

# Individual Participant Request (IPR) Form

Complete this form to receive credit for continuing education activities that are not MLA-approved for an MLA specialization or for MLA’s Independent Reading Program, Discussion Group Program, and other activities.

## Instructions

Complete all sections (including the *Description of Course Content* and *Relevance* section. Please type or print.

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Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Activity

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Date(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor/Location/Website

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Contact Hours (not including lunch/breaks)

## Description of Course Content

Address the following points:

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| 1. Course description, including learning outcomes |
| 2. DSS, SRSS, CHIS, DIS Skill Areas or Competencies addressed (if applying for one of these specializations; note that MLA member expert reviews may be different). |

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| 3. Program content and schedule |
| 4. Intended audience |
| 5. Instructor's name and affiliation |

*Optional*: You may address the above points in a separate document or send course materials that support one or more of the points.

## Relevance

If you are submitting a course to meet one or more specialization requirement(s), please explain how the course satisfies the requirement.

If you are submitting a course or activity for credit toward AHIP or some other reason, please describe the relevance of the activity to your goals for professional growth and development:

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|  |

**Documentation of Accomplishment**

Submit a copy of the certificate of course completion or other evidence of having completed activity described above.

If no certificate or other evidence is available, please fully complete the description and relevance sections and sign below.

I attest that I have completed the activity described above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.