

# Form 4C: Development or Significant Revision of a Program for Preceptorship for Students or New Diabetes Educator

15 Credits per Program Developed or Revised

Issued: 2018

NAME: \_\_\_\_\_ CTFN No.: \_\_\_\_\_

DATE PROJECT COMPLETED: MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**NOTE:** If you need more space for an entry attach a separate sheet with your name, CTFN No. and the additional information.

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

Manager's Name: (print)	Manager's Signature:
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OR ANOTHER CDE MAY SIGN ONLY IF A MANAGER IS UNAVAILABLE TO SIGN

CTFN No.:	Name:(print)	Signature:
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