**Form 4B: Development or Significant Revision of a Program for Preceptorship of Students or New Diabetes Educators**

# Credit Value: 10 Credits per Program Developed or Revised Issued: 2019

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| **NAME:** Name. | **CTFNno:** CTFNno. |
| **DATE PROJECT COMPLETED:** Date Project Completed. |

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

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| **Name of Program.** |
| **Describe the needs assessment used in the development/revision of the program.** |
| **Describe the learning objectives of the program as developed/revised.** |
| **Describe the program as developed/revised.** |
| **Describe the evaluation design for the program as developed/revised.** |
| **What was your role in the development/revision of the program?** |

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

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