



2018 CORE Concepts® Course Registration Form (Page 1 of 2)

Register me to attend the CORE Concepts® Course on:

April 16-18, 2018 Las Vegas, NV

November 8-10, 2018 Rosemont, IL

Visit www.diabeteseducator.org/coreconceptscourse for early registration dates, hotel and course details.

Registrant Information (Please print clearly)

Name (First, Middle Initial, Last) AADE Member ID #

License/Credentials License Number *(required for Statement of Credit)* License State (if applicable)

Employer Name Title

Address – Check preferred mailing address Home Work

City, State, Zip

Email Address *(Required to receive confirmation)* Phone Number

Check here if you require accommodations due to disability or physical challenges as defined by the 1990 American Disabilities Act. * If checked, AADE will contact you.

I grant AADE the right to use photos which include me in promotion materials.

Course Registration Fees

	Early Registration Fee	Late Registration Fee
AADE Member	\$595	\$695
Nonmember	\$795	\$895

I am not an AADE member, but I'd like to join now and take advantage of the member rate.

Membership Dues *(effective for one year from payment)* \$165

Total Enclosed: \$ _____

Registration Cancellation Policy

The AADE reserves the right to cancel any program and assumes no responsibility for personal expenses.

REFUNDS: AADE provides full refunds (less a \$200 administration fee) for registration canceled no later than 10 business days prior to the first day of the course. All cancellation requests must be received in writing. To receive a refund, submit your written request to AADE Meeting Services Fax (312) 601-4891. All refunds are processed within 30 days of receipt.

Payment

Payment must be included with completed registration form.

Check: Make payable to AADE

Mail to: AADE, Dept. 4445, Carol Stream, IL 60122

Credit Card - Fax to (312) 601-4891 Visa MasterCard AMEX Discover

Credit Card Number: _____ Exp Date: _____

Name on Card: _____ 3 Digit Security Code: _____

Cardholder Signature: _____

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Answer the following questions to complete your registration.

I understand and agree to the Course Verification Statement listed below.

The AADE Core Concepts course is intended as a CDE exam preparation or CDE credential maintenance course and covers the domains and competencies specified in the CDE exam blueprint. It is intended for individuals who meet, or may meet, the eligibility requirements of the CDE credential as set forth by NCBDE. We recommend a clinical background and 2 years of verifiable diabetes education experience prior to taking the course. The course is accredited to provide CE credits for registered nurses, registered pharmacists, and registered dietitians. Those not meeting the CDE eligibility criterion may take the course, but will be considered to be auditing the course and will not receive a certificate of completion valid for licensed diabetes educator consideration in any state referencing the AADE Core Concepts course as a licensure pathway.

1. I require a CEU form for:

- Nurses
- Dietitians
- Pharmacists
- Other

2. How did you learn about the CORE Concepts® Course?

- AADE E-blast
- AADE Website
- AADE Product Catalog
- AADE Mailer
- NCBDE
- Colleague/Co-Work: Name: _____

3. Indicate your primary reason for attending this course.

- Preparation for CDE Exam (1st time taking the test)
- Preparation for re-taking CDE Exam
- Preparation for CDE Exam (for recertification purposes)
- Obtain Continuing Education
- Preparation for BC-ADM exam
- Certification of Completion
- Other _____

4. When do you plan to sit for the CDE exam or recertify?

- Winter/Spring 2018
- Summer/Fall 2018
- Winter/Spring 2019
- Summer/Fall 2019
- Other _____

5. Indicate the number of years you have worked in Diabetes Education.

- 1 year or less
- 2-4 years
- 5-7 years
- 8 or more years

6. Please indicate any special dietary needs.

- Vegetarian
- Gluten Free
- Vegan
- Celiac
- Other _____

For more information call (800) 338-3633 or email meetings@aadenet.org

Fax Completed Form to (312) 601-4891