

[CURRENT DATE]

[SPONSOR/SUPPORTER NAME]

[ADDRESS]

[CONTACT INFORMATION]

REGARDING:

[NAME OF PROGRAM APPLYING FOR DEAP ACCREDITATION]

ATTENTION:

Association of Diabetes Care & Education Specialists

Diabetes Education Accreditation Program (DEAP)

Dear Director,

I am writing to acknowledge my enthusiastic support for [NAME OF DEAP APPLICANT/PROGRAM] application for Accreditation with DEAP. I am a champion for offering diabetes self-management education and support offered at each of the 4 critical times and the resources necessary to deliver and maintain the highest quality DSMES services as achieved through DEAP Accreditation.

Our [ORGANIZATION, COMMUNITY, REGION, HEALTHCARE SYSTEM, CTC] serves [INCLUDE TARGET POPULATION BRIEF OVERVIEW] and have identified a priority and a need to offer DSMES services. [NAME OF DEAP APPLICANT/PROGRAM] has the support for billing and coding, gathering and reporting data and implementing quality improvement projects. Our DSMES team is an integral part of our [ORGANIZATION, COMMUNITY, REGION, HEALTHCARE SYSTEM, CTC]. Our organization supports continuing education for our DSMES team to continue to meet and exceed the National Standards for DSMES.

We look forward to receiving accreditation for [NAME OF DEAP APPLICANT/PROGRAM] and will continue to assist them as they begin to implement billing and reimbursement procedures for Medicare and other relevant payers to ensure long term sustainability for this critical standard of care for people with diabetes.

Sincerely,

[DSMES Champion]