

FEE IS NONREFUNDABLE

FALSIFICATION OF THIS FORM IS GROUNDS FOR DISCIPLINARY ACTION AGAINST YOUR LICENSE.

ARKANSAS STATE BOARD OF NURSING
UNIVERSITY TOWER BUILDING, SUITE 800
1123 SOUTH UNIVERSITY
LITTLE ROCK, ARKANSAS 72204
(501) 686-2700

FOR OFFICE USE
AR CERT. NO.
DATE
APPROVED

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 (MISS, MS., MRS., OR MR) FIRST MIDDLE MAIDEN LAST
Address STREET CITY STATE ZIP
Mailing address STREET/P.O.BOX CITY STATE ZIP
Social Security Number Telephone No. ()

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)

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.

Sworn to before me this day of, 20
My Commission Expires

APPLICANT'S SIGNATURE

AFFIX
NOTARY
SEAL
HERE

NOTARY PUBLIC

IMPORTANT: Incomplete applications, including transcripts and failed examination files, will be deleted and discarded when there has been no action in the file (i.e. correspondence from applicant, retake of exam, etc.) for seven (7) years.