

SCHOOL OF NURSING**IPE Experience Approval Request Document**

1. IPE Experience Name: _____

2. Corresponding Course Name and Number
(If applicable): _____

3. SON Faculty Lead: _____

4. Disciplines Involved:

Nursing Pharmacy Occupational
Therapy Physiotherapy Speech
Language
Social Work Dentistry/
Hygiene Health Sciences Medicine Kinesiology

Other (List): _____

5. Number of anticipated Nursing Students:

6. Faculty Contact: _____

7. Competency: EXPOSURE IMMERSION Practice Setting

8. Experience Description:

9. Student Evaluation Method:

10. IPE Experience Approval Response:

Undergraduate Studies Committee Review (Initial review to be completed by the SON IPE Coordinator and then forwarded to USC for final approval)

Approval Comments:

Signature: _____

Date: _____