



APPLICATION FOR ACCREDITATION AND RE-ACCREDITATION OF CERTIFIED DIABETES EDUCATOR

Name: _____ SNB No.: _____
Institution: _____ Department: _____
Email: _____ Mobile No.: _____

Please email the following documents to ades_admin@ades.org.sg before **18 June 2021, 12 noon**:

1.	Application for Accreditation and Re-accréditation of Certified Diabetes Educator Form.
2.	Completed log book verified by supervisors.
3.	Copy of current RN SNB Practice License.
4.	Copy of SNB Continuing Professional Education (CPE) records.

Application Fee: S\$110

Payment of Fee

(Please do not send by registered mail)

Enclosed Cheque No. and Bank: _____

Cheque payable to: **Association of Diabetes Educators Singapore**

Address: Association of Diabetes Educators Singapore
C/O Tampines Central Post Office
P.O.Box 082
Singapore 915203.

Acknowledgement

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. ADES accept no liabilities for lost or delayed postal delivery.

The application fee is not refundable.

Signature of applicant

Date

FOR OFFICIAL USE

Payment received by: (Name/Signature) _____ Date: _____