



APPLICATION FOR ACCREDITATION AND RE-ACCREDITATION OF CERTIFIED DIABETES EDUCATOR

Name:		SNB No.:	
Institution:		Department:	
Email:		Mobile No.:	
Please e	mail the following documents to ades	s_admin@ades.org.sg by the 26 May 2023	:
1.	Completed Application for Accredita Educator Form.	ation and Re-accreditation of Certified Dia	etes
2.	Completed log book verified by supe	ervisor.	
3.	Copy of proof of training (e.g. Certificate of NYP Diabetes Mellitus (DM) training/HMDP DM attachment, Certificate of attendance, SNB/Institution CPE records).		
4.	Copy of Registered Nurse Practice License from Singapore Nursing Board.		
5.	Copy of ADES Membership Receipt (Year 2023).		
6.	Proof of transaction of Application I	Fee.	
Type of	Application (*delete as applicable)	: CDE Accreditation / CDE Re- accredita	ition
• Onlin	ion Fee: \$\$110 le/ATM bank transfer to ADES: DBS Cu e indicate applicant's name on comme		
Acknow	ledgement		
You will		oon receipt of the completed documents or processing of your application.	
	tion and Refunds no refunds for all submitted applicatio	on.	
	Signature of applicant	Date	