

## Certified Diabetes Educator – Certificate Registration Form

Please print clearly in all fields of this form. You can return the completed form to the fax number or to the address below.

### Privacy Release

I consent to sharing my name, professional place of work and contact information, and copy of my current CDE certificate with the Chronic Disease Prevention and Management Unit in the Department of Health. I understand that this information may be required to authenticate authorizations on the Social Development **Requests for Blood Glucose Testing Supplies** form. This information will only be used for administrative purposes related to this form. I understand that I may be contacted as part of the audit and over site process.

I understand that my certificate and personal information will be stored in a secure storage cabinet within the Department of Health for up to one year after my CDE certification has expired. When my CDE certification has been expired for 12 months, the complete file will be physically shredded and destroyed. When my CDE certification is renewed, I will be required to 're- register' with updated information with the Department of Health.

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

Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Professional Work Place Contact Information:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

CDE Certificate Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail: **Chronic Disease Prevention and Management Unit**  
2<sup>nd</sup> floor 520 King St  
Fredericton NB, E3B 5G8

**Or**

Fax: 506-453-8711