NADC
Centres of Excellence

CENTRE OF EXCELLENCE

EXPRESSION OF INTEREST (EOI) FORM

ORGANISATION

Name of Service

Hospital/Institution Name

APPLICANT CONTACT DETAILS

Name

Email Address

Phone

ADDITIONAL INFORMATION

Is your Centre a current NADC Member **YES** ☐ **NO** ☐

If no, sign us up (membership required) **YES** ☐

What is your member category?

NADC organisation number *(leave blank if not known)*

Has your organisation achieved NADC Standard accreditation? **YES** ☐ **NO** ☐

☐ Yes (Please state the year awarded)

☐ No (Please note that standard accreditation is required to be eligible to apply for COE)

☐ Unsure

Briefly explain why your organisation would like to be an NADC Centre of Excellence

****(application fee due a minimum of 2 weeks prior to commencement of the accreditation round)*

nadc
National Association
of Diabetes Centres