

Registering for National Diabetes Services Scheme (NDSS)

| Your details | | | |
|--|---------------------------|-----------------------------------|-----------|
| First Name | | | |
| Last Name | | | |
| CDE Number | | | |
| Primary Discipline (e.g. RN, Dietician, EP, AHW etc) | | | |
| Phone Number | Home: Work: Mobile: | | |
| Email Address | | | |
| Workplace Name | | | |
| Workplace Address | Street: | | |
| | Suburb: | State: | Postcode: |
| Registered State | | Practice State | |
| Credentialed Start Date Mm/dd/yy | | Credentialed End Date Mm/dd/yy | |
| | | | |
| Once you have completed this form please email to ndss@diabetesaustralia.com.au | | | |