



School of Health Sciences
SIMULATED PATIENT AND CONFEDERATE REQUEST

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.

LEAD FACILITATOR INFORMATION	
NAME	DATE SUBMITTED
PROGRAM	EMAIL
PHONE	
SIMULATION	
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)	
<p>Are there other Simulated Patient or Confederate requests also being submitted for the same day? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
FOR SIM CENTRE USE ONLY	
NAIT Simulated Patient <input type="checkbox"/>	U of A Simulated Patient <input type="checkbox"/>
NAIT Confederate <input type="checkbox"/>	U of A Confederate <input type="checkbox"/>
Request submitted to U of A? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CONFIRMED SIMULATED PATIENT OR CONFEDERATE NAME	

*NOTE: Simulated Patients & Confederates will automatically arrive an hour prior to the first scenario start time.