

Application Date: _____

County: _____

**APPLICATION FOR INITIAL 4-YEAR STATE CERTIFICATION OF OUTPATIENT DIABETES
SELF-MANAGEMENT EDUCATION/SUPPORT (DSMES) PROGRAM
WITH ADA RECOGNITION OR ADCES ACCREDITATION**

Iowa Administrative Code 641-9, Outpatient Diabetes Education Programs

1. Name of Program: _____

2. Name of Facility: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone: _____ FAX: _____

____ Hospital Based _____ Physician Office/Clinic

____ Public Health Agency _____ Pharmacy

____ Other: _____

3. Program Physician: _____

Address: _____

Telephone: _____

4. Program Coordinator: _____

Address: _____

Telephone: _____

E-mail address: _____ FAX _____

5. Advisory Committee members:

Physician (required): _____

Registered Nurse (required): _____

Licensed Dietitian (required): _____

Pharmacist (required): _____

Other (____): _____

Other (____): _____

Other: (community member/person with diabetes recommended): _____

6. Primary Instructor(s) _____

7. Supporting Instructor(s) _____

8. ____ ADA Recognized or ____ ADCES Accredited

Recognized/Accredited from (date) _____ to (date) _____

Return to:

Ali Grossman, MA, RDN, LD – Referral-based Intervention Coordinator

Iowa Department of Health and Human Services

Fax: 515.242.6384

Email: ali.grossman@idph.iowa.gov

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GUIDANCE FOR APPLICATION FOR CERTIFICATION AS A STATE CERTIFIED OUTPATIENT DIABETES EDUCATION PROGRAM	
641-9.4(135) Application procedures for American Diabetes Association-recognized and Association of Diabetes Care and Education Specialists-accredited programs. (formerly American Association of Diabetes Educators)	641—9.4(135) Application procedures for American Diabetes Association (ADA)-recognized and Association of Diabetes Care and Education Specialists (ADCES)-accredited programs (formerly American Association of Diabetes Educators (AADE)). When a program is recognized by the American Diabetes Association or accredited by the Association of Diabetes Care and Education Specialists, the program shall apply for certification by submitting the following to the department: 9.4(1) A copy of the Certificate of Recognition provided by ADA or the Certificate of Accreditation provided by ADCES. 9.4(2) The name, address and telephone number for the program. 9.4(3) The names of the program coordinator, program physician, primary and supporting instructors, and advisory committee members. 9.4(4) Copies of current licenses for all Iowa-licensed professionals named in 9.4(3). 9.4(5) The name and a copy of both the Iowa licenses and continuing education hours of any pharmacist who serves as program staff. A pharmacist shall be a primary or supporting instructor or advisory committee member and shall meet the education requirements in 9.8(6), 9.8(7) or 9.8(8).
641-9.10(135) Annual report.	641-9.10(135) Annual report. Summary data shall be completed annually by each program and sent to the department (when requested). The data shall include but not be limited to the number of times the program was presented, the number of outpatients that participated, and a summarized description of program participants including type of diabetes, age, race and sex.

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INITIAL CERTIFICATION CONTINUING EDUCATION DOCUMENTATION
(When ADA recognized/ADCES accredited, needed for Pharmacists only.)

Pharmacist Name _____ License/Registration Number _____

- Primary Instructor (Initial - 32 hours)
 Supporting Instructor (Initial - 16 hours)
 Professional Advisory Board Member (Initial - 8 hours)

Continuing Education: (Education within past four years – add additional pages as needed)

<u>Date of Meeting</u>	<u>Location</u>	<u>Name of Course</u>	<u>Course Sponsor</u>	<u>Hours</u>
				Total Hrs. _____