Application
InterProfessional Education eXchange

A National Program to Advance Interprofessional Education in Cancer Care

Notes

▸ This application is an interactive PDF, so you can click in the fields below the small text to type your answers.

▸ Be sure to save the file intermittently as you work in case something happens that might crash Adobe Acrobat.

▸ If you can not type into the PDF, you can print the application, complete it, and mail it to the address below.

Application Steps

▸ Open and complete the application.

▸ Save the PDF to your computer's hard drive.

▸ Send an email to Carol Jones (carol.jones@louisville.edu) with the PDF attached to it.

Important Dates

▸ Application Open: January 1, 2018

▸ Application Deadline: March 30, 2018

Applicant Team Composition Requirements

▸ No fewer than 3 and no more than 5 team members

▸ Representation from at least 3 professions

▸ At least one member with institutional responsibility for curricular planning or expertise/experience in interprofessional education

▸ Team members may come from one or more schools or educational institutions

Applicant Team Agreement

All team members must agree to participate fully in the IPC training program by:

▸ Completing all pre-training webinars

▸ Attending all face-to-face train-the-trainer sessions

▸ Involving themselves in post workshop conference calls and webinars

▸ Contributing to the progress reports

▸ Completing all faculty evaluation components

Assistance

If you have questions or need help with this application, please email Carol Jones (carol.jones@louisville.edu).

Address

University of Louisville iPEX · Med Center One, Suite #330B · 501 East Broadway · Louisville, KY 40202

Team Member 1   PRIMARY CONTACT   Responsible for project implementation and oversight

FIRST AND LAST NAME

CREDENTIALS

TITLE OR POSITION

INSTITUTION

SCHOOL OR PROGRAM

WORK ADDRESS

CITY

STATE

ZIP CODE

WORK PHONE

WORK EMAIL

ONE PARAGRAPH BIOSKETCH AND STATEMENT OF INTEREST

Team Member 2   REQUIRED

FIRST AND LAST NAME

CREDENTIALS

TITLE OR POSITION

INSTITUTION

SCHOOL OR PROGRAM

WORK ADDRESS

CITY

STATE

ZIP CODE

WORK PHONE

WORK EMAIL

ONE PARAGRAPH BIOSKETCH AND STATEMENT OF INTEREST

Team Member 3 REQUIRED

FIRST AND LAST NAME	CREDENTIALS	
TITLE OR POSITION	INSTITUTION	
SCHOOL OR PROGRAM	WORK ADDRESS	
CITY	STATE	ZIP CODE
WORK PHONE	WORK EMAIL	

ONE PARAGRAPH BIOSKETCH AND STATEMENT OF INTEREST

Team Member 4 OPTIONAL

FIRST AND LAST NAME	CREDENTIALS	
TITLE OR POSITION	INSTITUTION	
SCHOOL OR PROGRAM	WORK ADDRESS	
CITY	STATE	ZIP CODE
WORK PHONE	WORK EMAIL	

ONE PARAGRAPH BIOSKETCH AND STATEMENT OF INTEREST

Team Member 5 OPTIONAL

FIRST AND LAST NAME	CREDENTIALS	
TITLE OR POSITION	INSTITUTION	
SCHOOL OR PROGRAM	WORK ADDRESS	
CITY	STATE	ZIP CODE
WORK PHONE	WORK EMAIL	

ONE PARAGRAPH BIOSKETCH AND STATEMENT OF INTEREST

Institution Information

In one paragraph, please describe your institution(s).

Funding for Project Activities

In one paragraph, please describe funding for project activities (faculty time designated for grant activities, implementation costs and other expenses related to curriculum).

IPE Efforts

In one paragraph, please describe previous and current efforts in IPE.

Experience

In one paragraph, please describe your team members' oncology and palliative care experience.

Your Program

In one paragraph, please share early thoughts about how your team will construct a program at your institution.