

# Form 4D: Development and/or Revision and Evaluation of a Patient or Professional Education Program

15 Credits per Program Developed and Evaluated

Issued: 2018

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

DATE (mm/yy) Project Completed: \_\_\_\_\_

DATE (mm/yy): Evaluation Completed: \_\_\_\_\_

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

Name or Title of Program
Describe the needs assessment which led to the development of the program
Describe the program, objectives, and development methods
Describe the evaluation design for the new program
What were the results of the evaluation (provide a concise description)
Who worked on the development and evaluation of the program?
What was your role in the development and evaluation 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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