

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

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

Issued: 2019

NAME:

CTFNno:

DATE PROJECT COMPLETED:

Evaluation Completed:

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

Type: <input type="checkbox"/> Development and Evaluation of new Diabetes Education Materials and Resources <input type="checkbox"/> 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.

Portfolio Page: