

R: J%-2*, &2)4)*%-&"6"&")4*O' 4&7)*%-- +O3%\$")5*7/*%*42+(&*()3+(&*+(*-("&"-%.*() ,.)- &"+\$*+, %&*
.)%4&+\$)*3%#):*P+\$&) \$&*42+' .5""..' 4&(%&)*-("&"-%.*&2"\$G"\$#I*\$%\$. /4"4*\$%\$5*(,.)- &"+\$*' 3+\$*PJPJ*
-+O3)&)\$-")4I*&)%O87%4)5*4&() \$ #&24*\$%\$5*-2%..) \$ #)4I*\$) 1*.)%(\$"\$#*\$%\$59+(*-+\$4&(' -&"6)*
-("&"H'): *P+\$&) \$&*&2%&*5)4- ("7)4*12)&2)(*4&' 5)\$&4*."G)5*+(*5"5\$=&."G)*&2)*K3)(")\$-)""4\$=&*
4' ,,"-")\$&&+* -()5"q%*()3+(&*+(*() ,.)- &"+\$:*! &' 5)\$&4*42+' .5*4&+()*&2)4)*()3+(&4*&)O3+(%("./*"\$*
%*,+.5)(*+(*&2' O7*5("6):*

S:

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).

[Empty box for response to question 1]

2) Minimum of four IP Events attended:

Date	Event Title

3) One-page reflection focused on observations of *a ea e f eIPc e e c d a* 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: _____