



Handbook

Board Certified Advanced Diabetes Management (BC-ADM) Examination

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INTRODUCTION

The American Association of Diabetes Educators (ADCES) is a multidisciplinary association of healthcare professionals dedicated to integrating self-management as a key outcome in the care of persons with, affected by, or at risk for diabetes and related chronic conditions. ADCES is constantly working toward our vision of optimal health and quality of life for all persons with, affected by, or at risk for diabetes and related chronic conditions. To help us reach this vision, we have created a dynamic organizational structure with a strong mission and values. Our mission is to empower diabetes educators to expand the horizons of innovative education, management and support. The Board Certified-Advance Diabetes Management (BC-ADM) is a certification program sponsored/owned by ADCES.

ADCES has partnered with Scantron, a leading certification and licensure firm, to develop this examination. Please use this candidate handbook to understand our processes of application and registration. If you have questions about the processes described here, please contact ADCES at (800) 338-3633 or bcadm@ADCES.org. Scantron is also available at (919) 572-6880 or candidatesupport@scantron.com.

CREDENTIAL DESIGNATION

Upon successful achievement of BC-ADM certification, advanced diabetes managers will be awarded the Board Certified-Advanced Diabetes Management certification designation of BC-ADM. Candidates may use this designation as long as their certification is current.

The professional with a BC-ADM skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their discipline's scope of practice, healthcare professionals who hold the BC-ADM certification adjust medications (*), treat and monitor acute and chronic complications and other comorbidities, counsel patients on lifestyle modifications, address psychosocial issues, and participate in research and mentoring.

(*) Medication adjustment is profession-specific and dictated by each profession's scope of practice.

BC-ADM EXAMINATION REQUIREMENTS

Eligibility

Candidates must complete the following requirements before submitting an application. See the eligibility criteria details following the chart for additional information.

Eligibility Criteria	Registered Nurse	Registered Dietitian	Pharmacist	Physician Assistant (PA)	Physician
Licenses/Registration (where practicing)	Current, active RN license	Current, active dietitian registration (RD/RDN)	Current, active pharmacist license	Current active physician assistant license	Current active MD/DO license
Advanced Degree	Master's or higher degree in a relevant clinical, educational, or management area (*)	Master's or higher degree in a clinically relevant area (+)	Master's or higher degree in Pharmacy	Master's or higher degree in a relevant clinical, educational, or management area (*)	MD/DO degree

Experience	500 clinical practice hours within 48 months prior to applying for certification examination. (Clinical hours must be earned after relevant licensure and advanced degree was obtained)
Level of Practice	Skillfully manages complex patient needs and assists patients with therapeutic problem-solving. Within their discipline's scope of practice, healthcare professionals who hold the BC-ADM certification adjust medications, treat and monitor acute and chronic complications and other comorbidities, counsel patients on lifestyle modifications, address psychosocial issues, and participate in research and mentoring. ADCES: Level 3 Education

(+) Other advanced degrees will be considered on an individual basis.

Interpretation of Eligibility Criteria section provides specific details applicable to the BC-ADM eligible professions.

PROCEDURE

Registered Nurse Eligibility Criteria:

1. Hold a current, active RN license in a state or territory of the United States or the professional, legally-recognized equivalent in another country where practicing.
2. Hold a, master's or higher degree in a relevant clinical, educational, or management area such as education (med), nutrition, gerontology, advance diabetes management, or other area relevant to the credential from an accredited school. For example:
 - ACEN (Accreditation Commission for Education in Nursing): accredits nursing programs in clinical doctorate, master's, baccalaureate).
 - CCNE (Commission on Collegiate Nursing Education) is affiliated with AACN (American Association of Colleges for Nursing) and accredits nursing programs in higher education institutions (BSN, master's doctorate).
 - NLN-CNEA (Commission for Nursing Education Accreditation) accredits bachelor, master's and clinical doctorate degree programs.
3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 clinical practice hours in advanced diabetes management. Clinical hours must be earned after relevant licensure and advanced degree was obtained.

Registered Dietitian Eligibility Criteria:

1. Hold a current, active dietitian registration from the Commission of Dietetic Registration (CDR) under the Academy of Nutrition and Dietetics. Practitioner must hold the Registered Dietitian credential - RD/RDN to practice in their specific geographic area where practicing.
2. Hold a master's or higher degree. The candidate must be a graduate of a dietetic program accredited by the Accreditation Council for Education on Nutrition and Dietetics (ACEND). The master's degree or higher must be in a clinically relevant area, such as nutrition, public health, education (med), exercise, sports nutrition, counseling, or gerontology.

3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management after obtaining the registered dietitian (RD/RDN) credential. Clinical hours must be earned after relevant licensure and advanced degree was obtained.

Registered Pharmacist Eligibility Criteria:

1. Hold a current, active pharmacist registration in a state or territory of the United States or the professional, legally-recognized equivalent in another country where practicing.
2. Hold a master's or Pharm D degree in pharmacy from an American College of Pharmacy Education (ACPE) accredited school. (Note: RPh must have a master's degree or higher).
3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management after obtaining registration as a pharmacist. Clinical hours must be earned after relevant licensure and advanced degree was obtained.

Physician Assistant Eligibility Criteria:

1. Hold a current, active physician assistant license in a state or territory of the United States or the professional, legally-recognized equivalent in another country where practicing.
2. Hold a master's degree or higher from an ARC-PA accredited school in a clinically relevant area, such as nutrition, public health, education (med), exercise, sports nutrition, counseling, or gerontology.
3. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management. Clinical hours must be earned after relevant licensure and advanced degree was obtained.

Physician Eligibility Criteria:

1. Hold a current, active MD/DO license in a state or territory of the United States or the professional, legally-recognized equivalent in another country where practicing.
2. Within 48 months prior to applying for this certification exam, complete a minimum of 500 hours of clinical practice in advanced clinical diabetes management. Clinical hours must be earned after relevant licensure and advanced degree was obtained.

All requirements must be completed prior to submitting your application for the examination.

Interpretation of Eligibility Criteria:

The interpretations below apply to the health professions listed in this handbook: nurses (RN, NP), dietitians (RD/RDN), pharmacists (RPh), physician's assistants (PA), and physicians (MD/DO).

1. **License Requirement Interpretation:** Practitioner has a license to practice in the specific geographic/country area where candidate is practicing. The intent is to ensure that practitioner is licensed to practice by the state/country in which he resides.
2. **Academic Requirement Interpretation:**
 - If candidate is educated outside the United States, the degree must be earned from an academic program accredited by one of the above credentialing bodies.
 - Years of practice in lieu of Master’s level degree is not acceptable.
3. **Practice Requirement Interpretation:** The expectation is that “Practice” is primarily in-person contact; however, telehealth practice hours may be included

BC-ADM Application Process

Applications must be submitted prior to examination registration. Note that the examination is computer-based and offered only through Scantron’s approved proctored testing centers across the US and the world.

Applications and supporting documents are electronically accepted continually throughout the year (paper applications are not accepted). The examination is offered in June and December (30-day windows) following the application’s approval. **Important fact:** application must be completed at least 30 days prior to the opening of the testing window. **Late applications are accepted up to 15 days prior to the opening of the testing window for an additional fee of \$50 (non-refundable).** The testing appointment must be made at least seven (4) days prior to the test date during the scheduled testing window. Scantron will email BC-ADM candidates who have completed and approved applications to schedule an appointment date and location for testing.

