compliance officer prior to adding sites for Medicare reimbursement guidelines as well as liability and insurance reasons.

[back to top..](#)

## **Part 1: General Information**

### **Application Information**

#### **Reporting Period**

The reporting period for an original application can start up to 6 months prior to the online application submission date. For Renewal applications, the reporting period can start up to 12 months prior to the application submission date. **The length of the reporting period is at the discretion of the Program Coordinator.** All multi-sites must have the same reporting period as the main site, if part of the original or renewal application. Expansion sites have no reporting period.

**There must be no more than 90 days between the last day of the reporting period and the date of the online application submission. Please refer to the reporting period & application submission date chart below.**

<b>Application Submitted in the Month of</b>	<b>Reporting Period cannot end prior to the application day in the month of</b>	<b>Application Submitted in the Month of</b>	<b>Reporting Period cannot end prior to the application day in the month of</b>
January	October	July	April
February	November	August	May
March	December	September	June
April	January	October	July
May	February	November	August
June	March	December	September

### **Program Information**

#### **Name of Sponsoring Organization**

Enter the name of the organization. You may enter only one sponsoring organization. This name will be on the Certificate of Recognition as entered on the application

#### **Name and Address of Administrative Officer**

Enter the name and address of the person who has administrative responsibility for the DSME. (i.e. CEO, President, Administrator, Vice President, Director of Nursing, Director of Out-patient Education Services) and who signs the document submitted as [evidence of administrative support](#).

#### **DSME Advisory Group**

- Verify that there is evidence that the established advisory system provides input at least annually for planning DSME operations and oversight for quality of services provided by the DSME.
- Verify that there is documentation that an established [DSME advisory system](#) exists which involves external stakeholders (If the program is single discipline, at least one stakeholder must be a healthcare provider of a different discipline). This is verification that there is documented evidence of annual input from external stakeholders of the program.

#### **Population Served**

- Verify that there is documentation of a population served assessment prior to application for new programs and at a minimal annually for existing programs.
- Verify that there is documentation of Program Resources relative to the population served prior to the application for new programs and at a minimal annually for existing programs.

#### **Methods of Advisory Group Involvement**

- You will be given a list of possible ways the group can provide input. Check all that apply. You must check at least one. [back to top.](#)

## **Program Coordinator Information**

- Verify/Update the coordinator name, address and phone number
- Include credentials, license/registration numbers and dates of expiration. Enter any certifications, including certificate numbers and expiration dates.
- If you are non-CDE or do not have BC-ADM status, you will answer the question asking if you have appropriate number of CEUs. A coordinator must have 15 CEUs earned within the past 12 months prior to the application submission and annually based on the programs anniversary date.
- If you are a CDE or BC-ADM you only need to enter certification numbers and expiration dates and include a copy of the certificate with your support documentation..

### **If none of the credential or certification options apply:**

- Check “Other Credentials”
- Choose an option from the “Specify” dropdown (If none apply, chose other)
- Enter “NA” into the Professional Registration Number section
- Provide an expiration date of 01/01/2020.

## **[Job Description](#)**

Choose **Yes** or **No** in response to each of the listed requirements.

- The coordinator must have academic preparation and/or experience in program management
- The coordinator must have academic preparation and/or experience in the care of persons with chronic disease
- This person must oversee the planning, implementation, and evaluation of the DSME program at all sites

**[back to top..](#)**

## **Part 2: Site and Staff Information**

### **Site Name**

This information determines how the certificate will be printed (Expansion sites do not get separate Certificates)

All information on the certificate will appear exactly as it appears on the application – Be certain spelling and punctuation are accurate. Medicare or other payers may require that your certificate wording match exactly the name under which you are submitting billing.

### **Street address, city, state, zip and phone number**

Enter this information as it will be listed on the website. (Expansion sites are not listed on the website)

The fax number is optional for all sites. This information will not be listed on the website and will be used by ADA staff only

### **Spanish**

Yes or No-Indicate whether or not your program services a Spanish speaking population.

### **Single discipline site**

Yes or No-A site is single-discipline if there is only one professional instructor or if all the professional instructors are all of the same discipline, i.e. all RN's or all RD's, etc. A multi-discipline site must have at least 2 different disciplines. Para-professional instructors and Resource Instructors do NOT influence if a program is single discipline or not.

