



## SECTION E – Health Professional Recommendation Form

If you do not have a CDCES recommendation, then you must provide two (2) recommendations from two healthcare professional confirming your experience as a diabetes care and education specialist. This form must be submitted during the application process.

Applicant's Name: \_\_\_\_\_

### 1) Contact Information

Name of Individual (print): \_\_\_\_\_

Health care credentials: \_\_\_\_\_

Are you an active CDCES? Yes ☐ No ☐ (check one)

If yes, 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) Signature

I know this applicant and am knowledgeable about the scope of services she/he performs in their role providing DCE. I recommend this applicant be approved to take the Certification Examination for Diabetes Care and Education Specialists.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_(mm/dd/yyyy)