An online application is available through the ADCES candidate registration system at [ADCES Candidate Access \(scatronassessment.com\)](https://scatronassessment.com) You will be prompted to create an online profile that will serve as the basis for all interaction with Scantron. You should record your username, password, and email address as used on the application for future reference and/or access to the system at a later time. You must register with the name that appears on the government-issued photo identification that you will use to enter the testing center to sit for your examination.

To register for the BC-ADM examination, you must submit the following application materials:

1. Completed application form, including demographic information, information associated with your 500 clinical advanced diabetes management practice hours, and attestation regarding the veracity of the information submitted (electronically)
2. Electronic copy of current RN, RD, RPh, MD/DO, or PA license (or a letter from the State Board of Licensing)
3. Electronic copy of your transcript or school diploma for master’s level (or higher) degree transcripts or school diploma for master’s level (or higher) degree
4. Appropriate fee

Complete applications will be evaluated and candidate eligibility determined within seven (7) business days of receipt. If the application is incomplete, a notice will be issued to the candidate either by email or first-class mail. If the application is not completed within 90 days of submission, the application will be closed.

FEES

First Time BC-ADM Exam Fee

The examination fee is as follows. This fee includes the processing of the examination registration and one testing appointment.

\$600	ADCES members
\$900	Non-member (membership not included)

The fee must be paid in U.S. funds to Scantron by Visa or MasterCard.

Re-Take BC-ADM Exam Fees

Candidates who do not pass the certification examination may retake the exam in the next consecutive testing window (second testing appointment as retake exam can only occur once per year). The examination retake fee is \$220 for ADCES members and \$340 for non-members. This fee must be paid before scheduling a new testing appointment. Candidates who fail the examination will receive information on scheduling a second testing appointment.

You may not take the examination more than two times in any 12-month period. If a candidate does not pass the exam two times, the candidate will need to skip the third next examination window. Candidate may not take exam three times in a row over three (3) consecutive windows.

All retest fees are non-refundable.

Deadlines

Candidates are strongly encouraged to complete their applications at least 60 days prior to their desired testing date. There are two testing windows per year – June and December. The deadline for registration for the June window is May 1 and the deadline for the December window is November 1.

Application Received By:	Application (Including \$50 Late Fee) Received By:	Testing Window:
May 1	May 15	June
November 1	November 15	December

If a candidate misses the deadline, their application is credited toward the next window.

Process Abandonment - If the candidate completes the application process, but does not follow up with the steps stated in the notice to sit for the exam (NTS) email sent by Scantron, such as not scheduling an examination date or not contacting Scantron within the testing window, the candidate's application will be nulled and the fees will be forfeited.

Candidates Deemed Not Eligible: Once the electronic application is completed and the information is processed by Scantron, applications with eligibility requirements in question are sent to ADCES for staff and or the Credentialing Oversight Committee (COC) for review. If it is determined that candidate does not meet the eligibility criteria, ADCES will refund the paid fee minus a \$100 service fee. International reimbursement costs (i.e. wire transfer expenses) will be deducted from the reimbursement amount accordingly.

Scheduling

As early as 30 days prior to the beginning of the testing window, Scantron will send notification of eligibility to sit for the examination and will provide directions on how to schedule a testing session through Scantron's online scheduling system. Most test sites will have morning and afternoon testing sessions available. Scantron will do its best to accommodate the requested test site and date. Seats are filled on a first-come, first-served basis, based on test center availability.

Note that candidates who wish to test at an international test site must pay an additional scheduling fee of \$150 (non-refundable). Payment is due at the time of scheduling.

Candidate eligibility will be valid for two consecutive testing windows, and candidates will be permitted one testing attempt per window. If a candidate does not take the examination for which he/she applied or successfully complete the application within the two consecutive testing windows, the application will be closed and the candidate must submit a new application with the required supporting documentation and "first-time" candidate fees. An email reminder will be issued to schedule testing to eligible candidates who have not yet completed test scheduling. Candidates who wish to re-take the exam will need to contact Scantron to schedule the examination date. If candidate chooses not to take the exam within the next two windows following the application completion, there will be no refunds. Candidates will receive confirmation including exact test location, date, and time via email, which must be printed and taken to the site on the test date. **The candidate must take this document to the site on the test date.**

Registration and BC-ADM Exam Testing Process

1. Review this candidate handbook prior to scheduling your examination. Failure to follow the instructions can cause a delay of your examination registration. For questions regarding examination registration, contact Scantron directly at 919-572-6880.
2. Complete online exam registration ([ADCES Candidate Access \(scantronassessment.com\)](https://scantronassessment.com)) and **pay your testing fee prior to the deadlines specified above**. You must register with your full name as it appears on your government-issued photo identification. In order to receive important electronic correspondence about scheduling your testing session, please ensure that your email program will accept emails from ibt@scantron.com.
3. Schedule a testing session. As early as 30 days prior to the testing window, Scantron will send notification of eligibility to sit for the examination and will provide directions on how to schedule a testing session.

This notice will provide candidates the URL to access the online test scheduling system to select a testing session based on available seating. Candidates will select from a listing of available testing centers by geographical location and test date. Note that candidates who wish to test at an international test site must pay an additional scheduling non-refundable fee of \$150. Payment is due at the time of scheduling.

Candidates must submit their test scheduling request at least seven (4) days prior to their preferred test date during the scheduled testing window.

4. You will be notified of the exact test location, date, and time via email. You must bring your printed confirmation with you to the test site.

You must also bring photo identification with signature to the test site. Acceptable forms of identification include driver's licenses, passports, and government-issued identification cards. Unacceptable forms of identification include gym memberships, warehouse memberships, school identification cards, credit cards, and identification with signature only (no photo).

5. Please plan to arrive at the testing center at least 15 minutes prior to the start of the testing session. Those who arrive late for testing sessions may not be permitted to test.
6. Sit for the examination. The examination consists of 175 multiple-choice questions. You will be given three and a half (3.5) hours to complete the examination.
7. Wait for the examination results. Examination results will be mailed approximately six (6) weeks after the close of the testing window. Examination results will be released only in writing by mail. Examination results will not be released by telephone, email or fax.

Eligibility Audits

10% percent of new and renewal candidate applications will be audited to ensure compliance with the eligibility criteria. Applications for audit will be selected randomly. If your application is selected for audit, you will receive a certified letter by mail and be provided with instructions on how to supply satisfactory documentation that supports your compliance with the eligibility criteria before your certificate is released. Once the audit process is successfully completed, you will receive an audit compliance letter and Scantron will mail your certificate within 30 days.

REASONABLE ACCOMMODATIONS

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided based on the individual's specific request, disability, documentation submitted, and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g., walking, talking, hearing, and performing manual tasks); have a record of such physical or mental impairment; or are regarded as having a physical or mental impairment.

To apply for reasonable accommodations, the candidate must request the accommodations in the application process and provide documentation that supports reasonable accommodations provided by an appropriate licensed professional on the professional's letterhead. The documentation must include a diagnosis of the disability and specific recommendations for accommodations.

Requests for accommodations must be submitted no later than 45 days prior to opening of the candidate's preferred testing window and candidates must submit their scheduling request at least 30 days prior to their preferred test date within the testing window. It is recommended that this documentation be submitted at least 45 days prior to the preferred testing date.

