

Application Date: \_\_\_\_\_

County: \_\_\_\_\_

**APPLICATION FOR RECERTIFICATION OF OUTPATIENT DIABETES  
SELF-MANAGEMENT EDUCATION PROGRAM**

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: \_\_\_\_\_

Registered Nurse: \_\_\_\_\_

Licensed Dietitian: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Other (\_\_\_\_): \_\_\_\_\_

Other (\_\_\_\_): \_\_\_\_\_

Other (\_\_\_\_): \_\_\_\_\_

6. Primary Instructor(s) \_\_\_\_\_

7. Secondary Instructor(s) \_\_\_\_\_

8. Renewal/recertification information

Iowa Program (main) number: \_\_\_\_\_

Expansion site? Y/N number: \_\_\_\_\_

Multi-site? Y/N number: \_\_\_\_\_

9. \_\_\_\_ ADA Recognized or \_\_\_\_ AADE-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](mailto:ali.grossman@idph.iowa.gov)

Application Date: \_\_\_\_\_

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GUIDANCE FOR APPLICATION FOR **RECERTIFICATION** AS AN OUTPATIENT DIABETES EDUCATION PROGRAM

<p><b>641-9.5(135) Renewal procedures for American Diabetes Association (ADA) recognized/American Association of Diabetes Educators (AADE)- Association of Diabetes Care &amp; Education Specialists (ADCES) accredited programs.</b></p>	<p>To apply for renewal of certification, at least 30 days prior to the renewal date, the ADA recognized/AADE-ADCES accredited program shall submit a copy of the new ADA Certificate of Recognition or AADE-ADCES Certificate of Accreditation, the name, address and telephone number for the program, the names of the program coordinator, program physician, primary and supporting instructors and advisory committee members. Also submit copies of current licenses for all Iowa-licensed professionals named above, and the name(s), license number(s), license copy(ies) and continuing education hours of the pharmacist(s) who serve as program staff. A pharmacist shall be a primary or supporting instructor or advisory committee member and shall meet the continuing education requirements in 9.9(7).</p> <p><b>9.9(7)</b> Documentation of continuing education hours accrued since the previous application for any new staff and of the pharmacist:</p> <ul style="list-style-type: none"><li>a. All primary instructors shall complete a minimum of 24 hours of continuing education in diabetes, diabetes management or diabetes education within the past four years.</li><li>b. All supporting instructors shall complete a minimum of 12 hours of continuing education in diabetes, diabetes management, or diabetes education within the past four years.</li><li>c. The four professionals required in 9.8(2) to be on the advisory committee shall complete a minimum of seven hours of continuing education in diabetes within the past four years.</li></ul>
<p><b>641-9.9(135) Renewal application procedures for programs NOT recognized by the American Diabetes Association (ADA) or accredited by the American Association of Diabetes Educators (AADE)- Association of Diabetes Care &amp; Education Specialists (ADCES)</b></p>	<p>Every four years, programs shall provide the following information to the department at least 30 days prior to the expiration date.</p> <p><b>9.9(1)</b> Name, address and telephone number of the program, program physician and program coordinator, with names of instructional staff and advisory committee members and copies of current licenses for all Iowa-licensed professionals.</p> <p><b>9.9(2)</b> Identification of the target population, an estimate of program caseload, and the number of participants served in the certification period.</p> <p><b>9.9(3)</b> A description of goals and objectives, participant referral mechanism, and means of coordinating between the community, physicians, and program staff.</p> <p><b>9.9(4)</b> A description of the program evaluation process.</p> <p><b>9.9(5)</b> A description of any changes from the previous application.</p> <p><b>9.9(6)</b> A list of new program staff by name, license number or registration number, and position with the program. New staff who will serve as primary instructors shall submit documentation of their training in diabetes as addressed in 9.8(6). New staff serving as supporting instructors shall submit documentation of</p>

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County: \_\_\_\_\_

	<p>their training as addressed in 9.8(7).</p> <p><b>9.9(7)</b> Documentation of continuing education hours accrued since the previous application for current staff.</p> <ul style="list-style-type: none"><li><i>a.</i> All primary instructors shall complete a minimum of 24 hours of continuing education in diabetes, diabetes management or diabetes education within the past four years.</li><li><i>b.</i> All supporting instructors shall complete a minimum of 12 hours of continuing education in diabetes, diabetes management, or diabetes education within the past 4 years.</li><li><i>c.</i> The four professionals required in 9.8(2) to be on the advisory committee shall complete a minimum of seven hours of continuing education in diabetes within the past four years.</li></ul> <p><b>9.8(2)</b> The program shall have an advisory committee composed of at least one physician, one registered nurse, one licensed dietitian and one pharmacist to oversee the program. It is recommended the advisory committee include an individual with behavioral science expertise, a consumer, and a community representative. The advisory committee shall participate in the annual planning process, including determination of target audience, program objectives, participant access mechanisms, instructional methods, resource requirements, participant follow-up mechanisms, and program evaluation.</p> <p><b>9.8(6)</b> All primary instructors shall show evidence of knowledge about the disease process of diabetes and the treatment and management of people with diabetes by documentation of one or more of the following:</p> <ul style="list-style-type: none"><li><i>a.</i> Within the last four years, completion of a minimum of 24 hours of continuing education in diabetes, diabetes management, or diabetes education; or</li><li><i>b.</i> Equivalent training or experience including, but not limited to, endocrinology fellowship training or masters level preparation in diabetes nursing/nutrition. Unsupervised teaching of patients is not an acceptable equivalent.</li><li><i>c.</i> Current certification as a certified diabetes educator.</li></ul> <p><b>9.8(7)</b> All supporting instructors shall show evidence of knowledge about the disease process of diabetes and the treatment and management of people with diabetes by documentation of completion of a minimum of 12 hours of continuing education in diabetes, diabetes management, or diabetes education within the last three years or have current certification as a certified diabetes educator.</p>
<p><b>641-9.10(135) Annual report</b></p>	<p>Summary data shall be completed annually by each program and sent to the department. 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.</p>

