**Form 6C: Diabetes Camp Experience**

Credit Value: 10 Credits per CCY Issued: 2019

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| **NAME:** Name. | **CTFN No.:** CTFNno |

**DATE COMPLETED:** Click or tap to enter a date.

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| **Name of Camp and location:** | **Position Held:** |
| **Dates of Participation:**  |
| **Credit Collection year for which credit is being claimed.** |
| **Duties at the Camp:** |
| **Describe the expertise you have provided to this group:** |
| **Describe your new learning from participating at the camp. Relate to at least one CDE® competency:** |
| **How did this impact your own diabetes knowledge and practice?** |
|  **Letter of appointment or invitation to participate in portfolio:** **[ ]**  |