

Letter of Reference for Self Employed Applicants

SECTION 1: General Information (to be completed by Candidate)

Candidate's Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

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

Supervisor/Consultant's Name: _____

Position/Title: _____

Work Address: _____

City: _____ Prov: _____ Postal Code: _____

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

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 the Candidate? from: _____ to _____

In what capacity have you known the Candidate? _____

Do you refer patients to the Candidate? Yes: _____ No: _____

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

(Please use additional sheet if necessary)

Signature of Supervisor/Consultant

CFTNO (if CDE®)

Date