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.
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____________________________________________________________________________________

Address______________________________________________________________________________________

Mailing Address________________________________________________________________________________

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

LICENSE

RN Licensure – Arkansas License No.:_________________________

DIABETES EDUCATION

□ 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.

___________________________________

APPLICANT’S SIGNATURE

___________________________________

NOTARY PUBLIC

Sworn to before me this _____day of ___________, 20____
My Commission Expires____________________________________