

DSMES Team Members List

Auditor Key: Form Key: (Y= Present) and (N= Not Present) (N/A= Not Applicable)

DSMES Quality Coordinator to complete ONLY the shaded areas and give to auditors.

****The proof of CDE/BC-ADM or the CEU documentation for professional team members must be from the previous recognition year. Previous Recognition Year _____ to _____**

Name and Credentials	Reporting Period			Current Period		**Previous Recognition Year	Notes
	Was part of DSMES team	Credentials current	CDE or BC-ADM or 15 hours	Was part of DSMES team	Credentials current	**CDE or BC-ADM or 15 hours	
Quality Coordinator/Credentials/Hire-Term Date							
Example of how QC completes: Betty Smith, RN	Yes	Auditor note	Auditor note	Yes	Auditor note	Auditor note	Reflects QC was present during both periods.
Professional Members/Credentials/Hire-Term Date	Reporting Period			Current Period			
Paraprofessional Members/Previous Training/Experience/Hire-Term Date	Reporting Period			Current Period			*=Evidence of previous training/experience
		*	15 hrs.		*	15 hrs.	Documentation reflects competency in DSMES topics taught?
List Topics Taught:							Reporting Period: Yes or No Current Period: Yes or No
		*	15 hrs.		*	15 hrs.	Documentation reflects competency in DSMES topics taught?
List Topics Taught:							Reporting Period: Yes or No Current Period: Yes or No
Temp Employees	Reporting Period			Current Period			
		Auditors do not need to review			Auditors do not review		Resources team members teach 10% or less of the DSMES program.

Make additional copies if needed. The Lead Auditor is to submit completed form to ADA ERP prior to DSC call.