

Promoting Quality Diabetes Education and Supporting ADA Recognized Programs

New Program Application Checklist

Information to Gather

- 1. Comprehensive/Initial and Post Program Data:
 - Average Number of hours participants spend in DSME
 - Participants by Age
 - Participants by Type of DM and Age
- 2. Average number of hours each educator spends in the DSME program per month during the reporting period
- 3. Statistics
 - # of years the program has provided DSME
 - # of participants seen in one year
 - Other services provided at site
- 4. Ethnic/Racial Groups Served
- 5. Special Needs and Unique Program Features Identified ([See application](#) for choices)
- 6. Behavioral Outcomes and Other Participant Outcomes
 - Target and Actual Outcomes by %

Documentation (Documentation can be uploaded within the application or submitted via fax/postal mail)

- [Evidence of Administrative Support](#)
- Program Coordinator's Professional License/Registration/Certification
- Program Coordinator's proof of CEUs if not a CDE or BC-ADM
- Professional Instructor/s: Verification of current credentials. Dietitians must submit proof of CDR; State license is NOT accepted
- Professional Instructors' proof of CEUs if not a CDE or BC-ADM
- Paraprofessional instructors' proof of training (diploma, certificate, etc..) (If applicable)

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- Paraprofessional instructors' proof of 15 hours of training in diabetes or diabetes related topics annually (If applicable)

Documentation – Paper Audit Items (Original [new] Applicants must submit all four paper audits)

- Documentation of [advisory group activity](#) reflecting program input gained from the activity within the last 12 months.
- Program Coordinator's [Job description](#) AND [CV or Resume](#).
- A Formal [CQI Plan/process](#) with a current project, targets and planned outcomes must be in place for new programs. Renewing programs must also have aggregate project outcomes, review and plans for improvement when applicable.
- An assigned section of the Written [Curriculum](#) – the computer will randomly assign a specific section of the curriculum. Please send only the assigned section of the curriculum. The assigned section of the curriculum must include the learning objectives, content, method of delivery and method of evaluating learning.
- A de-identified patient chart reflecting the [initial comprehensive DSME cycle](#) to include: provider referral (if insurance requires a referral), DSME assessment and education plan based on the assessment, education intervention with outcomes, behavioral goal-setting, and follow-up with evaluation of goal achievement, and follow up on other patient outcomes (clinical or other) the patient selected plan for Diabetes Self-Management Support.(DSMS) and communication of the DSMS plan and education plan, education provided or outcomes to another healthcare provider involved with the patient's care.

Payment Information

Original applications: \$1,100. If you need an invoice for payment, please [click here](#). **Possible Methods of Payment:**

Credit Card – this information must be submitted as part of the online application. Acceptable credit cards include Visa, MasterCard, American Express and Discover.

Check – Checks should be sent to the address below and be received within 14 days after the online application has been submitted. The payment section of the application will request a check number. If you do not have the check number you may use the program ID number.

Please make the check out to the **American Diabetes Association**. Payment and support documentation may be faxed, uploaded or mailed to the address following Address:

American Diabetes Association
2451 Crystal Drive, Suite 800
Attention: Education Recognition
Program |

Arlington, VA 22202