**Form 4D: Short Presentations or Teaching**

# Credit Value: 5 Credits per Presentation or Teaching Issued: 2019

**Credits this page:** Credits.

**NAME:** Name **CTFNno**: CTFNno

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| **Date** | **Topic** | **1 to 3 CDE® Competencies** | **Your Diabetes Related New Learning,****1 to 2 sentences** | **Audience** | **Credits** |
|  | **Learning Objectives** |
|       |       |       |       |       | [ ]  Students [ ]  HealthProfessionals |       |
|       |       |       |       |       | [ ]  Students [ ]  HealthProfessionals |       |
|       |       |       |       |       | [ ]  Students [ ]  HealthProfessionals |       |
|       |       |       |       |       | [ ]  Students [ ]  HealthProfessionals |       |
|       |       |       |       |       | [ ]  Students [ ]  HealthProfessionals |       |
|       |       |       |       |       | [ ]  Students [ ]  HealthProfessionals |       |

Need more rows? Please start a new form.