



# Office of Interprofessional Education

## 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 Quadruple 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. Upload your verification form and reflection in the Blackboard Course IPE IPEC 1701 001 Competence Student Educator Activity within 7 days of completing the activity. If you need assistance, please contact the Office of Interprofessional Education at [ipe@uams.edu](mailto:ipe@uams.edu).