

***Simulation/Lab Request Form***

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| *Location of Simulation (select one)* | *CACL CAMLS Nursing Lab* |
| *Time required for simulation:* |  |
| *Time required for debrief:* |  |
| *Simulation* |  |
| *Dates* |  |
| *Times* |  |
| *Days of Week* |  |
| *Number of simulation sessions requesting* |  |
| *Course Name and Number* |  |
| *Number of Total Students* |  |
| *Maximum of Students in each simulation* |  |
| *Minimum of Students in each simulation* |  |
| *Description of simulation* |  |
| *B Line or Video Recording* |  |
| *Purpose* |  |
| *Skills Practice* |  |
| *Clinical Makeup* |  |
| *Competency/Mastery* |  |
| *Formative Assessment* |  |
| *Equipment* |  |
| *Manikin/SP required* |  |
| *Supplies requested* |  |
| *Setup Details (i.e. Number of stations, adjunctive devices needed at station, special instructions)* |  |
| *Additional information:* |  |