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 • 1350 Remington Road, Suite S • 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®.*

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