

# 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 Event

Preference 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 above

1.

2.

3.

4.

5.

Comments/Questions:

Please email the completed form to the Liberty University IPE Council at [IPECouncil@liberty.edu](mailto:IPECouncil@liberty.edu)