



FACULTY OF HEALTH  
 School of Communication  
 Sciences and Disorders

**IPHE 5900**  
**Interprofessional Health Education Record Form**  
**FOR STUDENT USE ONLY**

Student Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Graduating Year: \_\_\_\_\_

Date(s)	Location	Profession(s)	CE(s) Name (If Applicable)	Name and Description of Activity*	Comments re: IP learning

\*Can include your role in activity, # of sessions, whether role changed, etc.

Revised June 20, 2018