



# Training Logbook for Diabetes Educators

Valid log period: 1/5/2018 to 30/4/23

## Personal Details

Name	
SNB number	
Practicing Institution	
E-mail	
Mobile	

<b>Date  Year 2018</b>	<b>Descriptions of Training</b>	<b>Diabetes Courses / HMDP</b>	<b>Conferences / In-service / self-directed learning</b>	<b>Self-directed learning (Max: 15hrs / Yr with SNB CPE print-out)</b>	<b>Research or EBP</b>	<b>Community work (Max: 15 hours / Yr)</b>
Example 1 Jun to 9 Aug	HMDP attachment to Royal Prince Alfred Australia	320 hours				
	Total hours:					

Date Year 2019	Descriptions of Training	Diabetes Courses / HMDP	Conferences / In-service / self-directed learning	Self-directed learning (Max: 15hrs / Yr with SNB CPE print-out)	Research or EBP	Community work (Max: 15 hours / Yr)
	Total hours:					

Date Year 2020	Descriptions of Training	Diabetes Courses / HMDP	Conferences / In-service / self-directed learning	Self-directed learning (Max: 15hrs / Yr with SNB CPE print-out)	Research or EBP	Community work (Max: 15 hours / Yr)
	Total hours:					

Date Year 2021	Descriptions of Training	Diabetes Courses / HMDP	Conferences / In-service / self-directed learning	Self-directed learning (Max: 15hrs / Yr with SNB CPE print-out)	Research or EBP	Community work (Max: 15 hours / Yr)
	Total hours:					

Date Year 2022	Descriptions of Training	Diabetes Courses / HMDP	Conferences / In-service / self-directed learning	Self-directed learning (Max: 15hrs / Yr with SNB CPE print-out)	Research or EBP	Community work (Max: 15 hours / Yr)
	Total hours:					

<b>Date Year 2023</b>	<b>Descriptions of Training</b>	<b>Diabetes Courses / HMDP</b>	<b>Conferences / In-service / self-directed learning</b>	<b>Self-directed learning (Max: 15hrs / Yr with SNB CPE print-out)</b>	<b>Research or EBP</b>	<b>Community work (Max: 15 hours / Yr)</b>
	Total hours:					

Grand total = \_\_\_\_\_ hours

### Patient Contact Hours in Diabetes Education and Counseling

Year	Total number of patients	Number of new patients	Number of repeat cases	Total number of hours	Supervisor's signature
Example: 2018	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