



ARROWHEAD REGIONAL MEDICAL CENTER

CUSM Sim Lab Authorization Form

Use of the CUSM Sim Lab must be pre-approved by the Designated Institutional Official (DIO) for Physicians, Residents & Staff, or the Education Services Supervisor for Nursing Education requests. The GME Office will coordinate the scheduling of the use of the sim lab on behalf of the program or faculty member, if approved.

Name of Requester			
Title or Position of Requester			
Program or Department			
Description of Training (Be Specific)			
Date/Time Requested (1st Choice)			
Date/Time Requested (2nd/3rd Choice)			
Type of Simulation (Please select the category that best applies to the requested use. Please select multiple if more than one simulation is being planned)	<input type="checkbox"/> CNS/Neurology/Neurosurgery	<input type="checkbox"/> Musculoskeletal Training	
	<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Endocrine <input type="checkbox"/> Environmental <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Hematology/Oncology <input type="checkbox"/> Immunology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Interprofessional Training	<input type="checkbox"/> Nursing / Education <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Other: Please Specify _____ <input type="checkbox"/> Psychiatry/Behavioral <input type="checkbox"/> Respiratory <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Skin/Cutaneous <input type="checkbox"/> Toxicology <input type="checkbox"/> Trauma	
Will CUSM Faculty be required?	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
Will Standardized Patients be required?	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
Simulators Needed	<input type="checkbox"/> Harvey (cardiac simulator) for use on heart sounds <input type="checkbox"/> Noelle Labor & Delivery (low-fidelity simulator) <input type="checkbox"/> Symbionix – Endo Mentor Suite Simulator (with Bronch add-in) <input type="checkbox"/> SimMan 3G (high fidelity simulator) for use on simulation scenarios <input type="checkbox"/> SimMan Essentials (high fidelity simulator) for use on simulation scenarios		
Please detail the number of hours requested for the training.	Number of lecture hours		
	Number of simulation hours		
	Total number of hours for the training		
Please indicate the number of trainees and their classification/title who will be participating in the training.	Classification / Title	Number of Learners	
	Total Number of Learners		
Program Director or Department Chair Approval	_____ Program Director / Department Chair		
DIO Approval: for Physicians & Residents	<input type="checkbox"/> Approved		
	<input type="checkbox"/> Denied		
	_____ Designated Institutional Official		