

## APPOINTMENT OF A DESIGNATE FOR INSULIN CERTIFICATION

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Before sending and completing this form, please ensure that the proposed designate meets all the eligibility criteria:

- The designate is a Certified Diabetes Educator (attach a copy of the certificate to this application)
  - The designate is certified in Insulin Adjustment
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Name Medical Advisor:

Organization:

E-mail address:

Name Designate:

Organization:

E-mail address:

I, “ \_\_\_\_\_ ”, hereby designate, “ \_\_\_\_\_ ”, to oversee  
the preparation and examination for insulin dose adjustment.

Signature Medical Advisor:

Send completed form via e-mail [DiabetesStrategy.StrategieDiabete@gnb.ca](mailto:DiabetesStrategy.StrategieDiabete@gnb.ca). Please note that only completed forms from candidates who meet all the eligibility criteria will be processed.