**Form 6A: Professional Engagement in Diabetes Education**

# Credit Value: 15 Credits per Leadership Position per CCP Issued: 2019

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

**NOTE**: The information provided should not exceed two pages.

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| **Name of Group/Position Held** |
| **Start and end dates of when you held the position.** Start Date.To End Date |
| **Purpose of the Group/Committee** |
| **Describe your participation with this group** |
| **As a result of your participation, describe the specific outcomes which led to an enhancement of diabetes**  **knowledge and/or practice** |
| **How did this enhance your own diabetes knowledge and practice (in context of your group or committee)?** |
| **Letter of appointment/or invitation to participate in portfolio.** |