

APPLICATION for SWEET membership



SWEET e.V. Accreditation Committee
Diabetes Center for Children and Adolescents
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Applicant:

First name

Last name

Institution/ Organization

Head of department/ clinic

City

Country

Address

Phone:

Fax:

E-mail:

Center description

1. How many patients do you care for? _____

2. How many patients \leq 18 years do you care for? _____

- >150 pediatric patients:** Application for Center of Reference (CoR) for Pediatric Diabetes or Pediatric Diabetes Collaborative Center (CC), including SWEET membership
Certification as CoR or CC according to the result of the Peer Review Program
- <150 pediatric patients:** Application for Associated Center (AC), including SWEET membership

3. How many team members do you have?

- Pediatric diabetologist | ___ |
- Adult diabetologist | ___ |
- Diabetes nurse/ educator | ___ |
- Dietitian | ___ |
- Psychologist | ___ |
- Social worker | ___ |

4. Do you have an electronic data collection system? yes no

Which system? _____

5. Type of Organization

- Hospital Inpatient/ clinic organization
 - Outpatient clinic organization/ University outpatient clinic
 - 24 hour/ around the clock clinical care
 - Authorized outpatient clinic
 - Medical center
 - Specialist Diabetes center
 - Another organization (please describe / explain)
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SWEET e.V. membership statement:

I declare to support the aim of SWEET e.V. and the willingness to follow the bye-laws of the Association.

Date of application: _____

Signature: _____

Stamp:

APPLICATION for SWEET membership



Reasons why to join the SWEET network

Center of Reference	Collaborative Center	Associated Center
<ul style="list-style-type: none"> • International network with common objectives • Receiving a software for data collection for free • Data evaluation, quality assurance • Benchmarking report, international data comparison • Possibility to participate in research projects • Expertise in treatment and education • Standardization of diabetes specific patient care and treatment • National and international evaluation of clinical outcome parameters • Dissemination of new approaches and techniques 		
<ul style="list-style-type: none"> • Certification by the Peer-Review Program free of charge • Possibility to attend the annual SWEET meeting free of charge 		<ul style="list-style-type: none"> • Possibility to attend the annual SWEET meeting at own charge

Requirements for a Center of Reference or Collaborative Center for Pediatric Diabetes (checked by peer review) or Associated Center (AC)

Center of Reference	Collaborative Center	Associated Center
Meet the criteria 1-10	Meet at least the criteria 1-5, 9,10	Meet at least the criteria 2-5, 9,10
<p>Need to submit data (SWEET dataset) twice a year to the SWEET database</p> <ul style="list-style-type: none"> • one year no data transfer – “yellow card” • two years no data transfer – loss of present certification , exclusion from the SWEET network • Participation in publications is only possible, if the relevant data were submitted 		
Member of SWEET e.V. (membership fee according to membership classes)		Associated member (membership fee according to membership classes)
Certification by Peer Review		No Certification, no Peer Review

10 Criteria of a Center of Reference or Collaborative Center

- 1 - At least 150 patients under 18 years
- 2 - Multidisciplinary team with pediatric diabetes expertise and experience
- 3 - Participation in network, registry or quality circle with data analysis (submit data twice a year to SWEETBASE)
- 4 - Adherence to ISPAD guidelines / ISPAD membership
- 5 - Outpatient / Inpatient diabetes services
- 6 - Contribution to research
- 7 - Collaboration with patient associations
- 8 - Arrangements for patient referrals
- 9 - National accreditation
- 10 - Local printed education program for children