



## **Training Logbook for**

## **Diabetes Educators**

Name:

**Date of Commencement:** 

### **Personal Details**

Name				
Sex				
Date of	Birth			
Citizen	ship			
Addres	ss			
E-mail				
Teleph	one			
		Date & Place of Academ (Including HMDP of		
Date	Quali	fication/Title		Place
			nent history	
Posting Date		Designation	Institutio	n/Department
From	То			

<u>Committee Involvement & Appointments</u> (Including membership and activities in diabetes organisation)

Year	Position	Organization	

### **Conference participation**

Year	Conference	Duration	Place

Total = \_\_\_\_\_ hours

### **Oral/Poster Presentation and Publication**

Date	Presentation Title and Organizer	Place	Publication

 $\underline{\textbf{Continuous Professional Education}} \\ \text{(Please submit a copy of SNB CPE records highlighting the } \underline{\textbf{diabetes-related hours}} \\ \text{ and to} \\$ complete this table for non-SNB CPE recordable hours)

Date	Topic	Duration	Organizer / Reference for self learning

# Continuous Professional Education (continue)

Date	Topic	Duration	Organizer / Reference for self learning
	Grand total =		hours

ADES/ CDE/ Revised March 2014

# Patient Contact hours in diabetes education & counseling (At least 1200hours)

Year	Total number of patients	Number of new patients	Number of repeat cases	Total number of hours	Supervisor's signature
					<b>J</b>

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

# Teaching commitment (Lectures/Talks Given)

Date	Topic	Organizer	Participants

Research Projects (including assistance in data collection)

Date	Title

## <u>Awards</u>

Date	Title of Award	Institution

### Supervisor's Comments on Candidate's training experience & suitability

Period of training fromtill		
I confirm that the above candidate has rec will be fit to practice as a Certified Diabete requirements.	corded sufficient training time and experience and es Educator if he/she fulfills the other accreditation	
Signature:	Date:	
Name and Designation of Supervisor:		