



Simulation Center Utilization Request

- An official confirmation will be processed within 72 hours via email to applicant and staff facilitating training.
- Consumable supplies provided by the responsible department conducting training.
- Simulation Administrator will require a copy of sign-in sheet after training.
- In order to better serve our staff and accommodate your needs, submit your request at least 30 working days in advance.
- Telephone orders or requests via e-mail will not be accepted unless accompanied by this completed form.
- This form can be submitted as attachment via e-mail or hand carried to the Simulation Center.

Contact Information

Applicant Name: _____
Last First M.I.

Phone: _____ Email: _____

Specifications and Requirements

Date(s) requested for training: _____

Requested start and end time: _____

Names of staff responsible for training: _____

Staff responsible for training contact information (if different from above): _____

Requested simulator type: _____

Type of training being performed: _____ Number of trainees: _____

Location (ward/clinic and room number): _____

Additional information: _____