



# Training Logbook for Diabetes Educators

Valid log period: 1/5/2019 to 30/4/24

## Personal Details

<b>Name</b>	
<b>SNB number</b>	
<b>Practicing Institution</b>	
<b>E-mail</b>	
<b>Mobile</b>	

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)
Example 1 Jun to 9 Aug	HMDP attachment to Royal Prince Alfred Australia	320 hours				
	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:					

Date Year 2023	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 2024	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:					

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: 2019	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/re-certification Diabetes Educator program.

Signature:

Date:

Name and Designation of Supervisor

\*Delete accordingly