



**ACCREDITATION AND RE-ACCREDITATION
OF CERTIFIED DIABETES EDUCATORS APPLICATION**

NAME: _____

NRIC: _____

INSTITUTION: _____

WORKPLACE: _____

EMAIL: _____

HP: _____

(To be completed for confirmation of application)

Please choose the following submission(s):

Completed log book verified
by supervisors

Copy of SNB Continuing
Professional Education (CPE)
records (if applicable)

Copy of current SNB RN
Practice License

Application fee of \$110
Enclosed Cheque No./ Bank

Payment of Fees

Cheque are to be made payable to: "Association of Diabetes Educators Singapore"

Send by post addressed to *Association of Diabetes Educators Singapore C/O Tampines Central Post Office, P.O.Box 082, Singapore 915203*

Note: Please do not send by registered mail

Acknowledgement

Your application will be confirmed via email upon receipt of cheque payment and completed/ signed documents as above. Please allow at least 5 working days for postal delivery. We accept no liabilities for lost or delayed postal delivery.

Cancellation & Refunds

There will be no refunds.

Signature of participant

Date

FOR OFFICIAL USE

Payment received by: (Name/Signature) _____

Date: _____