

Interprofessional Education (IPE) Student Educator Verification Form

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

- Facilitator for Exposure Bridge Activity
- Facilitator for Triple Aim Project Team/Presentation Session
- Facilitator for Simulation - _____
- Presenter – Exposure Workshop
- Presenter – Skills Teaching
- Presenter – Health Profession Overview
- Presenter – Health Topic
- Other: (Please describe) _____

(“Other” must have prior approval of the Office of IPE)

Student Name (*print*) _____

Student Signature _____

Date _____

Time Spent (hours) _____

Education Site _____

Student Educator Activity Preceptor Name (*print*) _____

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

Preceptor 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 Student Educator 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.