

ETSU-TTU DNP Program

**Documentation of Interprofessional Education (IPE)
Hours *Executive Leadership Program***

Date	Number of Hours (total of 40 or more)	Professional Disciplines Involved (Two or more)	Brief Description of Experience	Preceptor Signature*

I, _____ (student signature) on this date _____ attest that this documentation is true and accurate.

Course: _____ Semester/Year: _____

Faculty Signature: _____ Date: _____