Arkansas State Board of Nursing

Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

INSTRUCTIONS FOR COMPLETION OF RENEWAL OF CERTIFICATION FOR DIABETES SELF-MANAGEMENT EDUCATOR APPLICATION

To maintain certification 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 or refresher course, approved by the ASBN, that complies with the National Standards for Diabetes Self-Management Education Programs as developed by the American Diabetes Association.
3. Submit completed renewal form for certification for Diabetes Self-Management Educator Renewal Application, along with a non-refundable fee of $25.00.
4. a. Submit notarized documentation from the ASBN approved education program coordinator that applicant has successfully completed the refresher course or the complete program **and** copies of continuing education certificates demonstrating completion of 30 hours of ASBN approved continuing education in a variety of topics on diabetes or diabetes-related information. Not more than 7.5 hours of continuing education from correspondence courses will be accepted. The remaining 22.5 hours must be obtained from attendance at educational sessions **OR**
   b. Submit proof of current certification as a CDE by the American Diabetes Association.

NOTE: LAPSED CERTIFICATION

1. Certification will be considered lapsed if not renewed or place in inactive status by the expiration date.
2. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the certified Diabetes Self-Management Educator of the responsibility for renewing the certification by the expiration date.
3. Any educator whose certification has lapsed shall file a reinstatement application and pay the current renewal fee and the reinstatement fee.
4. Certifications that are not renewed within one year of the expiration date will complete all steps included in the initial certification.

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CERTIFICATION FOR DIABETES SELF-MANAGEMENT EDUCATOR RENEWAL 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_____
FIRST MIDDLE MAIDEN LAST

Address_____
STREET CITY STATE ZIP

Mailing Address_____
STREET CITY STATE ZIP

Telephone No.(___)_____ Arkansas RN License No._____ Arkansas Diabetic Educator Certification No. _____

DIABETES EDUCATION

The Diabetic Educator certification shall be renewed by completion of one of the following options. Submit all relevant documents.

◯ **OPTION ONE**

- Satisfactory completion of an ASBN approved refresher course which is conducted in compliance with the national standards of the American Diabetes Association, AND
- Completion of 30 hours of ASBN approved continuing education in a variety of topics on diabetes or diabetes related information. Not more than 7.5 hours of continuing education from correspondence courses will be accepted. The remaining 22.5 hours must be obtained from attendance at educational sessions.

◯ **OPTION TWO**

- Documentation of renewal of certification as a Diabetes Educator by the American Diabetes Association.

METHOD OF PAYMENT

_____In-state personal check ____Money order/cashier's check
_____Credit card

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fee 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_____
_____
Credit Card #_____
Expiration Date_____ Amount Paid_____

Signature_____

Diabetes Self-Management Educator Certification $25.00

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

**FEE IS NONREFUNDABLE*

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.

Affix Notary Seal here

_____
APPLICANT'S SIGNATURE

_____
NOTARY PUBLIC

Sworn to before me this _____day of _____, 20_____
My Commission Expires_____