



**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: \_\_\_\_\_