

Form 6A: Professional Engagement in Diabetes Education

Credit Value: 15 Credits per Leadership Position per CCP

Issued: 2019

NAME:

CTFNno:

NOTE: The information provided should not exceed two pages.

Name of Group/Position Held
Start and end dates of when you held the position. _____ to _____
Purpose of the Group/Committee
Describe <u>your participation</u> 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. <input type="checkbox"/>

Portfolio Page: