

**Letter of Reference
To the
Canadian Diabetes Educator Certification Board**

SECTION 1 General Information (to be completed by Candidate)

Candidate's Name:

Address: _____

City: _____ Prov _____ Code _____

Phone # (____) Fax # (____) _____ E-Mail _____

Supervisor/Consultant's Name:

Position/Title;

Work Address _____

City _____ Prov _____ Code: _____

Work Phone (____) _____ Fax (____) _____

Section 2 Endorsement of Candidate (to be completed by Supervisor/Consultant)

This letter of reference, in combination with the candidate's other application information, attests to the candidate's ability to apply specialized knowledge and skills beyond basic diabetes education.

Please complete this section, sign form and return to candidate. It is the candidate's responsibility to forward this form to CDECB.

How long have you known Candidate? from: _____ to _____

In what capacity have you known the Candidate? _____

Briefly describe the candidate's ability to apply specialized knowledge and skills in diabetes education.

(use additional sheet if necessary)

Signature of Supervisor/Consultant

Date