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

REQUIREMENTS FOR CERTIFICATION AS A DIABETES SELF-MANAGEMENT EDUCATOR BY ARKANSAS STATE BOARD OF NURSING

To be certified 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, approved by the ASBN, which complies with the National Standards for Diabetes Self-Management Education Programs as developed by the American Diabetes Association.
3. Submit completed notarized Initial Certification for Diabetes Self-Management Educator Application, along with a non-refundable fee of $25.00.
4. a. Submit notarized documentation from the ASBN approved education program coordinator and preceptor that applicant has successfully completed both didactic and practicum sessions; or
   b. Submit proof of current certification as a CDE by the American Diabetes Association. See ASBN *Rules* for information regarding renewal.

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INITIAL CERTIFICATION FOR DIABETES SELF-MANAGEMENT EDUCATOR 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

Social Security Number_____ Telephone No.(___)_____ Email_____

NURSING EDUCATION

School of Nursing_____City//State_____

Initial Type of Program _____BSN _____Diploma _____ADN

Highest Nursing Degree Held _____BSN _____Masters _____Doctorate

LICENSURE RN Licensure – Arkansas License No.:_____

DIABETES EDUCATION

(Check one)

☐ Completion of ASBN approved course (submit documentation of attendance)

☐ Current certification as CDE (submit proof of certification)

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*

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_____