

Return To: Computer Science Corporation  
PO Box 4610  
Rensselaer NY 12144-4610

**CERTIFIED DIABETES EDUCATOR ENROLLMENT QUESTIONNAIRE**

**Applicant Name** \_\_\_\_\_  
(Last, First, MI)

**Employer National Provider Identifier (NPI) (Required)** \_\_\_\_\_

**Employer Medicaid Provider # (Required)** \_\_\_\_\_

- 1. Are you working for more than one employer?  Yes  No
- 2. Are you working for one or more physician's group?  Yes  No
- 3. Are you working at more than one location?  Yes  No

If "Yes" answered for any of the above questions, complete the following:

	<u>Location</u>	<u>Provider #</u>	<u>NPI#</u>	<u>No. of Hours/Week</u>	<u>Employer Name</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____

- 4. Provide employment history for previous (2) two years. (Most recent position first. Attach additional sheets if necessary.)

<u>Date From/To</u>	<u>Location</u>	<u>Employer Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____