



[CURRENT DATE]

[SPONSOR/SUPPORTER NAME]

[ADDRESS]

[CONTACT INFORMATION]

REGARDING: [NAME OF PROGRAM APPLYING FOR DEAP ACCREDITATION]

ATTENTION:

Association of Diabetes Care & Education Specialists

Diabetes Education Accreditation Program (DEAP)

Dear Director,

I am writing to acknowledge my enthusiastic support for [NAME OF DEAP APPLICANT/PROGRAM]'s application for Accreditation of DSMES with DEAP. I support and champion the four critical times for DSMES and the resources necessary to deliver and maintain the highest quality care and education demonstrated through DEAP Accreditation.

Our [ORGANIZATION, COMMUNITY, REGION, HEALTHCARE SYSTEM, ETC] serves [LOCATIONS] and has identified a priority and a need to offer DSMES services. [NAME OF DEAP APPLICANT/PROGRAM] has the support for billing and coding, gathering and reporting data, and implementing quality improvement projects. Our DSMES team is an integral part of our [ORGANIZATION, COMMUNITY, REGION, HEALTHCARE SYSTEM, CTC]. Our organization supports the continuing education needs of our DSMES team to continue to meet or exceed the National Standards for DSMES.

We look forward to receiving accreditation for [NAME OF DEAP APPLICANT/PROGRAM] and will continue to assist the team as they begin to implement billing and reimbursement procedures for Medicare and other relevant payers and to ensure long term sustainability for this critical standard of care for people with diabetes.

Sincerely,

[DSMES Champion]