

Submission Date:

Event Title:

New Event

Modified Existing Event

If this course is intended for Continuing Education Credit (CME/CNE) check here:

Event contact:

Name:

Institution:

Street:

City/State/Zip:

Phone:

Email:

Affiliation 1:

Second contact:

Name:

Institution:

Street:

City/State/Zip:

Phone:

Email:

Affiliation 1:

Target Learners:

Inter-professional (e.g. nurses + physicians + respiratory therapists)

Multi-disciplinary (e.g. pediatrics + obstetrics + critical care)

Keywords (15-20 words to use in a search):

Estimated Resources

Scheduling (choose one):

Event occurs on a single date

Desired date for first Event:

Recurring Event (please describe):

Recurring Event utilizing a variety of approved sessions (please describe monthly, quarterly etc.):

Estimated time for each scheduled Event (in hours):

How many Events per year?

SIMULATION VENUES

Simulation Lab Acute Care Room	Simulation Lab ICU/OR
Task Area	Classroom - single Classroom - double

Estimated Number of Participants Needed:

For each scheduled Event:

Special accommodations for learner(s) needed:

Personnel Resources (check all that apply):

Children's will provide technical personnel to operationalize your simulations. Please note any additional Children's personnel resources that may be needed:

Standardized Participants (role of patients, family members, clinicians – until a program is established at Children's these would need to be scheduled and trained by the facilitator)

Additional Technical Support, please describe:

Other (please describe):

Audio-Visual Needs:

Please describe any plan for audio or video transmission, such as streaming simulation to classroom, PowerPoint displays, etc.

Medical Equipment or Device Needs:

Associated Research Projects (if applicable):

Project Title:

Principal Investigator:

IRB Project:

Estimated Resources

Scheduling (choose one):

Event occurs on a single date

Recurring Event (please describe):

Longitudinal:

Estimated time for each scheduled Event (in hours):

How many Events per year?

Desired date for first Event:

Location (choose one):

SIMULATION VENUES

Simulation Lab Acute Care Room	Simulation Lab ICU/OR
Task Area	Classroom - single Classroom - double

In-Situ (please list area(s) to be covered):

Estimated Number of Unique Learners: (Learners who have never completed this curriculum before):

For each scheduled Event:

For the entire curriculum:

Special accommodations for learner(s) needed:

Personnel Resources (check all that apply):

Children's will provide technical personnel to operationalize your simulations. Please note any additional Children's personnel resources that may be needed:

Standardized Participants (role of patients, family members, clinicians – until a program is established at Children's these would need to be scheduled and trained by the facilitator)

Additional Technical Support, please describe:

Other (please describe):

Consent to share information

I understand that by submitting this form, my information will be used to contact me regarding my interest in the Children's Simulation Program.