**Form 2B: Formal Courses**

Credit Value: 10 Credits per Course Completed. Issued: 2019

**NAME:** Name **CTFNno:** CTFNno

**NOTE**: The information provided should not exceed two pages.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Completed:** | Click or tap to enter a date. | | | | | |
| **Institution or Organization:** |  | | | | | |
| **Name of Course or Module:** |  | | | | | |
| **List 1 to 3 CDE® Competencies Related to the Course:** |  | | | | | |
| **The Course had:**  **(CHECK ALL WHICH APPLY)** |  | **PAPER** |  | **EXAM** |  | **PROJECT** |
|  | |  | |  | |
| **List title of Project(s) (If applicable)** |  | | | | | |
| **Explain how this course enhanced your diabetes knowledge\* :** |  | | | | | |
| **Required supporting documents in portfolio:** | A copy of official transcript of marks, certificate | | | | | |
| An outline and/or syllabus of the course. | | | | | |

\*If the course was part of a postgraduate degree, in 2-3 sentences please describe how the knowledge you gained will be used in diabetes education.