

**3.1 - ATTESTATION OF TEAM MEMBERS INVOLVED IN DIRECT DELIVERY OF DSMES**

I \_\_\_\_\_, attest to the following:

Attestation that at least one of the DSMES team members is an RN, RDN or pharmacist with training and experience pertinent to DSMES OR holds certification as a CDCES or BCADM.

**Quality coordinator signature:** \_\_\_\_\_