### **Number of Years Program has offered DSME as an ADA Recognized program**

Specific categories are listed on the Application

Check the appropriate box

### **Number of DSME program patients seen per year at this site**

Include participants that were seen for any or all parts of the DSME program for the last 12 months. This can include 1:1, group, GDM, Pre-Diabetes and MNT as long as they are following the [DSME Cycle](#).

### **What other services are provided within your program, at this site?**

Specific categories are listed on the Application

Check all that apply

### **Number of Participants Seen During the Reporting Period**

- For this application the total number of participants (not visits) during the reporting period must be 1 (one) or more per multi-site ( expansion sites have -no minimum required.) If you enter numbers which total less than 1(one), the application will not allow you to proceed.
- Count participants, not visits. Count only those participants engaged in the Recognized DSME program. If the program has several sites and a person is seen at more than one site, count the person at each site (be certain to include the person in the demographics for each site)

### **Comprehensive and/or Initial**

Comprehensive/initial includes the total number of participants (all diabetes types) who were seen at your program for ANY PART(S) of the initial comprehensive Recognized DSME process(referral –if insurance requires, assessment, education plan, education intervention, education outcomes, behavioral goal(s) set, behavioral goal(s) follow up, DSMS plan selected and communicated to other health care provider, other outcomes measured) during the reporting period. This may include participants seen on a 1:1 or group basis. Participants do not have to begin and complete their initial comprehensive program within the reporting period.

### **Post Program Instruction**

Post Program Instruction includes only those participants who have completed their initial comprehensive education plan and have returned for instruction. This number may be 0, especially for original applications.

**Total** – The online program will automatically add these numbers.

**Average Number of Hours of DSME During the Reporting Period.**

Enter the **average** number of hours participants spend in DSME services (Comprehensive/Initial) by using the formula:

Total hours of Comprehensive/initial DSME provided (group or 1:1) during reporting period

Total number of patients receiving Comprehensive/initial DSME provided (group or 1:1) during reporting period

**Average Number of Post Program Hours**

Enter the **average** number of hours the participants spend in post program instruction by using the formula:

Total hours of post program DSME provided (group or 1:1) during reporting period

Total number of patients receiving post program DSME provided (group or 1:1) during reporting period

**Age (Population Served at the site during the Reporting Period)**

Specific categories are listed on the Application

You have the option to either check that you see patients of specific age categories or enter or import from Chronicle the total number of participants by age. If you enter numbers the age entries should equal the total number of participants who received DSME intervention during the data period (the total of the number listed in Comprehensive plus the number listed in Post Program Instruction).

**Types of Diabetes per age group (Population Served at the site during the Reporting Period)**

Specific categories are listed on the Application

You have the option to either check that you see patients of specific diabetes type and age category or enter the total number of participants by type of diabetes. If you enter numbers the diabetes type entries should equal the total number of participants who received DSME intervention during the reporting period (the total of the number listed in Comprehensive plus the number listed in Post Program Instruction).

**Race/Ethnicity**

Specific categories are listed on the Application.

Indicate race/ethnicity of participants served at this site during the reporting period. Must choose at least one or all that apply.

**Special needs of participants served at this site during the reporting period**

Specific categories are listed on the application.

Indicate special needs of participants served at this site during the reporting period. May choose all that apply or none.

**Unique features**

Specific categories are listed on the Application.

Indicate unique features of your program for overcoming barriers to learning. May choose all that apply or none.

**Site service area**

Specific categories are listed on the Application.

Indicate whether the area this site serves is rural, urban or suburban. Must choose only ONE that best describes this site.

**Site setting**

Specific categories are listed on the application.

Indicate the setting of the DSME services at this site. You must choose at least ONE.

**Note:**

If the type of setting is in a hospital, only the outpatient program can be awarded ADA Recognition.

If the site is a government site, indicate from the list which type.

**Site DSME Method(s)**

Specific categories are listed on the Application



Indicate the types of DSME methods (1:1 or Group) used at this site. You must choose at least one

[back to top.](#)

### **CQI Process Demonstration Project at this Site**

Yes or No -Indicate whether there is documentation that within the past 12 months the DSME entity utilized a continuous quality improvement PLAN/PROCESS to evaluate the effectiveness of the DSME program at this site and the results of the continuous quality improvement evaluation are used to determine opportunities for improving DSME services.

