



Diabetes Educators Training Logbook

Valid log period: 1/5/2017 to 1/4/2022

Personal Details

Name	
Address	
Practicing Institution	
E-mail	
Mobile	

Year 2017 (From 1 May 2017)

Date	Descriptions of Training	Number of Hours				
		Diabetes Courses/ HMDP	Conference/ In-service/ self- directed learning	Self-directed learning (max: 15hrs/ year with SNB CPE print-out)	Research or EBP	Community work (max: 15 hours/ year)
E.g. 1 Jun to 9 Jul	HMDP attachment to Royal Prince Alfred Australia	240 hours				
	Total hours:					

Year 2018

Date	Descriptions of Training	Number of Hours				
		Diabetes Courses/ HMDP	Conference/ In-service/ self- directed learning	Self-directed learning (max: 15hrs/ year with SNB CPE print-out)	Research or EBP	Community work (max: 15 hours/ year)
	Total hours:					

Year 2019

Date	Descriptions of Training	Number of Hours				
		Diabetes Courses/ HMDP	Conference/ In-service/ self- directed learning	Self-directed learning (max: 15hrs/ year with SNB CPE print-out)	Research or EBP	Community work (max: 15 hours/ year)
	Total hours:					

Year 2020

Date	Descriptions of Training	Number of Hours				
		Diabetes Courses/ HMDP	Conference/ In-service/ self- directed learning	Self-directed learning (max: 15hrs/ year with SNB CPE print-out)	Research or EBP	Community work (max: 15 hours/ year)
	Total hours:					

Year 2021

Date	Descriptions of Training	Number of Hours				
		Diabetes Courses/ HMDP	Conference/ In-service/ self- directed learning	Self-directed learning (max: 15hrs/ year with SNB CPE print-out)	Research or EBP	Community work (max: 15 hours/ year)
	Total hours:					

Year 2022

Date	Descriptions of Training	Number of Hours				
		Diabetes Courses/ HMDP	Conference/ In-service/ self- directed learning	Self-directed learning (max: 15hrs/ year with SNB CPE print-out)	Research or EBP	Community work (max: 15 hours/ year)
	Total hours:					

Grand Total = _____ hours

Patient Contact Hours **Diabetes Education and Counseling**

Year	Total number of patients	Number of new patients	Number of repeat cases	Total number of hours	Supervisor's signature
E.g.: 2017	450	50	400	250	

Grand Total = _____

Hours

Supervisor's Comment

Period of Supervision from _____ till _____

I certify that the above candidate has fulfilled his/her training and practicing hours to apply for the certification/recertification Diabetes Educator program.

Signature:

Date:

Name and Designation of Supervisor