

CDE[®] Record Update Form

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

Return Completed Form To:

NCBDE • 330 E. Algonquin Road, Suite 4 • Arlington Heights, IL 60005
Fax: 847-228-8469 • Email: info@ncbde.org

To prevent data entry errors, please enter information neatly.

Full Name (first, middle initial, last)	
Former Name/Maiden Name*	
CDE 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 <input type="radio"/>	
Employer*	
Work Address* (include department, street address, city, state, and postal code)	
Work Telephone Number* (Inc. area code)	
Work Email Address Preferred <input type="radio"/>	
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 NCBDE 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 NCBDE email lists. (Uses similar to mailing lists above).

NO

Signature _____ Date _____

If you currently serve on a NCBDE 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 CDE[®] information.*

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

Updated Jan 2018