### **Topic/Content-Curriculum at this Site** (You must be able to answer “Yes” to all the questions)

There must be a written guide for instruction (for all types of diabetes) which will document for each content area listed below: a detailed content outline, learning objectives, methods of delivery and a means of evaluating participant learning. The curriculum must be interactive, patient centered and incorporate problem solving.

#### **Required Content Areas:**

1. Diabetes disease process and treatment options
2. Incorporating nutritional management into lifestyle
3. Incorporating physical activity into lifestyle
4. Using Medications safely
5. Monitoring blood glucose/other parameters and using results
6. Preventing, detecting, and treating acute complications
7. Preventing, detecting, and treating chronic complications
8. Developing personal strategies to address psychosocial issues/concerns.
9. Developing personal strategies to promote health and behavior change.

### **Education Records from this Site** (You must be able to answer “Yes” to all the questions)

All participant education records must document the required items as listed below.

1) **Referral from the provider responsible for the diabetes management of the patient if required by insurance.**

2) **Comprehensive assessment – A comprehensive assessment must be done with each participant.** This assessment must include the participant’s diabetes knowledge, self-management skills, diabetes and health-related behaviors, behavioral change potential and other relevant information, including medical history. The assessment can be ongoing; parts of it may be deferred if rational is documented.

A self-assessment or knowledge pre-test may not serve as the sole means of assessing and documenting the participant's knowledge, skill level and behaviors.

3) **Education plan based on the assessed needs of the participant with participant selected behavioral objectives** – The education record should document a plan which includes at least one patient identified behavioral objective (with educator assistance as needed.) The behavioral objective documentation should include the specific behavior that the participant is interested in changing, how the participant will change that behavior, and how that change in behavior will help to improve the participant’s health or quality of life.

[back to top..](#)

4) **Educational interventions which include date of intervention, content taught and name(s) of instructors** – The instruction should be based on the assessed needs of the participants, education plan and behavioral objectives. The content areas taught should be documented, along with the date of instruction and identification of each instructor who taught the specific objective or content area. [Sample Education Record](#)

5) **Evaluation of progress towards behavioral goals and related health or quality of life outcomes, and/or achievement of learning objectives** – After the educational intervention, the educator must assess and document whether the participant is making progress towards or has met the learning and behavioral objectives. As the participant meets the outlined objectives, new objectives should be developed as appropriate. If the participant is unable to meet the outlined objectives the participant’s needs should be reassessed and new achievable objectives should be developed. The follow-up assessments and progress toward objectives, both learning and behavioral should be documented.

6) **Communication with other healthcare team members involved in the patients diabetes care, including a summary of the education process and a plan for Diabetes [Self-Management Support \(DSMS\)](#).**

DSMS is a plan developed by the participant with educator’s assistance if needed, for ongoing self-management support after completing formal DSME. The purpose is to identify and link the participant to diabetes resources in her or his home/work/school or community that will sustain learning achieved in the DSME. This can include, support groups, refresher courses, community programs etc.. Specific DSMS plan that is selected by the patient should be documented. Documentation of communication of the DSMS plan to other healthcare team members involved in the patient’s diabetes care should also be present

Specific forms are not required for documentation of the education process. However, the program can ensure thorough and complete education process and documentation of it for all participants if identified education forms are used.

## Outcomes-

**Note a CQI project must be based on at least one of the below outcomes either behavioral goal outcomes or other participant outcomes**

### Behavioral Goal Outcomes:

**Categories of individualized Behavioral Outcomes/Objectives/Goals which may be used are:**

- Nutritional Management/Healthy Eating
- Physical Activity/Being Active
- Medications/Taking Medications
- Monitoring
- Preventing, detecting, treating acute complications/Problem Solving
- Preventing, detecting, treating Chronic Complications/ Risk Reduction
- Psychosocial adjustment/Healthy Coping
- Other

Indicate which behavioral outcome/s the DSME program has tracked and aggregated. You must choose at least one or may choose all that apply. For each outcome you select, you will be asked to report target and actual achievement.

**Target:** This is your benchmark. Knowing your population, what you reasonably expect your outcomes to be? Report this as a percentage.

**Degree of Achievement:**

For each item selected, you must report your program's aggregated achievement by percentage. This is an average based on the number of participants that selected a behavioral goal in each reported category and that an outcome was collected for the goal set.

