



# 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 cannot type into the PDF, you can print the application, complete it, and mail it to the address below.

### Application Steps

- ▶ Save this PDF to your computer's hard drive.
- ▶ Open and complete the application in Adobe Acrobat, remembering to save regularly.
- ▶ Send an email to [iPEX@louisville.edu](mailto:iPEX@louisville.edu) with the completed PDF attached.

### Important Dates

- ▶ Application Open: February 1, 2020
- ▶ Application Deadline: April 30, 2020

### 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 in close proximity in order to train learners together

### Applicant Team Agreement

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

- ▶ Completing all pre-tests and pre-workshop modules
- ▶ Providing proof of Responsible Conduct of Research and an Attestation and Disclosure Statement
- ▶ Participating in all pre-workshop webinars and team meetings
- ▶ Attending the 2.5-day workshop in Chicago
- ▶ Participating in post workshop conference calls, webinars and team meetings
- ▶ Contributing to the progress reports
- ▶ Completing all faculty evaluation components

### Assistance

If you have questions or need help with this application, please email [iPEX@louisville.edu](mailto:iPEX@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	

STATEMENT OF INTEREST IN THE IPEX PROJECT

ONE PARAGRAPH BIOSKETCH

## 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	
STATEMENT OF INTEREST IN THE IPEX PROJECT		

ONE PARAGRAPH BIOSKETCH

## 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	
STATEMENT OF INTEREST IN THE IPEX PROJECT		

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ONE PARAGRAPH BIOSKETCH

## 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	
STATEMENT OF INTEREST IN THE IPEX PROJECT		

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ONE PARAGRAPH BIOSKETCH

## 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	
STATEMENT OF INTEREST IN THE IPEX PROJECT		

ONE PARAGRAPH BIOSKETCH

## Institution Information

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

## Funding for Project Activities

All training costs including the workshop (travel up to \$550, hotel and most meals for workshop) 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. In addition any additional travel costs will be covered by our institution.

## Experience

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

## Your Program

Share early thoughts about how your team will construct a program at your institution considering these areas. Who do you believe your learners will be? What content do you think should be taught? What initial thoughts do you have on teaching methods?

## How did you hear about iPEX?