**DSME Accreditation Letter of Commitment**

As a participant in the Diabetes Self-Management Education Program Accreditation, I understand that I am to complete the process within the allotted time frame given to me by the Department of Public Health. The accreditation process is as follows:

Prior to enrollment for DSME Accreditation

* Identify as a Medicare Provider or Partner with a Medicare provider
* Obtain required staffing: Program coordinator (Pharmacist, RD, RN, CDE) and instructional staff

Post Enrollment for DSME Accreditation

* Develop required Documentation needed for DSME Test Class (1 week)
* Conduct a 6 Hour Test Class with at least 10 participants completing (up to 4 weeks)
* AADE Interview for Accreditation (2 weeks)

As a participant, I agree to the following and if I do not fulfill my responsibilities, my enrollment may be postponed:

Week 1

* Set Program Mission and Goals
* Provide Documentation of the identified target population
* Develop Policy and Procedure Manual for the DSME Program
* Develop Program Curriculum
* Develop Referral Policy and Procedure including referral management procedures
* Develop Continuous Quality Improvement Policy and Plan

Weeks 2-5

* Recruit test class
* Provide 6 Hour test class

By enrolling in the Diabetes Self-Management Education Program Accreditation program, I agree to complete the program in the timeline provided to me by the Department of Public Health. If this timeline is not met my enrollment in the program may be postponed.

The conditions outlined in this letter have been explained to me in an individual meeting and I understand and agree with these conditions.

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**Signature Date**