

# 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.

<b>Name of Group/Position Held</b>
<b>Year for which credit is being claimed.</b>
<b>Purpose of the Group/Committee</b>
<b>Describe your leadership role with this group</b>
<b>Describe the outcomes achieved as a result of your leadership</b>
<b>Describe how your knowledge or practice was enhanced as a result of these outcomes</b>
<b>Letter of appointment/or invitation to participate in portfolio.</b> <input type="checkbox"/>
<b>Signed by Manager or Individual who can verify the CDE's leadership role and outcomes:</b>  Name: (print) _____  Position: _____  Signature: _____