**Diabetes Technology Accreditation Standards**

Expression of Interest

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| This form is for services that are interested in participating in the NADC Diabetes Technology Accreditation Standards program.  *Please complete the form - no handwritten applications will be accepted.* | |
| **Name of Service:** |  |
| **Address:** |  |
| **Contact Person Name:** |  |
| **Email Address** |  |
| **Phone Number** |  |

**Additional Information:**

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| **Is your Centre an NADC current member?**  Yes  No  Unsure |
| **What is your member category (for definitions of each type please see** [**CLICK HERE**](https://nadc.net.au/membership-categories-3/)**):**  Centre of Excellence  Tertiary Service  Secondary Service  Primary Service |
| **Has your organisation achieved NADC standard accreditation?**  Yes  No  Unsure |

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| **Briefly explain why your organisation would like to be accredited:**   |  | | --- | |  | |

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| **Accreditation Categories and Fee** |

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| **NADC TECHNOLOGY ACCREDITATION STANDARD CATEGORIES** | |
| Primary Care | $45.00 |
| Secondary Care | $65.00 |
| Tertiary Care | $95.00 |

**Completed Expression of interest forms are to be submitted via email to:**

[**admin@nadc.net.au**](mailto:admin@nadc.net.au)

**An invoice will then be raised if your EOI is accepted and payment is required prior to your services commecing accreditation.**