***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**). Please note: Only one Simulated Patient & Confederate request per form.*

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| **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 |