

American Council of Academic Physical Therapy  
National Interprofessional Education Consortium (NIPEC)  
Membership Application

Please provide the following:

Name and credentials: \_\_\_\_\_

ACAPT Member:  Yes  No

Institution Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Actively Involved in IPE:  Yes  No

Does your institution have an IPE program:  Yes  No

How many years have you actively participated in an IPE program:  0-3  4-6   $\geq 7$

In what capacity:  Development  Delivery/Facilitation  Participation

Other, please explain \_\_\_\_\_

IPE methodology utilized: Check all that apply:  Didactic  Simulation  Clinical

Level of learners:  Pre-licensure  Post-licensure