

Northern Ontario Aboriginal Diabetes Initiative

Request for Funding Confederation or Cambrian College Diabetes Education Certificate

Community/Organization making request: _____

Name of Chief or Executive Director: _____

This section to be completed by the person registering for the Diabetes Education Certificate program:

Name: _____

Email address: _____

Phone number: _____

Title: Registered Nurse Registered Dietitian
 Frontline Worker Other (specify) _____

What part of the certificate will you be registering for?

Certificate Program (all modules) Module 1

What is your planned start date? _____

Please fax your request to the NDHN at 1-807-623-5454