

Certification Program in Insulin Adjustment
RECERTIFICATION APPLICATION FORM

By signing this application, the applicant attests that he/she is a certified diabetes educator and has adequately fulfilled the following requirements:

- Must be a Certified Diabetes Educator (attach a copy of the certificate to this application)
- Documented evidence of ongoing clinical work involving insulin adjustment.
- Demonstrated competency to perform components of the Medical Directive (Horizon Health Network) or Delegated Function (Vitalité Health Network).
- Documented evidence of attendance to workshops, conferences, journal clubs, etc. that support maintenance of competency.

If diabetes educators haven't worked in direct diabetes education for more than two year and/or their certification has expired for more than six months, they are responsible for recertification as per criteria for initial certification every two years.

Name of Applicant:

Name of Employer:

Address:

Telephone:

E-mail Address:

CDE Certificate Number:

Date of Expiry:

Requested recertification (check all that apply):

- Adults Specialty: Pediatrics Specialty: Pregnancy Specialty: Insulin Pump

The signature provided by the Medical Advisor or designate indicates that the requirements for recertification were reviewed and the candidate has met the requirements. ***No further documentation is required to be sent to Department of Health.***

Signature of Applicant

Date

Signature of Medical Advisor or designate

Date

Return completed and signed form via Email: DiabetesStrategy.StrategieDiabete@gnb.ca

* **Designate**: A certified diabetes educator that is also certified in insulin dose adjustment with demonstrated competency and confidence who is formally (in writing) appointed by the physician with a specialty in diabetes to oversee the preparation and examination for insulin dose adjustment.

Last updated November 2018