



Training Logbook for Diabetes Educators

Name:
Date of Commencement:

Personal Details

Name	
Sex	
Date of Birth	
Citizenship	
Address	
E-mail	
Telephone	

Date & Place of Academic and Professional Qualification
(Including HMDP overseas attachment)

Date	Qualification/Title	Place

Employment history

Posting Date		Designation	Institution/Department
From	To		

Committee Involvement & Appointments

(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

Continuous Professional Education

(Please submit a copy of SNB CPE records highlighting the diabetes-related hours and to complete this table for non-SNB CPE recordable hours)

Date	Topic	Duration	Organizer / Reference for self learning

Research Projects
(including assistance in data collection)

Date	Title

Awards

Date	Title of Award	Institution

