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| Interprofessional Education Event Calendar Request Form |
| Name of Event: |
| Hosting School/Department: |
| Hosting School/Department Point of Contact:Name: Email:Phone: |
| Confirmed participating Schools/Departments with point of contact for each: |
| Please list other Schools/ Departments within Liberty University that you would like to invite:   |
| Please list any other stakeholders within the community of interest that you would like to invite: |
| Suggested Event Dates: |
| Anticipated Number of Attendees:Is the event open or closed to observation?Would you like for the event to be live streamed? |
| Preferred Location for EventPreference Location Number One (please provide capacity for space):Preference Location Number Two (please provide capacity for space): |
| Has the room already been reserved through 25LIVE/Campus Calendar? Yes No |
| Please provide four objectives for the event based on Bloom’s Taxonomy<https://tips.uark.edu/using-blooms-taxonomy/>1.2.3.4.Please provide five evaluation questions that will measure the objectives listed above1.2.3.4.5. |
| Comments/Questions: |
| Please email the completed form to the Liberty University IPE Council at IPECouncil@liberty.edu  |