**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  Health  Professionals |  |
|  |  |  |  |  | Students  Health  Professionals |  |
|  |  |  |  |  | Students  Health  Professionals |  |
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|  |  |  |  |  | Students  Health  Professionals |  |

Need more rows? Please start a new form.