



Office of Interprofessional Education

Interprofessional Education (IPE) Competence Phase Practice Activity Verification Form

For the Preceptor: Your signature certifies that the student has satisfactorily completed an IPE Practice Activity 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
- Interprofessional Service Learning Activity, Health Fair, Health Screening
- Interprofessional Seminar/Presentation
- Other: (Please describe) _____
("Other" must have prior approval of the Office of IPE)

Student Name (*print*) _____

Student Signature _____

Date _____

Time Spent (hours) _____

Exposure Site _____

Practice Activity Preceptor/Supervisor Name (*print*) _____

I have discussed this practice site and the practice 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 Community Course - IPE Competence Practice Activity along with the completed reflection. If you need assistance, please contact Ms. Karen Irons at kdirons@uams.edu or Mrs. Misty Besancon at mlbesancon@uams.edu.