



APPLICATION FOR ACCREDITATION AND RE-ACCREDITATION OF CERTIFIED DIABETES EDUCATOR

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

Type of Application (*delete as applicable): CDE Accreditation / CDE Re- accreditation

Please email the following documents to ades_admin@ades.org.sg by the **26 May 2024**:

1.	Completed Application form for Accreditation and Re-accreditation of Certified Diabetes Educator.
2.	Completed log book verified by supervisor.
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 2024).
6.	Proof of transaction of Application Fee.

Application Fee: S\$110

- Online/ATM bank transfer to ADES: DBS Current Account **070-011333-3**.
- Please indicate applicant's name on comment section.

Acknowledgement

You will receive an acknowledgement email upon receipt of the completed documents specified above. Kindly allow 5 working days for processing of your application.

Cancellation and Refunds

There is no refunds for all submitted application.

Signature of applicant

Date