

SECTION D – Certified Diabetes Care and Education Specialist (CDCES) Recommendation Form

UQ applicants must submit, during the application process, EITHER one (1) recommendation from an active CDCES OR two (2) recommendations from 2 health professionals confirming your experience as a diabetes care and education specialist. Use this form (Section D) for a CDCES recommendation.

If you do not have a CDCES recommendation, use Section E form for the recommendations from two (2) Health Professionals.

Applicant's Name: _____

1) CDCES Contact Information

Name of CDCES (please print): _____

Certification Number: _____

Daytime phone (include area code): _____ Extension: _____

Email address (**required**): _____

Practice Site: _____

Mailing address: _____

2) Applicant Recommendation Details

a. How do you know this individual in their role providing diabetes care and education (e.g., co-worker, employee referral source)?

b. I have known this individual for _____ years in their role providing diabetes care and education (DCE).

c. I have worked with this individual for _____ years. (*Use "N/A" if you have not worked with this person*)

d. Do you refer people/clients to the applicant for DCE or to the program (where the applicant provides DCE)?

Yes ☐ No ☐ (Check one)

If you answered yes, please provide the following:

How many years have you referred to this individual/program? _____

How many people/clients have you referred to this individual/program in that time? _____

What is the date of the most recent referral to this individual/program? _____ (mm/yyyy)

3) CDCES Signature

I know this applicant and am knowledgeable about the scope of services she/he performs in their role providing DCE. To the best of my knowledge this applicant abides by CBDCE's [Canons of Ethical Conduct](#). I recommend this applicant be approved to take the Certification Examination for Diabetes Care and Education Specialists.

Signature: _____

Date: _____ (mm/dd/yyyy)