



Office of Interprofessional Education

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 the Blackboard Course “IPE IPEC 1201 001 Exposure Bridge Transition Activity” along with the completed reflection within 7 days of participation in the activity. If you need assistance, please contact Mrs. Misty Besancon at mlbesancon@uams.edu or the Office of Interprofessional Education at ipe@uams.edu.