For more information regarding reasonable accommodations, please contact Scantron or ADCES.

EXAMINATION INFORMATION

There are 175 multiple-choice, single answer questions on this examination. Of these, 150 are scored questions and 25 are pretest questions that are not scored. Pretest questions are used to determine how well these questions will perform before they are used on the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, is based solely on the 150 scored questions. Performance on pretest questions does not affect a candidate's score. Test scoring details are addressed under the Other Examination Information section.

This test content outline identifies the areas that are included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination are also shown.

Category	Domains of Practice		
		Percent	No. of Questions
I	Assessment and Diagnosis	30%	45
II	Planning and Intervention	34%	50
III	Evaluation and Follow-up	23%	34
IV	Population Health, Advocacy, and Professional Development	14%	20

OTHER EXAMINATION INFORMATION

Cancellations, Rescheduling, No-shows, Misconduct and Revocation of Certification

Once the completed application is approved, the notice to sit for the exam was received and you scheduled your exam date and you need to cancel or reschedule a testing session, you must request this by contacting Scantron up to four (4) business days before your testing appointment through the online scheduling system. A \$100 nonrefundable fee will apply.

Day of Testing Appointment:	Must Reschedule/Cancel By:
Monday	Tuesday of the previous week
Tuesday	Wednesday of the previous week
Wednesday	Thursday of the previous week
Thursday	Friday of the previous week
Friday	Monday of the current week
Saturday / Sunday	Tuesday of the current week

If you miss the reschedule deadline (4 business days prior to the scheduled exam date) or do not appear for your testing appointment, this will count as your testing appointment. You will be marked as a no-show candidate and your testing fees will be forfeited.

Examination Rules

ADCES and Scantron follow industry standard testing rules as outlined below.

Prohibited Items

Candidates are expressly prohibited from bringing the following items to the test site:

- Cameras, cell phones, optical readers, or other electronic devices that include the ability to photograph, photocopy, or otherwise copy test materials
- Notes, paper, books, dictionaries, or language dictionaries
- Book bags or luggage
- iPads, iPods, MP3 players, headphones, or pagers
- Calculators, computers, tablets, PDAs, or other electronic devices with digital memory devices
- Personal writing utensils (i.e., pencils, pens, and highlighters)
- Watches
- Food and beverage, including water bottles
- Hats, hoods, or other headgear

If Scantron testing personnel determine that you have brought any such items to the test site, they may be remanded and held for an indefinite period of time by Scantron testing personnel. We reserve the right to review the memory of any electronic device that may be in your possession at the testing center to determine whether any test materials have been photographed or otherwise copied.

If our review determines that any test materials are in the memory of any such device, we reserve the right to delete such materials and/or retain them for subsequent disciplinary action. Upon completion of our review and any applicable deletions, we will return your device to you, but will not be responsible for the deletion of any materials that may result from our review, whether or not such materials are test materials.

By bringing any such device into the test site in contravention of our policies, you expressly waive any confidentiality or other similar rights with respect to your device, our review of the memory of your device and/or the deletion of any materials. Scantron, the examination site, and the test administration staff are not liable for lost or damaged items brought to the examination site.

Misconduct

Individuals who engage in any of the following behaviors will be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- Creates a disturbance, is abusive, or otherwise uncooperative;
- Displays and/or uses electronic communications equipment such as cellular phones, PDA's
- Gives or receives help or is suspected of doing so
- Attempts to take the examination for someone else
- Is observed with notes, books or other aids.

Examination Scoring

Examination results will be mailed approximately six (6) weeks after the close of the testing window. Examination results will be released only in writing by mail, not by telephone or fax.

PASS/FAIL SCORE DETERMINATION

The minimum passing score on any certification exam is set for the purpose of public protection, to ensure that certified individuals possess a sufficient amount of knowledge to practice safely and competently and without causing harm. To help achieve this goal, the minimum passing standard on the BC-ADM examination is set using a method called the Modified Angoff technique. This is a widely-used methodology for determining the number of questions a candidate must answer correctly to demonstrate that he or she possesses sufficient knowledge to practice safely and competently. A diverse panel of professionals who possess the BC-ADM certification are involved in the process of setting the passing standard. Once the passing standard has been established, statistical methods are used to ensure that new versions of the examination conform to the same passing standard. This methodology ensures that all candidates who test on the BC-ADM examination are held to the same standard, regardless of which version of the examination they take.

QUALITY CONTROL AND EXAMINATION SCORING

ADCES follows testing industry standards and guidelines when developing and administering new exam forms. Adhering to industry standards and best practice requires that certain statistical analyses and quality control procedures need to be performed before exam scores are released to candidates. Therefore, BC-ADM scores are held until the end of each testing window so that statistical and quality control analyses can be conducted on the full set of candidate scores from a given testing window. This approach assures the fairness and accuracy of the examination scores.

EXAMINATION SCORE RELEASE

Scoring and statistical quality control analyses take place following the testing window. Once completed, examination results will be mailed approximately six (6) weeks after the close of the testing window. Results will be available only in writing by mail, not by telephone, email or fax.

CANCELLED SCORES

In the event of testing irregularity, or breach of security which may comprise the examination, ADCES reserves the right to void or withhold examination results. Any such occurrences will be investigated to ensure the integrity of the credential.

UNDERSTANDING YOUR EXAMINATION SCORE

Although scoring is based on the total number of questions answered correctly, ADCES does not report candidates' BC-ADM score as the number or percentage of questions answered correctly. Instead, the candidate score report includes what is called a scaled score. Scaled scores are determined by converting the number of questions answered correctly to a score on a scale that ranges from 200 to 500, with the passing point set at 350. The process of converting the number of questions a candidate answered correctly to a scaled score can be thought of as similar to converting inches to centimeters, or Celsius to Fahrenheit. In other words, just like a temperature of 86 Fahrenheit means exactly the

same thing as a temperature of 30 Celsius, your scaled score means exactly the same thing as the number of questions you answered correctly, but it is just expressed differently.

The BC-ADM exam uses scaled scores for score reporting so that scores on different versions of the exam can be directly compared to one another. The use of scaled scores ensures that the score required to pass the exam remains constant at 350, regardless of which version of the exam is administered. Every form of the BC-ADM exam is mathematically equated to a predetermined passing standard, ensuring that every candidate who tests on the exam—regardless of which version of the exam they receive—is held to the same standard.

SCORE REPORTING

Passing BC-ADM candidates receive a score report that provides the candidate's scaled score on the examination and the passing scaled score (350) for the examination.

Candidates who do not pass the BC-ADM examination receive their scaled score, the passing scaled score (350) for the examination, and a report with diagnostic information for each domain. The performance in each domain will be labeled as either Low, Medium, High. The three levels of diagnostic information are described below:

- High - Your performance on this content area is well above average, however, a review of this content area may be helpful to you prior to retaking the examination.
- Medium - Your performance on this content area is minimally acceptable, however, further study of this content area is recommended.
- Low - Your performance on this content area is below an acceptable level. Substantial study of this content area is recommended prior to retaking this examination.

Please note that this domain-level diagnostic performance is intended to help candidates understand their relative areas of strength and weakness. However, candidates should study all domains when preparing to retake the exam, as neglecting to study some content areas could result in lower performance in those areas on future testing attempts.

