

CERTIFICATION PROGRAM IN INSULIN ADJUSTMENT REQUEST FOR AN EXAM

If the candidate meets all the eligibility criteria, **the Medical Advisor or designate must request the exam** from the Department of Health.

To be eligible to take an exam, the applicant:

- Must be a Certified Diabetes Educator (attach a copy of the certificate to this application)
 - Must have a minimum of 800 hours of direct diabetes education and management in the last 3 years
 - Must demonstrate how the insulin adjustment program is relevant for current work
 - Must ensure the availability and support of a medical advisor (or authorized designate)
 - Must ensure that he/she has support and approval from their manager or supervisor
 - Must have studied all the course material, including all case studies
 - Must have completed the competency skills checklist
 - Must have successfully completed the adult exam, prior to applying for any of the specialty exams
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|--|--|------------------------------|
| 1. Name Applicant | English | French |
| 2. Work location and Organization | | |
| 3. E-mail address | | |
| 4. Telephone number | | |
| 5. Profession | | |
| <input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Dietician
<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Other, please specify | | |
| 6. Relevance of Insulin Certification Program to current work | | |
| 7. | Exam Requested: English French | Expected date(s) of the exam |
| | <input type="checkbox"/> Level 1 Adult: Part A (pre-requisite for specialty exams) | DD/MM/YY |
| | <input type="checkbox"/> Level 1 Adult: Part B (pre-requisite for specialty exams) | DD/MM/YY |
| | <input type="checkbox"/> Pediatrics (specialty exam) | DD/MM/YY |
| | <input type="checkbox"/> Pregnancy (specialty exam) | DD/MM/YY |
| | <input type="checkbox"/> Insulin Pumps (specialty (exam)) | DD/MM/YY |

8. Name of medical advisor or designate*

Street Address, Postal Code and City

9. Name of manager or supervisor

10. Signatures

- Signature Medical Advisor or Designate
- Signature Supervisor
- Signature Applicant

*The designate needs to be formally appointed as per the [applicable form](#).

Send completed form via e-mail DiabetesStrategy.StrategieDiabete@gnb.ca. Please note that only completed forms from candidates who meet all the eligibility criteria will be processed. The exam will be send to you on the address in item # 8 if the candidate meets all the eligibility criteria as outlined above. It may take up to 3 weeks before the exam is received.