OUTREACH EVENT APPROVAL FORM #1

Revised 8/9/2017

Instructions: The primary student contact must complete this form for any community events involving students, regardless of whether IPPE hours are requested. Part I is due 8 weeks before the event or *as soon as your date is confirmed.* Submit this form fully completed to your faculty advisor for approval. Your faculty advisor will then submit an approved form to IPPE@pacific.edu. The IPPE office will contact you if any further revisions are needed.

Part II of this form is required by email at least 3 weeks prior to the event with all required fields completed and all signatures attached.

PART ONE (Due 8 weeks before event)	
Event Information	
What type of Event is this? Patient Services/Education Advocacy/Legislative Other Volunteering	
Are you requesting IPPE Hours be given to participants? YES* NO (If yes, you must include an answer to the * questions below)	
Event Name:	
Event Date (include year) & Time:	
Event Location: (name of place and complete address)	
Event Organizer(s):	
Primary Student Contact:	
Student ID (98#):	
Email:	
Cell phone:	
Student Organization/Committee:	
Faculty Advisor(s):	
*How many members of the community do you anticipate serving with this event?	
*What value or benefit to the community will this event provide?	
List all participating student organizations (list primary first) & type of activities performed by each organization: If N/A check here:	If "Other" activity, Specify here: _____

Event Planning	
Has the event site or organizer requested a Certificate of Liability insurance?	YES NO *If Yes, indicated where the certificate should be emailed:* _____
Are you requesting Funds/Materials/Services from the Marketing office?	YES NO *If Yes, this form must be completed and approved <u>prior to</u> making requests from the marketing staff. Visit http://bit.ly/PHS_MarCom to submit the signed and approved form along with your specific marketing requests.* *****Reimbursement will not be authorized for marketing services or preceptor gifts paid for by students or purchased outside of the marketing department.***
Do you plan on collecting any patient information or using a patient survey?	YES NO *Attach copy of patient survey, if applicable. If collecting data, you must use the approved PHRM 169 Data Collection Excel file or Medicare Part D Access file.*

Do you plan on providing any educational or promotional material?
 	
*IPPE office will email the reviewer for signature, if applicable, however the event coordinator is responsible for ensuring translator follows up with signing
	YES NO
	
	All printed material created by students must contain the following statement: **"The information provided is not intended to be a substitute for advice given by a qualified medical representative."** *Faculty advisors must review and approve all created material before distribution to the public. Created materials must also be attached to this event form when submitted for approval.*
	
	Will you be providing material in multiple languages?
	
	     YES NO
	
	If YES, has the content been reviewed by a faculty member, pharmacist, or professional translator who is fluent in the language?
	
	     YES NO
	
	  Date of Review: _____
	
	  Name of Translator: _____
	
	Translator Email: _____
	
	Translator Signature: _____

Financials	
Will this event require any funding sources/will you have any expenses as a result of this event? YES NO (no expenses or income) *If YES, you are required to create and attach a complete budget including both income and expenses and complete the below funding fields. Items to consider: Promotion (printing), event materials (printing/production/acquisition), preceptor gifts, site fees, food, beverages, miscellaneous supplies, etc.*	

Funding Source Allocation:	$ _____ Organization/Group funds $ _____ ASP Funds $ _____ Grant $ _____ Other (List source: _____)

How will you pay for your event expenses?
 	
Internet orders and large expense items are to be ordered through the IPPE office (Linda Selvidge) in A110
	Please check all that apply:
	
	   ProCard (University credit card) / Check Request
	Provide Invoice to: _____
	Account Name: _____ Index Code: _____
	
	   Student IPPE Budget Fund
	Authorizing IPPE Fund Name: _____
	
	   Student ASP Budget Funds
	
	   Other (List: _____)
	
	   Budget Transfer*
	   Account Name: _____ Index Code: _____
	
	*Note: Budget transfers from ASP Accounts require pre-authorization from OSAO.

"I have reviewed this form, ALL materials to be used at the event, and I approve the content of any printes materials and have ensured the required disclosure statement is present and proper translation measures have been taken".

Faculty Advisor #1 Signature: _____ Date: _____

Faculty Advisor #2 Signature(if applicable): _____ Date: _____

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IPPE OFFICE USE ONLY – PART ONE

Date Received by IPPE Office: _____   **Appointment needed with HCO IPPE Coordinator** ☐

Approved by: _____ **(HCO Committee Member) Date:** _____

Further budget approval/Dr. Deguire funds needed ☐

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