RETAKE POLICY

Candidates who do not pass the BC-ADM examination are eligible to sit for the exam during the next testing window for the retake fee of \$220 for ADCES members and \$340 for non-members. Candidates will not be officially scheduled for their retake exam until the retake fee has been paid at the end of the scheduling process and will receive a Notice to Schedule (NTS) 45 days before the next testing window. Candidates may not take the examination more than two times in any 12-month period.

BC-ADM Exam - Diagnostic Scoring Information

After completion of the BC-ADM examination, you will receive an exam results report that provides your pass/fail status and your exam score.

Pass/fail status on the exam is determined by comparing the total number of questions answered correctly out of the 150 scored questions on the exam with the number of questions required to pass the exam. Note that even though the exam questions are categorized as follows, the scoring is based on the overall number of questions on the exam:

Category	Domains of Practice		
		Percent	No. of Questions
I	Assessment and Diagnosis	30%	45
II	Planning and Intervention	34%	50
III	Evaluation and Follow-up	23%	34
IV	Population Health, Advocacy, and Professional Development	14%	20

Although the scoring is based on the total number of questions answered correctly, ADCES does not report the actual BC-ADM score as the number or percentage of questions answered correctly. Instead, candidate report what is called a “scaled score.” Scaled scores are determined by converting the number of questions answered correctly to a score on a scale that ranges from 200 to 500, with the passing point set at 350. If a candidate scored 400 on the BC-ADM exam, that score does not indicate how many questions the candidate answered incorrectly. It only tells the candidate that they exceeded the minimum passing score of 350 and passed the exam.

The process of converting the number of questions a candidate answered correctly to a scaled score can be thought of as similar to converting your height from inches to centimeters, or converting Celsius to Fahrenheit. In other words, just like a temperature of 86 Fahrenheit means exactly the same thing as a temperature of 30 Celsius, your scaled score means exactly the same thing as the number of questions you answered correctly, but it is just expressed differently. The reason that the BC-ADM exam, like most standardized tests, uses scaled scores for score reporting is so that scores on different versions of the exam can be directly compared to one another. The use of scaled scores ensures that the scaled score required to pass the exam remains constant at 350, regardless of which version of the exam is administered. Every form (version) of the BC-ADM exam is mathematically equated to a predetermined passing standard, ensuring that every candidate who tests on the exam—regardless of which version of the exam they receive—is held to the same standard.

Certificates

After passing the examination, candidates will receive a personalized certificate, which is suitable for framing, and a wallet card. In the case of an eligibility audit, certificates will be held until the audit is complete. A candidate may receive a BC-ADM audit notice within five days after the following month of the exam window and will not receive their certificate until the audit is successfully completed. Candidates that are not audited may start including the BC-ADM certification after their names when they receive the letter from Scantron confirming the person passed the exam.

Examination Retakes

Individuals who do not pass the certification examination may retest in the next testing window. Candidates may not take the examination more than two times in any 12-month period. Candidates who need to retest will receive a Notice to Schedule (NTS) 45 days before the next testing window. During the scheduling process, candidates will be prompted to pay the retake fee (\$220 for ADCES

members and \$340 for non-members). Candidates will not be officially scheduled for their retake exam until the retake fee has been paid at the end of the scheduling process.

Score Information - Retake the exam

The score report gives the candidate feedback in each domain of study to help guide his/her study efforts when preparing to retake the exam. For example, performance was rated as “Medium” in Assessment and Diagnosis (Domain I) and Planning and Intervention (Domain II). This means that candidate performed better in these two areas than in the other two areas (Evaluation & Follow-up and Leadership & Advanced Professional Practice), where candidate’s performance was rated as Low. Getting a “Low” rating in any domain means that candidate had a significant proportion of incorrect answers in that area.

In terms of preparing to retake the exam, studying all domains of practice will improve the chances of success, particularly because candidate did not score high in any of the domains. However, candidate may wish to place added study emphasis in Domains III and IV based on the above example. The BC-ADM exam content outline, in Appendix A of the BC-ADM Candidate Handbook, is located [here](#). Reviewing the exam content outline will remind candidates which topics are covered in each domain, and may help further focus the study efforts.

Revocation of Certification:

The certification of a candidate may be revoked or a candidate may be denied the right to sit for certification for any of the following reasons:

- Failure to complete or fulfill requirements for certification or certification renewal
- Determination that certification or certification renewal was improperly granted or that there was misstatement of facts submitted by a candidate in his/her application for certification or recertification.
- Failure to maintain professional integrity
 - Integrity demands honesty and candor which must not be subordinated to personal gain an advantage. Allowance can be made for innocent error and legitimate differences of opinion, but integrity cannot co-exist with deceit or subordination of one’s principles.
- Revocation for failure to maintain all levels of professional licensure is automatic and non-discretionary. All other grounds for revocation of certification are discretionary.

FOR MORE BC-ADM EXAM PREPARATION

Demo Test

Scantron offers a free online tutorial and demo test to familiarize candidates with the computer-based testing environment. The online demonstration and tutorial are accessible at any time, anywhere, through any computer with Internet access.

BC-ADM Practice Test is Available

ADCES offers a 75-item timed online practice test for the Board Certified -Advanced Diabetes Management certification exam. This practice test reflects current exam content. All items are multiple-choice format. Similar to the certification exam, this practice test includes items that reflect tasks and knowledge across the four domain areas of advanced diabetes management. Ninety minutes are allowed to complete the online practice test.

The practice exam is intended to supplement your overall study efforts. Your total score for this BC-ADM practice test should not be viewed as a predictor of performance on the Board Certified- Advanced Diabetes Management certification exam.

Candidates are provided with an overall score plus information about their performance across each of the four domains tested on the practice test. This test does not provide information about correct/incorrect responses at the item/question level.

For more information on the practice exam visit the BC-ADM page on the ADCES website at:

<http://www.diabeteseducator.org/ProfessionalResources/Certification/BC-ADM/>

- https://www.diabeteseducator.org/education-career/certification/bc_adm/resources

BC-ADM Discussion Group: ADCES members can access the new Board Certified- Advanced Diabetes management (BC-ADM) Discussion Group.

Click on My Links (Top Bar), pull down menu - BC-ADM Group. Posts BC-ADM related topics such as “How to prepare for the BC-ADM exam”, to advanced diabetes management topics.

RECERTIFICATION

Certification renewal must be completed every five (5) years to maintain your certification. Scantron will send out reminders by email and U.S. mail six (6) months prior to certification expiration. It is the candidate’s responsibility to update Scantron with any changes in contact information.

For timely processing you should submit your certification renewal application no later than 45 days prior to your certification expiration.

EXPIRED CERTIFICATION:

If your certification has expired, and is no more than 90 days from the expiration date, Scantron does charge a non-refundable late fee of \$50.00. In addition, Scantron will send a request for approval to ADCES. After 90 days, the candidate will need to reapply for the BC-ADM exam and meet all the criteria as a new candidate.

Recertification Requirements - See the recertification document on Appendix C.

Professional Development *plus* Practice Hours:

- Hold a current, active RN, RD, RPh, PA, or MD/DO license in a state or territory of the U.S. or the professional, legally-recognized equivalent in another country;
- Hold a current BC-ADM certification;
- Complete the professional development requirements for your diabetes specialty certification (must be completed within the five (5) years preceding your renewal application submission);

- Complete a minimum of 1,000 practice hours in your certification role and population/specialty (must be completed within the five (5) years preceding your renewal application submission); and
- Pay the renewal fee.