**NOTE:** Behavioral outcomes must be tracked on a continuous basis and not just for the reporting period.

**Other Participant Outcome(s)**

Examples of other outcomes which may be used are:

- A1C
- Lipids
- Eye Exam
- Weight Change
- Patient Satisfaction
- Quality of Life, e.g. decreased hospitalizations, decreased hypoglycemic events, lost work days, etc.
- Blood Pressure
- Other

Indicate which other outcome measures your program is tracking and aggregating for all DSME participants. You must choose at least one or more. For each outcome you select, you will be asked to report target and actual achievement.

**NOTE:** Other program outcomes must be tracked on a continuous basis and not just for the reporting period.

**Instructional Staff at this site** (Staff can be entered under the Program tab as well and assigned to one or more sites) If the Program Coordinator is also an instructor, their name should be entered on the Staff page as well.

- Instructional Staff is defined as “experienced, skilled, in a CDE eligible health profession (a health professional who has the academic credentials to sit for the CDE exam\*) who works with the clients in the process of DSME”.
- Although a multi-disciplinary staff is encouraged, the required instructional staff is at least 1 RD or 1 RN or 1 Pharmacist or 1 CDE.. Other instructional staff members must be individuals with academic credentials for CDE-eligibility and may qualify as instructional staff only in addition to one of the above disciplines. (\*Please contact NCBDE for CDE-eligibility requirements at [www.ncbde.org](http://www.ncbde.org) or at 847-228-9795)
  - Note para-professional instructors do not influence the single or multi-disciplinary status of a program.
- The options for other staff are listed on the application.
- The Instructional Staff performs the assessment, educational intervention, evaluation and follow-up of the DSME program participants.
- Temporary Instructional Staff – Individuals who fill in for a regular instructional staff member on a temporary basis, up to but not more than 4 consecutive months. If the instructional staff member fits this definition, that instructional staff member does not have to be a CDE, BC-ADM or need to accumulate the continuing education credits as dictated by the 9th edition criteria. While some new staff may be hired as qualified instructional staff, others may need orientation and may be classified in the temporary staff category during orientation. Temporary staff should not be included on the application, which means there has to be other qualified instructional staff in place.
- Resource person: A resource person is someone who teaches less than 10% of your total program. The qualified instructional staff member is still responsible for content taught by the resource staff and oversees the work of the resource staff. Resource staff are not required to have CDE or BC-ADM certification or CEUs. They should also not be listed on the application.

[back to top.](#)

### **Instructional Staff Information** (Can be entered under the Program tab as well)

- 1) Enter the individual's last name, first name and middle initial (if available).
- 2) Enter the # of hours per month spent in DSME during the data period (this includes patient assessment, education, follow-up, phone calls to participants, providers, program development, community activities, administrative/clerical support, etc)
- 3) Enter, if applicable, the current CDE or BC-ADM number and expiration date of most recent certification. **Note:** If the individual has recently received a CDE or BC-ADM status, but has not received the certificate, the letter with the individual's name and test scores must be included in the Support Documentation Package.
- 4) Enter the individual's professional license or registration number and the expiration date. For unlicensed individuals, enter the professional degree/credential.  
**NOTE:** You must send copies of licenses/registrations/certifications or online verification (or college degrees/transcripts for non-licensed professionals, where applicable) with your Support Package. Do Not Send State Licenses for Registered Dietitians. Only CDR cards or official online verification of RD status are accepted. If RN license does not have specific date of expiration, please download from online source such as nursys.com. Specific date of expiration must be on the documentation.
- 5) Attest if staff is not a CDE or BC-ADM, there is 15 hours of CEUs earned within the past 12 months prior to submitting the application.

### **Instructional Staff Continuing Education at this site**

If an instructor is not a CDE or BC-ADM:

15 hours of Continuing Education are required for all non-CDE or BC-ADM Instructional Staff.

[back to top.](#)

**The hours of continuing education may be in any one or any combination of the following topics: Diabetes specific, diabetes related, psychosocial, education and Program management.**

**These topics are defined as follows:**

- i. Diabetes specific is any program or session topic or any program objective or course outline heading that specifically addresses diabetes.
- ii. Diabetes related is any program or session topic or any program objective or course outline heading that clearly states issues related to diabetes, but does not specifically use the word, “diabetes.” These topics can be, but are not limited to the following: nutrition, exercise, retinopathy, nephropathy, neuropathy, cardiovascular disease, stroke, lipids, obesity, metabolic syndrome, etc.
- iii. Psychosocial is any program or session topic or any program objective or course outline heading that clearly articulates psychiatric, psychological, behavior modification or social content.
- iv. Educational is any program or session topic or any program objective or course outline heading that uses any one of the following words: teaching, knowledge, learning, education, training, instruction, or culture.
- v. Program Management is any program or session topic or any program objective or course outline heading pertaining to the operations of the DSME, including business operations, performance improvement, case and disease management. (this option is for Program Coordinators only)

