

The Parry Center for Clinical Skills and Simulation
SIMULATION REQUEST FORM

Please email this form to the Parry Center Director, Valeriy Kozmenko, MD at
parrycenter@usd.edu

1. Institution _____

2. Contact person _____

3. Email _____

4. Simulation date _____

5. Time, start _____
finish _____

6. Event description

6. Learning objectives (at the end of session, participants will be able to ...)

7. Rooms requested

8. Equipment and supplies requested

**The Parry Center for Clinical Skills and Simulation
SIMULATION REQUEST FORM**

Please email this form to the Parry Center Director, Valeriy Kozmenko, MD at
parrycenter@usd.edu

9. Teaching faculty

names _____

10. Learners

type _____

12. Standardized Patients required?

YES _____ # _____
NO _____

13. High Fidelity Mannequin required?

YES _____
SimMan 3G _____ # _____
SimJunior _____
SimBaby _____
NO _____

14. Outcome measure instrument has been developed and ready for use (checklist, survey etc)

YES _____
NO _____

15. B-Line recording required

YES _____
NO _____

16. Other audio/visual requirements

The Parry Center for Clinical Skills and Simulation
SIMULATION REQUEST FORM

Please email this form to the Parry Center Director, Valeriy Kozmenko, MD at
parrycenter@usd.edu

17. **Other**