Recertification Fees

- \$500.00 - ADCES members
- \$800.00 - Non ADCES members

Frequently asked questions can be found on the ADCES website:

<http://www.diabeteseducator.org/ProfessionalResources/Certification/BC-ADM/>

Appendix A: Exam Content Outline

Domain I: Assessment and Diagnosis	Number of Questions on the Exam
1. Task: Conduct therapeutic interviews using a systematic approach.	4
Knowledge of:	
a. Motivational interviewing	
b. Open-ended questions	
c. Person-first, strength-based language	
d. Communication for social, cultural, and/or clinical context	
e. Behavior change theory	
2. Task: Perform comprehensive assessments of diabetes, complications, and related chronic conditions across the lifespan (e.g., functional status, sensory/foot, eye exam, medication and complementary alternative medication review).	5
Knowledge of:	
a. Obtaining a patient history: nutrition, physical activity, medical/medication therapy, mental health, health, family, and social history	
b. Developmental and cognitive ability	
c. Cultural, ethnic, and health literacy and lifestyle assessment	
d. Self-care skills and behaviors	
e. Complications and risks	
f. Focused physical exam procedures (e.g., foot exam, skin assessment)	
g. Laboratory assessments	
3. Task: Understand how physiology and pathophysiology relates to prediabetes/diabetes, chronic conditions, complications, and comorbidities (e.g., pancreatic disease, other endocrine disorders).	5
Knowledge of:	

a. Glucose metabolism	
b. Exercise physiology	
c. Micro- and macrovascular complications	
d. Nutrient absorption and fuel metabolism	
e. Cardiometabolic conditions	
f. Hyperglycemia and hypoglycemia	
g. HHNK and DKA	
4. Task: Evaluate self-care behavior, and perform behavioral health assessment.	4
Knowledge of:	
a. AADE 7	
b. Confidence and skills with technology	
c. Valid measures for behavioral health, and psychosocial health	
d. Diabetes distress	
e. Depression and anxiety scales	
f. Dementia	
g. Quality of life	
h. Eating disorders	
5. Task: Assess social determinants of health.	4
Knowledge of:	
a. Insurance	
b. Finances	
c. Social support	
d. Health care team access	
e. Health literacy	
f. Food insecurity	
g. Impact of social environment	
6. Task: Implement standards of diabetes care and clinical practice guidelines pertaining to assessment.	5
Knowledge of:	

a. American Diabetes Association (ADA), American Association of Clinical Endocrinologists (AACE), Association of Diabetes Care & Education Specialists (ADCES), Endocrine Society, American Diabetes Association and European Association for the Study of Diabetes (ADA/EASD)	
b. Therapeutic inertia	
7. Task: Monitor, interpret, and apply results generated from complex patient data sets.	5
Knowledge of:	
a. Continuous glucose monitoring data (time in range, ambulatory glucose profile), blood glucose data, insulin pump data, smart pens, and wearable devices (e.g., activity trackers, biometric monitors)	
b. Device capabilities and proper use	
8. Task: Interpret and apply results generated from assessment and diagnostic tests.	5
Knowledge of:	
a. Normal and abnormal lab values	
b. Stages of CKD, CHF, and retinopathy	
c. NASH/NAFLD	
d. Individualized glycemic targets (e.g., A1C, fasting and postprandial glucose)	
e. Micro- and macrovascular complications	
9. Task: Perform screenings and understand diagnostic criteria for diabetes and related conditions.	4
Knowledge of:	
a. National guidelines related to hypertension, lipids, and obesity	
b. Incidence and prevalence of prediabetes/diabetes across the lifespan	
c. Distinguishing features of prediabetes	
d. Type of diabetes mellitus	
e. Risk factors across lifespan	
10. Task: Formulate and prioritize a problem list.	4

Knowledge of:	
a. Data required to prioritize and individualize problem list	
b. Individual risk factors	
Domain II: Planning and Intervention	
1. Task: Implement interventions that reflect standards of diabetes care and clinical practice guidelines.	4
Knowledge of:	
a. ADA, ADA/EASD, AACE, ADCES, Endocrine Society, ACOG, ISPAD	
b. FDA-approved therapies	
2. Task: Incorporate appropriate behavior change models and techniques to improve health outcomes through problem solving and teamwork.	4
Knowledge of:	
a. DSMES, Diabetes Prevention Program (DPP)	
b. AADE 7 Self-care Behaviors	
c. Behavior change techniques to promote behavior adoption such as motivational interviewing, readiness to change	
d. Exercise prescription and special considerations	
3. Task: Educate individuals about medical nutrition therapy.	4
Knowledge of:	
a. Healthy eating principles (e.g., ADA Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report)	
4. Task: Manage pharmacologic therapy options and interventions for diabetes, cardiometabolic, and related conditions.	5
Knowledge of:	
a. Therapeutic inertia	
b. Disease pathophysiology	
c. Micro-/macrovascular complications	
d. Drug classes, safety and efficacy, side effects	

e. Recommended progression for therapeutics	
f. Deprescribing and overtreatment	
g. Lipid and hypertension therapy	
h. Obesity	
i. Skin abnormalities	
j. NASH/NAFLD	
k. Sexual dysfunction	
5. Task: Discuss surgical options for diabetes management including eligibility, risks, benefits, and long-term outcomes.	3
Knowledge of:	
a. Metabolic/bariatric	
b. Tissue/organ transplant	
6. Task: Incorporate technologies into practice for maintenance and/or management of diabetes.	4
Knowledge of:	
a. Insulin pump	
b. Continuous glucose monitoring (CGM)	
c. Apps/software, virtual care, connected devices	
7. Task: Collaborate with individuals to individualize and prioritize their care.	4
Knowledge of:	
a. Targets for A1C, glycemic management, TIR, and cardiometabolic conditions	
b. Shared decision making	
c. Social determinants of health	
d. Stages of growth and development	
8. Task: Collaborate with healthcare providers to coordinate care for individuals and populations.	4
Knowledge of:	
a. Referrals	
b. Case management	

c. Risk stratification	
d. Team-based care	
e. Value-based care	
f. EMR tools	
g. Decision support tools	
h. Therapeutic inertia	
i. Quadruple Aim from Institute for Healthcare Improvement	
9. Task: Establish and implement measurable self-care goals to improve health outcomes.	4
Knowledge of:	
a. SMART goal setting using AADE7 Self-Care Behaviors®	
10. Task: Collaborate with mental health providers to adjust interventions for psychosocial conditions.	3
Knowledge of:	
a. Eating disorders, depression, diabetes distress, and mild cognitive impairment (including family caregiving education)	
11. Task: Manage and adapt interventions for special populations.	4
Knowledge of:	
a. Children and adolescents, preexisting pregnancy, gestational diabetes (GDM), older adults, steroid-induced diabetes, cystic fibrosis, prediabetes	
12. Task: Manage diabetes in the hospital and during transitions of care.	4
Knowledge of:	
a. Consensus report of the 4 critical times to refer for DSMES	
b. Interdisciplinary teams related to quality improvement, patient/medication safety, clinical informatics and decision support	
c. Impact/use of personal technology(e.g. pumps, CGM) in inpatient management	
d. Management of steroid-induced diabetes	
e. Management of DKA/HHS, hypoglycemia in an inpatient setting	

