



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: April 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

Training costs including the train-the-trainer workshop (airfare up to \$600, hotel and workshop meals) are covered by this grant from the National Cancer Institute.

Please check this box.

As applicants, our participating faculty have the endorsement of our administration to participate in the iPEX training program. Furthermore, we understand our institution would cover any costs associated with implementation of an interprofessional oncology and /or palliative care educational initiative.

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.