



Training Logbook for

Diabetes Educators

Name:

Date of Commencement:

Personal Details

Name					
Sex					
Date o	f Birth				
Citizen	ship				
Addres	SS				
E-mail					
Teleph	one				
		(Including H	.cademi IMDP ov	c and Prof erseas atta	
Date	Quali	fication/Title			Place
	·	<u>En</u>	nployme	ent history	
	ng 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

<u>Continuous Professional Education</u>
(Please submit a copy of SNB CPE records highlighting the <u>diabetes-related hours</u> 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

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
		+			

Grand total = _____ hours

Teaching commitment (Lectures/Talks Given)

Date	Topic	Organizer	Participants
l			

<u>Research Projects</u> (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 recorded will be fit to practice as a Certified Diabetes Edited requirements.	ed sufficient training time and experience and ducator if he/she fulfills the other accreditation
Signature: Name and Designation of Supervisor:	Date: