

Form 6A: Professional Leadership in Diabetes Education

20 Credits per Group per Credit Collection Year as long as a different outcome can be shown for each year.

Issued: 2018

NAME: _____ **CTFN No.:** _____

NOTE: If you need more space for an entry attach a separate sheet with your name, CTFN No. and the additional information.

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. <input type="checkbox"/>
Signed by Manager or Individual who can verify the CDE's leadership role and outcomes: Name: (print) _____ Position: _____ Signature: _____