

# Diabetes Education Accreditation Program



## Initial Application Instructions

**Note:** Read the National Standards for Diabetes Self-Management Training, the policy and procedures for “AADE’s Accreditation Program for DSME/T” and these instructions before attempting to complete the application for accreditation. Readiness to apply for AADE accreditation means that the program meets the National Standards, as evidenced by implementation of the “Essential Elements”, tools and resources to help identify readiness and/or to prepare for application are available on AADE’s accreditation web-site. The application process is comprised of three components: 1) Submission of the application; 2) Submission of “supporting documents” (see below); and 3) Telephone interview. See the online application for initial guidance and instructions.

### Statements of affirmation:

Proceeding with this application indicates you have responded to these statements.

### Supporting Documentation:

Supporting documentation must be sent (either electronically, faxed or by postal mail) within two weeks from the date of submission of the application form. Supporting documents include the following:

- Program description: May include the following information: A brief description of the program’s history, funding resources, mission, vision, innovative initiatives, etc.
- Job description for each of the positions within the entity’s organization
- Resumes of program coordinator and instructors: A resume = a document that contains a summary or listing of relevant job experience and education.
- Proof of licenses and/or certification, and continuing education for the coordinator and all instructors
- Performance measurement plan
- Copy of one de-identified participant chart
- Copy of an outline of the curriculum or one complete section from the written curriculum
- Documentation of continuous quality improvement (CQI) performance process/model.
- Advisory group composition and function
- Physician Communication policy

- Education Process Policy
- Policy to ensure patient’s needs are met (Referrals to other disciplines such as podiatrist).
- Policy that identifies that a personalized follow-up plan is in place to ensure on-going self-management support was developed in collaboration with the participant.
- Sample education materials (English and non-English as appropriate)

Fill in the name and title of the person completing the application.

Note: To ensure quality training and all staff are properly credentialed, AADE will require a notification of change and “supplemental application” for each additional site run by the same organization.

Program demographics:

Fill in the name of the program (i.e. Pleasant Valley Diabetes Self-Management Training Program) and contact information in the spaces indicated.

Geographic reach and Expected volume: Mark the appropriate box that best describes the service area encompassed by the program (all sites/locations collectively). Indicate the number of participants the program either currently services or expects to serve by the end of the first year of operation.

Setting/s where services are provided:

Identify the number of locations per setting where services are provided and then identify the specific location (address) for each different location where services are provided. For example, the program provides services at 3 different churches – enter “3” for “religious establishment”. If the different location (site) has a name (i.e. Quality Diabetes Education – East Bank”, that information may also be included. The organization (if any) that owns or supports the “setting” may or may not have a formal affiliation with the DSME/T program. If “Mobile van” is selected as a setting, identify the number of different locations that the van travels to routinely and include the addresses (as specifically as possible) for each location.

Mark the appropriate box/s to identify the population targeted for each different location where DSME/T services are provided.

Identify one unique characteristic of the population targeted and describe how the program tailored services to meet needs. For program with multiple locations, select 1 location to use for this section.

- **Examples of “unique characteristics”:** Low literacy; primarily elderly (or other age category); specific ethnicity; low income; transient.
- **Examples of tailoring to meet needs:** Weekend service provided (to meet needs of population that works week-days); hired a community

**health worker to provide linkage and services to vulnerable population; sent instructor to pediatric conference to better meet the needs of an increasing pediatric population.**

Sponsoring Organization:

Complete the information requested for “Sponsoring/Affiliate Organization” (the organization that funds and/or otherwise supports the DSME/T program). The sponsoring/affiliate organization’s administrator is the person who has administrative responsibility for the DSME/T program (CEO, President, Vice President, Director, etc.).

Using the drop-down menu, select that which most accurately describes the type of organization.

Program Staff:

Fill in the requested information for the program coordinator.

List the names of the instructional staff and, using the drop-down menu, identify their credentials, selecting all that apply.

List the names of all Community Health Workers and identify the name of the diabetes educator who supervises them. In the space provided, briefly describe any training received and who provided. (i.e. an entity/organization or person/s).

Method of Payment

Fill in the areas requested, applicable to method of payment. Payment must be received before application is processed.

**NOTE:** Submit supporting documentation within 2 weeks of the date of this application.

**Make a copy of your application before submitting**