



## Certifier

This section can *only* be completed by an authorised health professional with a current Medicare provider number or a credentialed diabetes educator (CDE) with a current Australian Diabetes Educators Association (ADEA) CDE number or a practice nurse with a current Australian Health Practitioner Regulation Agency (AHPRA) registration number.

### 20 Which of these are you?

- CDE
- Endocrinologist/Diabetologist
- GP
- Nurse practitioner
- Practice nurse
- Other registered medical practitioner who specialises in diabetes (please specify below)

### 21 Approved injectable diabetes medication required

- Insulin
- Byetta®
- Victoza®

### 22 Date of first use

 /  / 

### 23 Certifier details

Your full name		
Medicare provider, CDE or AHPRA number		
Email		
Clinic/Hospital		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone number		

### 24 By signing here, I am certifying that:

- I have assessed the person named in Q1 and Q2; and
- they have a clinical need to access syringes or pen needles as indicated by my answers to Q21 and Q22.

Signature	Day	Month	Year
	/	/	

## Privacy disclosure

Diabetes Australia respects your privacy and personal information. You can view the NDSS Privacy Policy, which contains information about how you can access and correct your personal information held by us at [ndss.com.au](http://ndss.com.au) or you can ask for a copy by calling the NDSS Helpline on **1800 637 700**.

The NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form.

In addition to the entities identified in the NDSS Registration Form, Diabetes Australia may disclose your personal information provided in this form to NDSS Access Points and also to third parties as authorised by the Commonwealth as represented by the Department of Health (Commonwealth).

The Commonwealth may also track your usage of NDSS subsidised products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with access to products through the NDSS.

### Lodging this form

Must be certified by your authorised health professional, or lodged with a copy of your prescription.

**In person:** NDSS Access Point

**Email:** [info@ndss.com.au](mailto:info@ndss.com.au)

**Fax:** 1300 536 953

### Need help with this form?

Call: **1800 637 700** or Visit: [ndss.com.au](http://ndss.com.au)

**TTY:** 133 677

**Speak and Listen:** 1300 555 727

**Translation:** 131 450 **Internet Relay:** [internet-relay.nrscall.gov.au](http://internet-relay.nrscall.gov.au)