



Simulation Center Setup Form

Please complete the following form for each requested space, date, and time for your lab activity or simulation.

Skills development and validation experiences (low, mid and high fidelity) will require scheduling three (3) weeks prior to the date of experience. Advanced patient simulator experiences (high fidelity) require four (4) weeks prior to date of experience. Standardized patient experiences require six (6) weeks prior to date of experience.

Date Requested: _____ Hours Requested: _____

Faculty Name: _____ Course Number/Activity Title: _____

Number of Participants: _____

Simulation Center Room Needed: _____ Number of Non-Simulation Manikins: _____

High-Fidelity Simulation Manikins: _____ Patient Monitor: _____

Wave Form Needed (Specify): HR SpO2 ABP PAP etCO2 NBP High Stakes Check-Off: _____

Skill Being Demonstrated and/or Performed:

Medications Required (List with route, dosage, preferred pill/vial/syringe contents and label):

Other Supplies Needed:

Specific Setup Instructions (Give in-depth details to what you need/want, e.g., wounds, clothing, makeup, scenarios, etc.):