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**Misericordia Interprofessional Education Connection**

**Request for Funding for Development and Implementation of IPE activity**

**Mission:**

To engage students and faculty in interprofessional education and experiences to support the collaborative team approach to patient/client-centered care

**Vision:**

The College of Health Sciences & Education, Misericordia University will strive to:

* Prepare students and faculty to function as members of an effective collaborative health team, understanding the unique roles and responsibilities that support value for the patient in an evolving healthcare system.
* Create a culture of “best-practice” supported by evidence that promotes a coordinated, timely, efficient, effective approach to inter-professional education and practice
* Promote and advance research and scholarly activity related to inter-professional education and practice within the health care profession

**Submission requirements for consideration**

Application form (form below)

Narrative (not to exceed 2 pages):

* Name of primary faculty who will be developing and/or taking lead on the organization of the activity.
* Title of event or activity
* Describe the IPE activity that is desired to be developed, objectives of the activity. and which IPE goal(s) the activity will address, and alignment with the MIPEC vision.
* Name of participating faculty from a **minimum of two other departments**.
* Faculty, preceptors, or volunteers that will be or anticipated to be involved.
* On-campus, clinical, or community based activity.
* Resources required and availability of those resources.
* Timeline of planning to implementation

**IRB Approval**

* It is the principal faculty member’s responsibility to submit for IRB approval if there is a desire for any information gathered to be used as research.

**Policies and Rules**

* All faculty involved are responsible for following all University policies and procedures for research or extracurricular activities.

**Due dates:**  February 17th for activities planned for Spring 2017

 March 31st for activities planned for Fall 2017 or Spring 2018

**Misericordia University**

**IPE Development/Implementation**

**Primary Coordinator/ Developer:**

**Department/College:**

**Telephone:**

**Email Address:**

**Is this a new project? YES NO**

**Is this a continuing project from the previous semester or activity? YES NO**

**Have you received funding from the MIPEC previously for development or implementation of an IPE activity? YES NO**

**If so, when?**

**Are you receiving or applying for funding from other resources; internal or external?**

**YES NO If yes, explain**

**Title of the IPE Activity:**

**Health professions involved:**

**Faculty representatives for each health profession involved:**

|  |  |  |
| --- | --- | --- |
| **Participating department/profession** | **Faculty representative/contact** | **Email address** |
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**Semester(s) in which activity will occur: Spring 2017 Fall 2017 Spring 2018**

**Have you or are you pursuing IRB approval? YES NO**

**If approved, please attach approval letter**

**Please submit narrative on the project to include the information requested by the committee.**

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**Signatures of PrimaryCoordinator/Developer Date**

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**Signature of Primary Coordinator/Developer’s Department Chair Date**

** I have permission from my Department Chair**

**Participating faculty signatures:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Assisting or Participating Faculty Date**

**□ I have permission from my Department Chair**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Assisting or Participating Faculty Date**

**□ I have permission from my Department Chair**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Assisting or Participating Faculty Date**

** I have permission from my Department Chair**

**For Committee Use only**

Approved: YES NO

Progress report Due Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Taskforce Chair

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Signature of CHSE Dean