

Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

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, which 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 placed 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.

ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204

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CERTIFICATION FOR DIABETES SELF-MANAGEMENT EDUCATOR RENEWAL FORM

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

Telephone Number () _____ Arkansas RN License Number _____

Arkansas Diabetic Educator Certification Number _____

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.

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.

Diabetes Self-Management Educator Certification Renewal \$ 25.00

METHOD OF PAYMENT

- In-state personal check
- Money order/cashiers check
- Credit card

FEE IS NONREFUNDABLE

CREDIT CARD INFORMATION

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees 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 _____

City _____ State _____ Zip _____

Credit Card # _____

Expiration date mm / yyyy Amount Paid _____

Signature _____

*Processing fee -Diabetes Self-Management Educator Cert. Renewal - \$0.75

FOR OFFICE USE ONLY
AR CERT. NO. _____
DATE _____
APPROVED _____