**NAME:**       **CTFN No.:**

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

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| --- |
| **Name of Group/Position Held** |
| **Year for which credit is being claimed.** |
| **Purpose of the Group/Committee** |
| **Describe your leadership role with this group** |
| **Describe the outcomes achieved as a result of your leadership** |
| **Describe how your knowledge or practice was enhanced as a result of these outcomes** |
| **Letter of appointment/or invitation to participate in portfolio.** |
| **Signed by Manager or Individual who can verify the CDE’s leadership role and outcomes:**  Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |