

## Form 6C: Diabetes Camp Experience

Credit Value: 10 Credits per CCY

Issued: 2019

**NAME:**

**CTFN No.:**

**DATE COMPLETED:**

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

Portfolio Page: