**Form 4A: Development and Evaluation of New Diabetes Related Education Resources**

Credit Value: 10 Credits per Resource/Program Developed and Evaluated Issued: 2019

**NAME:** Name.

 **CTFNno:** CTFNno.

**DATE PROJECT COMPLETED:** Date Project Completed

**Evaluation Completed:** Evaluation Completed.

**NOTE**: The information provided should not exceed two pages. Cells will expand as you type.

|  |
| --- |
| **Type:**[ ]  Development and Evaluation if new Diabetes Education Materials and Resources[ ]  Development/Revision and Evaluation of a Patient or Professional Education program |
| **Name or Title of Resource/Program.** |
| **Describe the needs assessment, which led to the development of the resource/program.** |
| **Describe the resource, purpose in diabetes education, development methods.** |
| **Describe the evaluation design for the new resource/program.** |
| **Evaluation outcome (provide a brief description).** |
| **Who worked on the development and evaluation of the resource/program?** |
| **What was your role in the development and evaluation of the resource/program?** |

|  |  |  |
| --- | --- | --- |
| Manager’s Name: (print) | Manager’s Signature: | Date: |
| Phone # | Email: | CTFNno. (signing CDE® only) |

Another CDE® may sign **only** if the Manager is unavailable to sign. Signing CDE® must also indicate their CFTNno.