**NAME:**       **CTFN No.:**

**Note:** 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.

| **Date** | **Group Producing Guidelines** | **Role and Description** | **1 to 3 CDE Competencies** | **Appointment Letter in Portfolio** |
| --- | --- | --- | --- | --- |
|  | **Credits** |
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Need more rows? Please start a new form.