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IP Honors Distinction Application

NAME _____

EMAIL _____ CELLPHONE _____

PROGRAM _____ GRADUATION DATE (Mo/Year) ____/____

FACULTY MENTOR: _____

1) Please provide a brief statement of why you wish to earn an IP Honors Distinction including your qualifications, motivations and future aspirations as a working professional (250 words).

2) Minimum of four IP Events attended:

| Date | Event Title |
|------|-------------|
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3) One-page reflection focused on observations of _____ I _____ listed below (please turn this reflection in to your faculty distinction mentor):

Values & Ethics: Maintain a climate of mutual respect and shared values

Roles & Responsibilities: Use knowledge of own role in collaboration with knowledge of the roles of other health professions

Communication: Employ responsive, responsible, & respectful communication with patients, families, & other health & health-related professionals towards seamless and safe care

Teamwork: Build & apply interactive & productive relationships with team members for patient/population-centered care delivery

All preliminary requirements for the IP Distinction are complete. I am prepared to begin my final project with an IP team.

Applicant: _____ Date: _____