## **Integrative Learning Experience (ILE) Proposal Form**

**Directions to Students:** Consult with your ILE academic advisor as you develop your proposal. Please fill out this form and submit it to both your ILE advisor and reader/grader for approval. Once you get final signatures, please send by e-mail the signed form as well as a copy of your proposal to the SPCHS department office where it will be kept in your official file. Once your ILE advisor and reader/grader have approved your proposal, you may enroll in the course.

This form also documents the date you plan to complete the required Interprofessional Education (IPE) event.

# Student information

Student name:

E-mail:

Phone:

# ILE academic advisor

Name:

Department:

E-mail:

Phone:

# ILE additional reader/grader

Name:

Department:

E-mail:

Phone:

# ILE details

Proposed title of the ILE:

Semester & year of enrollment (must be in the final year of the student’s program):

Description of the ILE approach and the element(s):

# ILE requirements

Describe the high-quality written product that is proposed (e.g., program evaluation report, training manual, policy statement, white paper):

Describe how the written product will be useful to external stakeholders, such as non-profit or governmental organizations:

# Institutional Review Board (IRB) approvals

Does the project involve conducting research with human subjects? [ ] yes [ ] no

If yes, describe the plans to secure UM or other IRB approval. For more information consult <http://www.umt.edu/research/compliance/IRB/default.php>:

# Competencies and evidence of synthesis

*Complete the table showing how the ILE will demonstrate synthesis and integration of foundational and concentration-specific competencies. A minimum of four competencies must be listed. List at least one foundational competency and at least one concentration-specific competency. List the evidence that faculty evaluators will use to assess the ILE with regard to the student’s demonstration of the selected competencies. Add additional rows as needed. See the ILE Guidelines for additional information and an example.*

|  |  |
| --- | --- |
| Competencies  (foundational and concentration-specific) | Evidence of synthesis |
|  |  |
|  |
|  |
|  |

# Tasks and timeline

*List the tasks and deliverables to be completed. Add additional rows as needed.*

|  |  |
| --- | --- |
| Tasks to be completed | Date due |
|  |  |
|  |  |
|  |  |
|  |  |

# Signature of agreement

*I have participated in the development of this proposal and agree to the plan.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ILE Academic Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ILE Reader/Grader Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

# Interprofessional Education (IPE) Event

All students must attend one Interprofessional Education (IPE) event hosted by University of Montana and turn in an assessment of their ability to perform effectively on interprofessional teams. Event dates and details are posted on the [public health capstone information page](http://health.umt.edu/publichealth/graduate/masters/mphcapstones/default.php).

List the date of the IPE event that the student will attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised January 15, 2020