**Form 6C: Diabetes Camp Experience**

Credit Value: 10 Credits per CCY Issued: 2019

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

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

|  |  |
| --- | --- |
| **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:** | |