**Form 4F: Teaching or Tutoring in a Course in an Academic or Recognized Institution**

# Credit Value: 10 Credits per Course or Year of Tutoring Issued: 2019

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| **NAME:** Name. | **CTFNno.:** CTFNno. |

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| **Start Date:** | **Length of the course** |
| **Course Title and Institution:** | |
| **Describe the learning objectives of the student / new diabetes educator:** | |
| **Course Objectives:** | |
| **Role of CDE®:** | |
| **Supporting Document in Portfolio:** | Course curriculum |

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| Manager’s or Supervisor’s Name: (print): | Manager’s or Supervisor’s Signature: | | Date: |
| Phone # | | Email: | |