



## APPLICATION FOR ACCREDITATION AND RE-ACCREDITATION OF CERTIFIED DIABETES EDUCATOR

Name: \_\_\_\_\_ SNB No.: \_\_\_\_\_  
Institution: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

**Type of Application:** CDE Accreditation

Please email the following documents to [ades\\_admin@ades.org.sg](mailto:ades_admin@ades.org.sg) by the **25 May 2025**:

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 2025).
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.

**By signing on this form, you also authorise ADES to publish your name on the ADES website upon successful accreditation.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date