

Contact us

Tel (Members): **0860 99 88 77**, Tel (Health partner): **0860 44 55 66**, PO Box 784262, Sandton 2146, www.discovery.co.za.

Purpose of the form

This form is to register diabetes educators **who have their own practice numbers and is an existing registered provider** with Discovery Health, servicing Medical Scheme members.

What you must do

The practice representative must please complete this form in full and email the completed form together with the relevant supporting documents of the employed professional to Practice_Registration@discovery.co.za. Please use one form per practice and send one application per email.

Checklist of supporting documents we need for the employed professional to register their practice number

1. Registration practice number

Checklist

- Completed Discovery Health practice number registration form Yes No
- Latest certified copies of the professionals' South African IDs or passports Yes No
- BHF number: Submit copy of PCNS client information sheet. Yes No

2. Registration of diabetes educator-in-training in network *

All documents as above in point 1, plus:

- Copy of course certificate Yes No
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3. Registration of diabetes educator in network**

All documents as above in point 1 and 2, plus:

- Activity record Yes No
 - Mentorship form Yes No
 - Where the professional did the training course more than two years ago, please submit a motivation detailing the service years at various employers, work descriptions and tasks to prove experience Yes No
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1. Practice details

I want to register the professional's practice number as being employed by:

Name of employer / owner / company or practice

Company number / ID number

Practice***

Practice name

Practice number

Physical address

Unit / Suite number Complex name

Street number Street name

Suburb

City Postal code

Phone number for the practice

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