|  |  |
| --- | --- |
| NAME: | CTFN No.: |

Notes: Name and CTFN No. will repeat in header on each page.

Cells will expand as you type. You can use Tab to move cursor.

For check box, place cursor over box then left click or spacebar to check/uncheck.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Topic** |  | **1 to 3 CDE Competencies** | | **Your New Learning**  **1 to 2 sentences** | **Audience** | **Credits** |
|  | | **Learning Objectives** |
|  | |
|  |  |  | |  |  | **Students**  **Health**  **Professionals** |  |
|  |  |  | |  |  | **Students** **Health**  **Professionals** |  |
|  |  |  | |  |  | **Students** **Health**  **Professionals** |  |
|  |  |  | |  |  | **Students**  **Health**  **Professionals** |  |
|  |  |  | |  |  | **Students**  **Health**  **Professionals** |  |
|  |  |  | |  |  | **Students**  **Health**  **Professionals** |  |

Need more rows? Please start a new form.