

**NYC Health + Hospitals Simulation Center
Request Form for Simulation/Debriefing Activity**

Please complete this form with as much detail as possible. This information will help The Simulation Center staff determine if your simulation needs are best addressed by a pre-established simulation course or a custom course. Simulation Center staff will contact you after evaluating your needs.

I. Requester Information

Name:	Title:
Phone:	Email address:
NYC Health+Hospitals Facility:	Dept/Program:

II. Course / Event Information

Course/event name:
Reason for using simulation as a teaching tool (ex. refine skills (please specify skills), address RIE/Sentinel event, resident training enhancement, etc.):
Number of participants:

Preferred Course:
Preferred Date/Day of the week (subject to availability):
Preferred course start time (subject to availability): AM PM

Email request form to Jessica Pohlman at Jessica.pohlman@nychc.org

III. Action and Authorization

<input type="checkbox"/> Request approved without changes <input type="checkbox"/> Request approved with changes noted here: _____ _____ <input type="checkbox"/> Request Denied. Reason for denial: _____
The action noted above is authorized by:
<hr/> Signature _____ Printed Name & Title _____ Date _____