



National Certification Board for Diabetes Educators

330 East Algonquin Road | Suite #4 | Arlington Heights, Illinois 60005 | www.ncbde.org

(847) 228-9795 | (877) 239-3233 | FAX (847) 228-8469 | info@ncbde.org

Verification Order Form

For a third party to obtain a hard copy verification of certification document directly from the NCBDE National Office (and not through the online system), there is a \$25 charge. Verification can be obtained online for active certificants at no charge using the NCBDE Online Verification System: www.ncbde.org/verifycde.

To obtain directly from NCBDE National Office:

1. Complete Verification Order Form and submit, along with fee or credit card information.
2. Send the form to:

Attn: Verification, NCBDE, 330 East Algonquin Road, Suite 4, Arlington Heights, IL 60005 or fax: 847-228-8469.

Note: Due to the existence of viruses and other technological issues, verification requests cannot be submitted via email.

Please ensure all information is legible to avoid processing delays and allow up to 5 business days for processing after receipt.

Requestor Information:

Name: _____

Organization (required): _____

Phone: _____ Fax: _____

Requesting Verification for Active Certificant or Individual with Expired Certification:

Name: _____

Certification number or birthdate: _____ Expiration Date: _____

Individual's signature consenting release of verification information*:

Date: _____

*Or include a signed "Consent to Release" form that is not more than one year old.

Method for Sending Verification - check one only:

Fax - Provide fax number and special instructions: _____

Mail - Provide full mailing address and any special instructions

Payment Information

Order form fee is \$25 per verification request. Indicate payment method and required information below.

Check or Money Order ENCLOSED (personal, corporate or cashier's check or money order, payable to NCBDE)

Credit card - complete the following:

Check one: VISA MasterCard American Express Discover

Credit card mailing address, including city, state and zip code

Account Number

Expiration date

Security code

Name as it appears on card

Signature (credit card payments only) *By signing, I accept the charges for the verification requested.*

Date