

Form 4C: Preceptorship of a Student or New Diabetes Educator

Credit Value: 10 Credits for Each Type of Preceptorship.

Issued: 2019

NAME:

CTFNno:

Type:	Number of Days or Hours:
Start Date:	Number of Days or Hours:
Describe the needs assessment	
Describe the learning objectives of the student / new diabetes educator.	
Describe the evaluation design.	
What was your role in the preceptorship?	
Please describe your new learning and relate to CDE [®] Competencies.	

New Diabetes Educator/Student		
Name: (print)	Signature:	Date:

Program Director/Manager Name (print):	Program Director/Manager Signature:	Date:
Phone #	Email:	CTFNno. (signing CDE [®] only):

Another CDE[®] may sign **only** if the Program Director/Manager is unavailable to sign. Signing CDE[®] must also indicate their CTFNno.

Portfolio Page: