



# Arkansas Department of Health

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Arkansas State Board of Nursing  
1123 S. University Ave., #800 • Little Rock, Arkansas 72204 • (501) 686-2700 • Fax (501) 686-2714  
Governor Asa Hutchinson  
José R. Romero, MD, Secretary of Health  
Sue A. Tedford, MNSc, APRN, Director

## **REQUIREMENTS FOR CERTIFICATION AS A DIABETES SELF-MANAGEMENT EDUCATOR BY ARKANSAS STATE BOARD OF NURSING**

To be certified by the Arkansas State Board of Nursing (ASBN) as a Diabetes Self-Management Educator, the applicant must:

1. Hold an active Arkansas license as a registered nurse.
2.
  - a. Hold current certification as a Certified Diabetic Educator (CDE) by the American Diabetes Association; or
  - b. Have successfully completed a diabetes educational program, approved by the ASBN, which complies with the National Standards for Diabetes Self-Management Education Programs as developed by the American Diabetes Association.
3. Submit completed notarized Initial Certification for Diabetes Self-Management Educator Application, along with a non-refundable fee of \$25.00.
4.
  - a. Submit notarized documentation from the ASBN approved education program coordinator and preceptor that applicant has successfully completed both didactic and practicum sessions; or
  - b. Submit proof of current certification as a CDE by the American Diabetes Association. See ASBN *Rules* for information regarding renewal.



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## INITIAL CERTIFICATION FOR DIABETES SELF-MANAGEMENT EDUCATOR APPLICATION

I hereby make application for certification as a diabetes self-management educator. The following evidence is submitted as proof of my eligibility to become a candidate for certification.

Full Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Social Security Number \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### NURSING EDUCATION

School of Nursing \_\_\_\_\_ City//State \_\_\_\_\_

Initial Type of Program \_\_\_\_\_ BSN \_\_\_\_\_ Diploma \_\_\_\_\_ ADN

Highest Nursing Degree Held \_\_\_\_\_ BSN \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate

### LICENSURE

RN Licensure – Arkansas License No.: \_\_\_\_\_

### DIABETES EDUCATION

(Check one)

- Completion of ASBN approved course (submit documentation of attendance)  
 Current certification as CDE (submit proof of certification)

#### METHOD OF PAYMENT

\_\_\_\_ In-state personal check \_\_\_\_ Money order/cashier's check  
\_\_\_\_ Credit card

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fee by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.

Type of card  Visa  MasterCard  Discover  
Cardholder's Name \_\_\_\_\_  
Cardholder's billing address \_\_\_\_\_

Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Amount Paid \_\_\_\_\_

Signature \_\_\_\_\_

*Diabetes Self-Management Educator Certification \$25.00*

*\*Processing fee – Diabetes Self-Management Educator Certification - \$0.75*

#### AFFIDAVIT

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, says he/she is the person who is referred to in the foregoing application for certification as a Diabetes Self-Management Educator in the State of Arkansas; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit. I understand that if the processing of this application is not completed, the application becomes null and void one year from date received. I also understand that falsification of this form is grounds for discipline against my license.



Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC



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