f. Evidence-based order sets/protocols	
g. Glycemic management software	
h. Variation in insulin requirements with enteral or parenteral feedings	
i. Survival skills education and readiness to learn	
j. IV insulin use and conversion to subcutaneous dosing	
k. Clearly communicated care plan for post hospital follow up (including identifying and mitigating risk factors for readmission)	
13. Task: Engage in telehealth services for diabetes management.	3
Knowledge of:	
a. Remote monitoring	
b. How to effectively provide virtual care (knowledge of available platforms, integration of patient generated health data into the visit)	
c. CMS regulations for virtual visits	
d. Benefits and limitations	
e. ICC (Identify, Configure, Collaborate) framework for ongoing use of technology to improve outcomes	
Domain III: Evaluation and Follow-up	
1. Task: Perform interventions pertaining to follow-up care, reflecting standards of diabetes care and clinical practice guidelines.	9
Knowledge of:	
a. ADA, ADA/EASD, AACE, ADCES, Endocrine Society, ACOG	
2. Task: Utilize technology enhanced devices to collect, analyze, and inform judgements for individual and/or aggregated health data.	7
Knowledge of:	
b. Self-monitoring of blood glucose (SMBG)	
c. Food and activity logs	
d. Pump and CGM reports, labs and other clinical data	
e. Continuous quality improvement (CQI)	

3. Task: Review treatments and outcomes, compare and explain results.	9
Knowledge of:	
a. Benchmark data	
b. Interpreting and explaining results with common terminology	
c. Individualization of target goals for standards of care	
d. Medication efficacy (e.g., therapeutic effectiveness, tolerability, access)	
4. Task: Evaluate and adjust treatment care plans accordingly.	9
Knowledge of:	
a. Evidence-based treatment plan changes	
b. Individualization of management plans	
c. Patient empowerment strategies	
d. Use of technology	
e. Remote monitoring and care delivery	
f. Therapeutic inertia	
Domain IV: Population Health, Advocacy, and Professional Development	
1. Task: Stay informed and understand regulatory, accreditation/recognition, and reimbursement programs and standards for institutions and providers.	3
Knowledge of:	
a. The Joint Commission (e.g., inpatient glycemic recognition program)	
b. Patient-centered medical home	
c. Healthcare Effectiveness Data and Information Set (HEDIS)	
d. ADA Education Recognition Program (ERP)	
e. ADCES Diabetes Education Accreditation Program (DEAP)	
f. CMS (e.g., remote patient monitoring, telehealth, reimbursement guidelines for DSMT)	
g. OSHA	
h. CLIA	

i. HIPAA (e.g., data safety and privacy regulations)	
j. FDA-Digital Therapeutics (e.g. connected devices)	
2. Task: Position an organization and other healthcare professionals as experts that can improve a system's performance by utilizing QI infrastructure to gauge population-level diabetes measures.	2
Knowledge of:	
a. Population health	
b. Chronic care model (CCM)	
c. Population/community assessment	
d. Program planning, implementation, evaluation	
e. Addressing social determinants of health	
f. Data analysis aggregation and risk stratification	
g. Disease registries	
h. Electronic health record data	
i. Multi-disciplinary teams	
3. Task: Understand, design and evaluate the effectiveness of continuous quality improvement (CQI) program development based on community needs.	2
Knowledge of:	
a. DSMES program	
b. Models for CQI (e.g., LEAN, Six Sigma, DMAIC, Plan-Do-Study-Act, IHI model, Re-AIM, Workflow mapping, and others)	
c. Program evaluation (e.g., aggregated data)	
d. Development and sustainability (e.g., developing mission, vision statement and program goals)	
4. Task: Become familiar with public health initiatives and strategies in order to inform practice.	2
Knowledge of:	
a. National health initiatives (e.g. Healthy People 2020)	
b. Prevention strategies (e.g. from CDC's National Diabetes Prevention Program)	

c. Public health and policy trends (e.g., insulin cost/access)	
5. Task: Engage in scholarly activities and promote advancement of the scientific body of knowledge.	2
Knowledge of:	
a. Scholarship (e.g., interpret and apply research)	
b. Research design, methodology, and basic statistical analysis	
c. Identification of clinical/system/research problems	
d. Appropriateness and credibility of data sources and research methods	
6. Task: Incorporate technology to individualize care, virtual or from a remote setting, interface with medical software, maintain security and privacy of electronic records.	4
Knowledge of:	
a. Medical software	
b. Security and privacy of electronic health records	
c. ADA Standards of Care—Technology (e.g., devices, apps, remote or virtual monitoring, telehealth)	
7. Task: Use and advocate for person-first strength-based language.	3
Knowledge of:	
a. Neutral, fact based, non-judgmental language, free from stigmas, inclusive and imparts hope	
b. Fostering collaboration	
8. Task: Display leadership qualities to manage, coordinate, supervise, and teach others to achieve goals.	3
Knowledge of:	
a. Fundamental understanding of business management theory	
b. Leadership qualities	
c. Mentoring and coaching	
d. Team building and collaboration	
e. Interprofessional communication strategies	
f. Scope of practice and licensure	
g. Leadership models and skills	

Appendix B: Exam Preparation Tips

How to Study

ADCES encourages candidates to prepare for the examination by using the practice exam and the exam content shown on the previous pages.

Plan your review methods well in advance of the examination. Think about the study method that is best for you (e.g., individual review, study group, class) and the types of materials that are most helpful (e.g., textbooks, audio or video programs, outlines, memory aids). It may also be helpful to use materials given to you during training activities related to your work.

Managing Test Anxiety

A little anxiety regarding test taking can be helpful because it stimulates and motivates you to perform at your best; however, severe anxiety can hinder test performance. If you know that you frequently experience severe test anxiety, consider preparing yourself for the examination by developing coping mechanisms to make your tension work for you.

Before the day of the examination, visualize and rehearse the testing situation. Imagine yourself taking the examination with a positive attitude and focused, but calm, behavior.

Take measures to reduce your stress during the examination. Use deep-breathing techniques, and be sure to stretch your muscles periodically. Such exercises can reduce both physical and mental stress. If necessary, take a few minutes to imagine a calm, pleasant scene, and repeat positive phrases.

Do not let the comments or behavior of testing personnel or other examinees make you anxious. As examinees are taking different versions of the examination, examinees will finish at different times – some finishing very early, others taking the full three and a half (3.5) hours. Examinees who finish more quickly than you may not perform any better than you. Everyone works at his or her own speed. Some of the best test performers routinely use the total allocated time. Remember that (a) there is no limit to the number of examinees who can receive passing scores, (b) there is no bonus for completing the examination early, and (c) you are not competing with anyone else.

Eating well, avoiding too much alcohol, and maintaining a regular sleep pattern for several days before the examination will help you to be physically prepared. Also, on the day before you take the test, collect all the supplies you will need and choose comfortable clothing. Knowing that you are prepared for the test will help to reduce your anxiety.

Finally, your best method for controlling your anxiety is to feel prepared for the test. Designing a study plan well in advance will help you get ready.

Tips for Taking the Examination

- Budget your time well. Because you will have three and a half (3.5) hours to complete 175 questions, you will want to complete more than half (87) in less than half the time. This is because you will want extra time after completing the full examination to review questions you either skipped or questions you may have marked for review. Also, allow time so that every hour you can take a minute or so to relax your eyes and stretch your neck and hand muscles.