All Continuing Education Units (CEUs) must be awarded from an approved agency that accredits Continuing Education Programs. Examples of these agencies are AADE, ACCME, ADA, ACPE, ANCC, CDR. (Go to [http://www.ncbde.org/currently\\_certified/recognized-provider-list/](http://www.ncbde.org/currently_certified/recognized-provider-list/))

**On-line CE offerings** can be found at [www.professional.diabetes.org/ce](http://www.professional.diabetes.org/ce)  
Choose On Line Self- Assessment Programs for free CEUs

All CEUs must have been earned within the 12 months prior to the online application submission..  
(Example: if you submit your application online on 12/31/14, CEUs must have been earned between 12/31/13 and 12/31/14.

### **Required Documentation for Continuing Education**

For all members of the Instructional Staff who are not a CDE or BC-ADM, include a copy of official verifications for 15 hours of Continuing Education received in the 12months prior to the application submission. Highlight on the official, verification documentation the following to ensure all required content is displayed:

- The educator’s name,
- The title of the CE offering,
- The date the CE hours were awarded (the date must be within the 12 months prior to the online application date),
- The number of CE hours, and
- The Continuing Education Credentialing Body.
- CEU transcripts logs or trackers are not acceptable.
- Academic hours (college credits) will not be accepted unless the college or university is accredited by a recognized credentialing body as a provider of continuing education and is willing to convert them to Continuing Education hours and supply verification of conversion on official letterhead.
- BLS and ACLS courses do not qualify for CE credits.
- Poster sessions do not earn credit unless objectives are provided at the poster session and they are submitted with the Support Package documents.
- Credit is not given for exhibit hours.

[back to top..](#)

Include a copy of the official program brochure with objectives or a copy of the official course outline only if it is not clear from the title that it fits into one of the above categories.

ADA staff will make the final decision on the appropriateness of the CEU program.

**Very Important Note:**

- Some professional organizations will accept CEUs that are not pre-approved by recognized credentialing bodies. For ADA Recognition purposes, credits will not be given for programs that are not pre-approved by an approved credentialing body and such programs, if submitted, may jeopardize your application.
- Continuing Education hours can be earned online any time up to the day you enter the on-line application. There are many CE hours available on the internet. Several on-line CE hours are offered at [www.professional.diabetes.org/ce](http://www.professional.diabetes.org/ce).
- CE credits earned more than a year before the date the application is submitted online will not be considered. CEUs earned after the online application date will also not be considered.

**Para Professional Staff**

Para professional Staff is defined as “an individual who has proof of previous training or education and is supervised by a professional instructional staff member”. A few example of paraprofessional are: Community health worker, medical assistant, diet tech, lab tech, yoga instructor, personal trainer, a person with health science degree etc.

- 1) Enter the individual’s last name, first name and middle initial (if available).
- 2) Enter certificate, diploma or training information with description (if needed) and expiration date. If certificate, diploma or training does not expire then check the appropriate box. Check box if proof of training is available.
- 3) Enter number of hours worked per month during reporting period, hours of diabetes program related training and the name of the supervisor. Attest whether there is annual documentation of competency in area(s) of DSME taught and documentation of supervision. Supervision may be shown by signature of supervisor on education log.

[back to top..](#)

### **Part 3: Documentation and Payment**

#### **Random Paper Audit:**

**You will be assigned one of the following paper audits:**

- Documentation of [advisory group activity reflecting program input gained from the activity](#) within the last 12 months.
- [Program Coordinator's Job description](#) AND [CV or Resume](#).
- A Formal [CQI Plan/process](#) with a current project based on at least one of the program outcomes reported per standard 9 (participant behavioral goal outcome or other participant outcome), targets an targets and planned outcome reporting cycle must be in place for new programs. Renewing programs must also have project outcomes, review and plans for improvement when applicable.
- An assigned section of the [Written Curriculum](#)– the computer will randomly assign a specific section of the curriculum. Please send only the assigned section of the curriculum. The assigned section of the curriculum must include the learning objectives, content, method of delivery and method of evaluating learning.
- A [de-identified patient chart reflecting the initial comprehensive DSME cycle to include:](#) provider referral (if insurance requires a referral), D S M E assessment and education plan based on the assessment, education intervention with outcomes, behavioral goal-setting, and and follow-up with evaluation of goal achievement, and follow up on other patient outcomes (clinical or other) the patient selected [plan for Diabetes Self Management Support.\(DSMS\)](#) and communication of the DSMS plan and education plan, education provided or outcomes to another healthcare provider involved with the patient's care.

