**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.

|  |  |
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| **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.