**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: |