***Lead Facilitator:*** *Email completed scenario template and completed Simulated Patient and Confederate (SP&C) Request form to the Simulation Centre email address (*[*sim@nait.ca*](mailto:sim@nait.ca)*). Please note: Only one Simulated Patient & Confederate request per form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **LEAD FACILITATOR INFORMATION** | | | |
| NAME | | DATE SUBMITTED *(MM/DD/YYYY)* | |
| PROGRAM | | EMAIL | |
| PHONE | |  | |
| **SIMULATION SPECIFICS** | | | |
| DATE(S) OF SIMULATION | | LOCATION *(I.E. CAT 126 OR OTHER)* | |
| SCENARIO TITLE | | | |
| FIRST SCENARIO START TIME\* | | LAST SCENARIO END TIME | |
| **SIMULATED PATIENT/CONFEDERATE DETAILS** | | | |
| GENDER *(M/F/EITHER)* | | AGE *(RANGE)* | |
| ADDITIONAL REQUESTS *(INCLUDE MOULAGE, CLOTHING, BUILD, ETC. SPECIFIC REQUESTS)* | | | |
| Are there other Simulated Patient or Confederate requests also being submitted for the same day?  Yes 🞏 No 🞏 | | | |
| **FOR SIM CENTRE USE ONLY** | | | |
| NAIT Simulated Patient 🞏 | U of A Simulated Patient 🞏 | | Request submitted to U of A? Yes 🞏 No 🞏 |
| NAIT Confederate 🞏 | U of A Confederate 🞏 | |
| CONFIRMED SIMULATED PATIENT OR CONFEDERATE NAME | | | |