

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

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 _____
(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. () _____ E-mail address _____

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

NOTARY PUBLIC

AFFIX NOTARY
SEAL HERE

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

(over)

