

CDCES[®] Record Update Form

CBDCE requests that all CDCESs take a few minutes to complete this record update form in its entirety on an annual basis.

Return Completed Form To:

CBDCE • 1340 Remington Road, Suite J • Schaumburg, IL 60173
Fax: 847-228-8469 • Email: info@cbdce.org

To prevent data entry errors, please enter information neatly.

Full Name (first, middle initial, last)

Former Name/Maiden Name*

CDCES[®] Certificate Number (8 digits)** OR
birthday (mm/dd)*

Home Address
(include street address, city, state, and postal
code)

Home Telephone Number*
(Inc. area code)

Mobile Phone Number* (Inc. area code)

Home Email Address Preferred

Employer*

Work Address*
(include department, street address, city, state,
and postal code)

Work Telephone Number*
(Inc. area code)

Work Email Address Preferred

Professional Discipline
(nurse, dietitian, pharmacist, etc.)

1) Check "NO" if you do not wish your name and mailing address to be made available to those organizations/parties requesting use of CBDCE mailing lists. (Uses may include announcements of job openings or educational offerings, research inquiries, state diabetes & diabetes-related equipment/supplies information, membership solicitations, etc).

NO

2) Check "NO" if you do not wish your name and preferred email address to be made available to those organizations/parties requesting use of CBDCE email lists. (Uses similar to mailing lists above.

NO

Signature _____ Date _____

If you currently serve on a CBDCE Committee, please indicate the Committee name:

**This information is requested for contact and/or identification purposes only. It is considered confidential and is not made available to anyone requesting CDCES[®] information.*

***This information may be provided for verification purposes, including job/program related verifications and verification of active status as a CDCES[®].*