- Read each question carefully, focusing on what is being asked. If you are uncertain about the answer but nevertheless want to give a tentative response at the time, mark the test question to indicate that you want to review the test question and your answer if time allows. Go back to questions marked in this manner after completing the entire test.
- Read all options before selecting your answer. Always select the best choice.
- Do not overanalyze or try to “read into” a question. Questions are not written to be tricky. Do not assume additional information beyond what is given in the test question. All information necessary to answer the question will be given in the text of the question or scenario.
- Remember that this is an international test. The questions will be based upon an accepted knowledge base. Choose options that you know to be correct in any setting.
- If there are questions including the words “not,” “accept,” or “least,” answer with particular care because you will be looking for the exception. These questions involve a reversal of your usual thought patterns.
- Pay close attention to key words such as “best,” “most,” “primary,” or “usually.” These words indicate that other options may at times be correct, but given the wording or situation in the test question, you must judge which option is the best.
- Skip difficult questions and come back to them later. Questions on the test are not ordered by difficulty (i.e., they do not go from easiest to hardest). Also, content areas (the domains) and topics are addressed randomly in questions throughout the test.
- When guessing, use the process of elimination. Treat each option as a true or false statement and eliminate those that you would not select. Narrow your choices and then make an educated guess.
- Answer every question, because there is no penalty for guessing. Go through the entire test, answering the questions you believe you know and skipping the ones you do not. Leave time at the end of the testing period to go back to the questions you skipped or want to review. If you are running out of time, leave a minute or so at the end to complete all of the blank questions randomly. Remember, you have a 25% probability of answering a question correctly by chance alone, so don’t miss any!
- If reading English is difficult for you because English is not your primary language, maximize your time by reading and answering all the shorter questions first. After completing all of the short questions, go back and attempt to answer the longer questions.

Appendix C: Renewal Requirements

Practice Hours Explained

Practice hours must be completed within the 5 years preceding on your electronic renewal application submission.

A minimum of 1,000 practice hours related to your role as an advanced diabetes manager is required and can be either through an employer or as a volunteer. Note: practice is expected to be primarily in person contact; however, telehealth practice hours may be included.

Faculty can use hours of direct clinical supervision of students for clinical practice. The direct clinical supervision must be in the certification specialty.

Professional Development Explained (for renewal).

Once you have completed the BC-ADM exam, it is recommended that you start tracking your professional development portfolio to ease the renewal process at the time that your certification is up for renewal.

Professional development must be completed within the 5 years preceding your renewal application submission.

There are six professional development categories. All candidates must complete 2 of the 6 categories. Categories 1-5 may be doubled; Category 6 may not be doubled to fulfill the professional development requirement.

Audit Information:

Track your professional development as part of your professional portfolio. This will enable you to ease the renewal process by tracking your documentation. If your record is selected for an audit, you will be required to submit supporting documents as stated under each category. You must keep your records for the previous five (5) year renewal period for audit purposes.

Professional Development Categories

Category 1: Seventy-five (75) Continuing Education Hours

1. A minimum of 51% (38.25 hours) of the 75 continuing education hours must be directly related to the full scope of your certification role and specialty.
2. At least 50% (37.5 hours) of your 75 continuing education hours must be formally approved continuing education hours. Formally approved continuing education hours meet one or more of the following criteria listed below:
 - 1) Continuing Nursing Education (CNE) approved for nursing contact hours by an accredited provider or approver of nursing continuing education and/or;
 - 2) Continuing Medical Education (CME) approved for CME hours and/or;
 - 3) Sponsored by organizations, agencies or educational institutions accredited or approved by:
 - Accreditation Council for Continuing Medical Education (ACCME)
 - Accreditation Council for Pharmacy Education (ACPE)
 - Commission on Dietetic Registration
 - 4) provided by one of these accepted agencies:

- American Nurses Association
 - American Academy of Family Physicians (AAFP)
 - American Academy of Nurse Practitioners (AANP)
 - American Academy of Physician Assistants (AAPA)
 - American College of Nurse Midwives (ACNM)
 - American Psychiatric Association (APA)
 - American Psychological Association (APA)
 - American Psychiatric Nurses Association (APNA)
 - Emergency Nurses Association (ENA)
 - National Association of Nurse Practitioners in Women’s Health (NPWH)
 - National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
3. The remaining 50% of continuing education hours do not have to meet formal criteria for continuing education hours; however, the content must be applicable to the BC-ADM and your role (examples: in-services, workshops, study modules, grand rounds offered by your place of employment).
 4. Independent study and/or e-learning approved for continuing education hours by one of the accepted continuing education providers may be used for 100% of the required continuing education hours (examples: independent study programs, on-line courses, articles from professional journals).
 5. Other health care disciplines’ continuing education hours applicable to your certification specialty (e.g. dietitian, medicine, social work, counselors, or physical therapists, etc.) are acceptable.
 6. Repeat courses are not accepted for certification renewal. You may only claim credit for a specific course once, even if you took that course multiple times during the last five years.
 7. The hours achieved from academic course work that is applicable to your certification specialty can be converted to contact hours. See Professional Development Category 2 for accepted academic course work and the formula to convert academic credit to contact hours.
 8. As needed, you can use these formulas to convert continuing education credit/academic hours.
 - 1 contact hour = 1 CME or 0.1 CEU or 60 minutes
 - 1 academic semester credit = 15 contact hours
 - 1 CEU = 10 contact hours
 - 1 academic quarter credit = 12.5 contact hours

Documentation: Complete the continuing education hour section of the Professional Development Record to document the courses attended and the hours obtained. If course title(s) do not reflect the content, you must provide a brief a description of the content. *Note: The form is provided for your convenience.*

Do not submit certificates in lieu of completing the form as these are not accepted and will delay the evaluation of your application for certification renewal.

Audit: *If your record is selected for an audit, you will be required to submit supporting documents such as a copy of the statements of credit(s) showing the dates, title, number of contact hours, sponsoring*

organization, etc. In addition, you may be required to provide evidence of the applicability of the course to your certification.

Sample CE Hours tracking form: Refer to Appendix D

Category 2: Academic Credits

1. Complete five semester credits or six quarter credits of academic courses in your certification specialty.
2. If you do not have enough credits to complete this category, you may convert those credits to contact hours and report them under Category 1.
 - 1 semester credit = 15 contact hours
 - 1 quarter credit = 12.5 contact hours
3. Repeat courses are not accepted for certification renewal. You may only claim credit for a specific course once, even if you took that course multiple times during the last five years.
4. Courses taken toward degree completion or academic independent study courses are accepted if they are applicable to your area of certification. Examples include:
 - Adult education principles
 - Anatomy
 - Health/physical assessment
 - Nursing management/administration or health care administration
 - Nursing, Dietary or Pharmacy research
 - Pathophysiology
 - Physiology
 - Pharmacology
 - Sign language or and/or medical terminology for health care providers
 - Foreign language and/or medical terminology for health care providers
5. Academic credit received for a thesis or dissertation related to your certification specialty is acceptable. (If you use your thesis or dissertation credits to meet Development Category 2, then you cannot use the same thesis or dissertation credits to meet Professional Development Category 4.)
6. Courses that are generally not accepted for Professional Development Category 2: audited course, art, chemistry, physics, foreign languages, history, math, music, public speaking

Documentation: Complete the academic course section of the professional development record to document the courses attended and the academic credits received. If course title(s) do not reflect the content, you must provide a brief a description of the content.

