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
(MISS, MS., MRS., OR MR)          FIRST                                                                  MIDDLE                                                              MAIDEN                                                       LAST

Address
STREET                                                                                     CITY                                                                              STATE                                                          ZIP

Mailing address
STREET/P.O.BOX                                                              CITY                                                    STATE                                            ZIP

Social Security Number ___________________ Telephone No. ( ) E-mail address ___________________

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)

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 ________________

AFFIX NOTARY
SEAL HERE
CREDIT CARD INFORMATION
Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees 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 ________________________________

City ________________________________ State ________________________________ Zip ________________________________

Credit Card # ________________________________

Expiration date __________ / __________     Amount Paid __________

Signature ________________________________

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