

Form 2B: Formal Courses

Credit Value: 10 Credits per Course Completed.

Issued: 2019

NAME:

CTFNno:

NOTE: The information provided should not exceed two pages.

| | | | |
|--|--|-------------------------------|----------------------------------|
| Date Completed: | | | |
| 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) | <input type="checkbox"/> PAPER | <input type="checkbox"/> EXAM | <input type="checkbox"/> 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 <input type="checkbox"/> An outline and/or syllabus of the course. <input type="checkbox"/> | | |

***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.**

Portfolio Page: