



Rhode Island Certified Diabetes
Outpatient Educators

CDOE Certification Completion Form

Revised April 2016

All components must be filled out and signed to complete the certification process.
When the form is completed, please email to: info@ridiabeteseducators.org

I. Personal Information:

Name and credentials: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Place of Work: _____

Work Address: _____

Work Phone: _____ Fax: _____

Are you bilingual? _____ If yes, what languages? _____

II. Certification Information

1) I have attended the following DOE Certification Workshops:

Session I Advanced Diabetes Education Date: _____

Session II Advanced Diabetes Education Date: _____

Session III Advanced Diabetes Education Date: _____

Session IV Advanced Diabetes Education Date: _____

2) I have passed the DOE Certification Exam on:

Date: _____



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- 3) I have been evaluated while teaching one session in my discipline by choosing the following option:

Date completed: _____

Topics Covered: _____

Signature of Evaluator: _____

- 4) I certify that the information above is correct.

Your signature:

Date: _____