Do not submit transcripts in lieu of completing the form as these are not accepted and will delay the evaluation of your application for certification renewal.

Audit: *If your record is selected for an audit, you will be required submit supporting documents such as transcript(s) showing the number of academic credits, sponsoring organization, etc. In addition, you may be required to provide evidence of the applicability of the course content to your certification. Please maintain supporting documentation for the entire 5 year Certification cycle.*

Category 3: Presentations

1. Five different educational presentations in your certification specialty that fulfill these criteria:
 - a. You are the primary presenter of a first time presentation;
 - b. The presentation(s) time adds up to at least 5 clock hours;
 - c. The presentation(s) is delivered in a structured teaching/learning framework to health care providers, or the public at conferences, grand rounds, in-services, seminars, CD-ROM, internet based or other e-learning formats, teleconferences, patient/family teaching, or public education.

2. The following presentations are **not** accepted toward your certification renewal:
 - a. Repeat presentations of the same material
 - b. Modifications of the same material
 - c. Presentations or lectures that are a required part of your job
 - d. Panel moderator.

Documentation: Send a completed educational planning document for each of the presentations. For a copy of an educational planning document please contact ADCES at BCADM@ADCES.org

Audit: *If your certification record is selected for audit, you will be required to submit supporting documents such as a copy of the presentation outline, abstract, letter accepting your abstract, or a letter inviting you to speak, and evidence that you actually presented the topic e.g. thank you letter on official letterhead. Please maintain supporting documentation for the entire 5 year*

Category 4: Publication or Research

Publication

1. One (1) article published in a peer-reviewed journal or a book chapter related to your certification specialty. You must be the author, co-author, editor, co-editor, or the reviewer.

Documentation: Complete the publication section of the professional development record.

Audit: *If your record is selected for an audit, you will be required to submit supporting documents to include:*

- a. A copy of the table of contents and a copy of the entire article or chapter journal name with the date and your name.
- b. If you are the editor, then a copy of the page from the journal identifying you as the editor, or a letter from the publisher stating you are the editor.
- c. If you are the peer-reviewed then submit a letter from the publisher stating you reviewed the article and the date this occurred.

OR

2. Five (5) different articles related to your certification specialty published in a non-peer reviewed journal and/or newsletter.

Documentation: Complete the publication section of the professional development record.

Audit: *If your record is selected for an audit, you will be required to submit the following information:*

- a. Detailed outline of the content
- b. Copy of the e-learning that clearly states you are the primary author
- c. Letter from the publisher stating you are the primary author.

OR

3. Primary author of content related to your certification specialty utilized in e-learning and/or other media presentation

Documentation: Complete the publication section of the professional development record.

Audit: *If your record is selected for an audit, you will be required to submit the following information:*

- a. Detailed outline of the content
- b. Copy of the e-learning that clearly states you are the primary author
- c. Letter from the publisher stating you are the primary author

OR

4. Primary grant writer for either a federal, state, or national organization project; or grant writing is not a primary component of your employment responsibilities. The purpose of the grant must be related to diabetes education.

Documentation: Complete the publication section of the professional development record.

Audit: *If your record is selected for an audit, you will be required to submit a copy of the grant summary abstract and the letter from the grant sponsor acknowledging receipt of your grant.*

Not Accepted:

Publication (s) that are a component of your job; Patient education materials, course syllabi, etc.; letter(s) to the editor; or publication(s) "in press."

Research

1. An institutional review board (IRB) research project related to your certification specialty, completed during your five-year certification period, you are clearly identified as one of the primary researchers; and research is not a primary component of your employment responsibilities.

Documentation: Complete the publication & research section of the professional development record.

Audit: *If your record is selected for audited, you will be required to submit supporting documents such as the copy of the IRB approval letter or IRB letter of exemption and a one-page abstract, no more than 250 words, describing the research study and findings, and the period the research was conducted.*

OR

2. A completed dissertation, thesis or graduate level scholarly project related to your certification specialty.

Documentation: Complete the publication & research section of the professional development record.

Audit: *If your record is selected for audited, you will be required to submit supporting documents such as the dissertation or thesis or scholarly project approval letter, a one-page abstract of no more than 250 words, that describes your dissertation, thesis or scholarly project, findings; and the time period during which the dissertation, thesis or scholarly project was conducted.*

Note: Academic hours, awarded for your dissertation, thesis, or scholarly project used to meet Category 4 requirements, cannot be used to meet Professional Development Category 1 or 2.

OR

3. Serve as a content reviewer on an IRB, dissertation, thesis, or scholarly project that is not a component of your employment duties.

Documentation: Complete the publication and research section of the professional development record.

Audit: *If your record is selected for audit, you will be required to submit supporting documents from the organization describing this work and the dates you served as the reviewer, e.g. letter on official letter head.*

OR

4. Serve as a content expert reviewer of other activities related to your certification specialty and not as a part of your employment duties such as software, e-learning, etc. (Serving as a product reviewer for your organization is not accepted.)

Documentation: Complete the publication & research section of the professional development record.

Audit: *If your record is audited, you will be required to submit documentation from the publisher and/or organization describing the work and the dates you served as the reviewer, e.g. letter on official letterhead*

Category 5: Preceptor

1. Complete a minimum of 120 hours as a preceptor in which you provided the direct clinical supervision/teaching to students in an academic program that is related to your certification specialty.

OR

2. Provide a minimum of 120 hours of clinical supervision related to your certification specialty to registered nurses in a formal registered nurse refresher or internship program that related to your certification specialty.

For either option above, the following rules apply:

- a. Clinical nurse specialist and nurse practitioners must precept CNS and/or NP students in an academic program related to your certification specialty.
- b. Dietitians can apply preceptor hours for graduate students or other dietitians in advanced diabetes management.
- c. Pharmacists can apply preceptor hours for graduate students or other pharmacists in advanced diabetes management.
- d. Orientation preceptor hours are not accepted.
- e. Preceptor hours cannot be counted toward your certification practice hour requirement.
- f. Faculty may not utilize this category for clinical supervision of students in their educational program.

Documentation: Complete the preceptor and professional services section of the professional development record.

Audit: *If your record is selected for audit, you will be required to submit the completed Preceptor Documentation form showing the hours, objectives, outcomes, and location of the preceptorship, signed by the institution responsible for the person being preceptor. In addition, you will be required to submit a detailed written description of how serving as a preceptor aided you in learning new knowledge in your certification specialist and imparting that information to the person being preceptor.*

Category 6: Professional Service – (This category may not be doubled)

1. Complete 2 or more years of volunteer service during your certification period with an international, national, state or local health care related organization in which your certification specialty expertise is required. Examples of accepted volunteer activities include board of directors, committees, editorial boards, review boards, and task forces.

Documentation: Complete the preceptor and professional services section of the professional development record.

Audit: *If your record is selected for audit, you must submit the official description of your volunteer duties, a detailed type written description of 500 words or less, describing the impact of this service on your ability to obtain new knowledge in your certification specialty. In addition, you will be required to provide supporting documentation of your volunteer service: e.g. copy of the official letter or other documents from the organization attesting to your service and the dates of the service.*