

**Interprofessional Education (IPE) Shadowing Verification Form**

**For the Preceptor:** Your signature certifies that the student has satisfactorily completed an IPE shadowing experience of the type marked below (Please check one).

- Interprofessional Clinical Practice Team – Inpatient
- Interprofessional Clinical Practice Team – Outpatient
- Interprofessional Research Team
- Interprofessional Policy/Regulatory Team
- Other: (Please describe) \_\_\_\_\_  
    (“Other” must have prior approval of the Office of IPE)

Student Name (*print*) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Time Spent (hours) \_\_\_\_\_

Exposure Site \_\_\_\_\_

**Shadowing Activity Preceptor Name (*print*)** \_\_\_\_\_

*I have discussed this practice site and the observation experience with the IPE student. I certify that the student named above has completed participation in my practice site as described herein.*

**Site Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This form should be completed and signed at the conclusion of the experience. It must then be uploaded into Blackboard in the IPE Exposure Bridge Transition Community course along with your written reflection.*