# Validation letter from employer/manager/referring practitioner

**Diabetes Education Practice Confirmation Requirements and Guide**

Diabetes education is a specialty field of health care practice. Candidates applying for recognition by the Australian Diabetes Educators Association as Credentialled Diabetes Educators must provide evidence of having completed a minimum 1000 hours of practice in diabetes education over a maximum period of 4 years with 60% of those hours being accrued in the 12 months prior to submitting the credentialling application.

Hours counted can include: patient/client contact time (including groups), preparing/researching for providing appropriate diabetes education (developing resources, researching standards of care and best practice, developing group education sessions), administration and meetings related to patient/client care, and research relating to diabetes.

When confirming hours of practice in diabetes education for candidates applying for recognition as Credentialled Diabetes Educators please provide verification letter/s that are:

1. Written on the employing organisation's letterhead.

1. Provided on separate letters where the 1000 hours has been accrued in more than one position.

1. Calculated on the basis of Full Time Equivalent (FTE) and duration of employment.

1. Addressed to the ADEA Credentialling Officer.

1. Inclusive of the information below:

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name of applicant) has been employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organisation) in the role as diabetes educator / in a role in which diabetes education is practiced, for the period

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

During the past 4 years he/she has completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours of clinical practice in diabetes education and care. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours have been practiced in the past 12 months.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_