**Please Note:** If this is an original application, you must submit all 5 paper audit items. All of the above may be mailed, faxed or uploaded within the application.

#### **Support Documents**

- [Evidence of administrative support](#) for the DSME program.
- Copy of appropriate program coordinator and instructors' professional license or CDR Registration for RDs (**Not required for Expansion site applications**)
- Copy of CDE or BC-ADM certificates or verification of required CEU's (**Not required for Expansion site applications**)
- Any additional documentation requested by ERP after review of your application.

[back to top..](#)



## **Payment Information**

**FEES:** Original and Renewal applications: \$1,100 for the main site. \$100 for each additional multi site included with the application. There is no fee for expansion site applications. Programs may add unlimited number of expansion sites with no additional cost. The application will calculate the fee based on the type of application you choose and/or the number of sites. If you need an invoice for payment, please [click here](#).

### **Possible Methods of Payment**

**Credit Card** – this information must be submitted as part of the online application  
Acceptable credit cards include Visa, MasterCard, American Express and Discover.

**Check** – Checks should be sent to the address below and be received within 14 days after the online application has been submitted. The payment section of the application will request a check number. If you do not have the check number you may use the program ID number.

Please make the check out to the American Diabetes Association. Payment may be mailed to the address below. We suggest using a traceable method

American Diabetes Association  
ATTN: Education Recognition Program  
1701 N. Beauregard Street  
Alexandria, VA 2231

[back to top..](#)

## **Support Documentation Checklist**

The application review process will not begin until receipt in the ERP office of all required material. The review process may take up to 30 days after the receipt of all materials, including payment. Complete support documentation and payment must be received in the ADA office within 14 calendar days of an online application submission. (See support documentation checklist below)

- Evidence of Support by the Administrative Officer (official of the sponsoring organization responsible for the Diabetes Education Program) signed and dated on the organizations letterhead.
- Paper Audit Material: Your assigned Paper Audit item can be found under the paper audit link on the summary page of your application.. Send only the item identified. (You should have all possible audit items ready for submitting as soon as you complete the application.) Original applications are required to send all 5 paper audits.
- Check (if payment is by check rather than credit card). You will need the check number to complete the application. **If you do not have the check number you may use the program ID number.**
- For each professional member of the Instructional Staff you should include proof of their current license or registration - we must have proof of current CDR for RDs. **Highlight the expiration date of the licensure or registration. An expired licensure or registration will fail the application.** For unlicensed Instructional Staff include a copy of the individual's collegiate diploma and/or transcript that proves that this individual is one who would be eligible to sit for the CDE exam. **Please Note:** Expansion site applications DO NOT have to submit the staff credentials or CEUs.
- If a member of the Instructional Staff is a CDE or BC-ADM, include proof of their current CDE or BC-ADM status. Highlight the expiration date to be certain it is current. Do not send CE hours for CDEs or BC- ADMs.
- If a member of the Professional Instructional Staff is not a CDE or BC-ADM, include copies of the official verification (Certificates of Attendance/Completion) **for 15 hours of** continuing education. These hours must be earned within the past 12 months prior to the application submission. See [FAQ's](#) for more information regarding CEU requirements. CEU lists will not be accepted, only certification.
- Submit current license/registration/certifications/degrees/CEUs for the program coordinator, as applicable. The coordinator **must have 15 hours of CEUs earned within the past 12 months prior to the application submission if not a CDE or BC-ADM.**
- Submit proof of training, certificate or degree for paraprofessional instructional staff.
- Submit proof of 15 hours of annual training earned in the 12 months prior to the application submission for paraprofessional instructional staff

### **Support documents may be sent by the following methods:**

**Fax:** 703.991.9120 or **Upload** (within the application)

**Mail:** American Diabetes Association

**Attn:** ERP / 1701 N. Beauregard Street, Alexandria, VA, 22311