

**DeWitt School of Nursing
Simulation Lab Reservation Form**

Faculty name (s): _____

Contact number(s): _____ Course Name and #: _____

Today's date: _____ (Allow 2 weeks for ordering supplies)

Requested Sim date(s): _____

Lab room(s) requested: _____ Debriefing rooms, #: _____

Check one:

This planned activity is an Actual "Simulation" _____ or Practice _____.

If practice: Faculty will be Present _____ or practice is self-directed _____.

If sim:

Faculty prefers to run sim from bedside _____ or control room _____;

Simulation Template is attached: _____ OR on file: ____.

Overview, description and main purpose of sim:

Specific set-up of manikin, supplies in room and supplies needed to be available at nurses station: