**NAME:**       **CTFN No.:**

Notes: 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Publication**  **Date** | **Complete Citation of Publication** | **Description of Peer Review Process** | **1 to 3 CDE Competencies** | | **Acceptance Letter in Portfolio** |
|  | **Credits** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Need more rows? Please start a new form.