

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

NAME: _____ **CTFNno:** _____

DATE PROJECT COMPLETED: _____

NOTE: The information provided should not exceed two pages.

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?

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.

Portfolio Page: