# Emory Center for Experiential Learning

## Room/Equipment Reservation Application

### Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Name of Organization:</td>
<td>Department:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
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<td>Email:</td>
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### Conflict of Interest Information

- Is your organization affiliated with Emory University?  
  - Yes☐  
  - No☐  

- What is your funding source?  

- Will any equipment or supplies be brought in for this course?  
  - ________________________________  

- If yes to the above, please list the name of the person coordinating these shipments  
  - ________________________________

- Who will be participating in the program? (faculty, residents, students, etc.)  
  - ________________________________

- Will reps from outside companies be present for this course?  
  - *Yes☐  
  - No☐  

  *If yes to the above, approval must be provided by the SOM Dean’s office:  
  - Helen McLaughlin, 404-727-3413, mclaugh@emory.edu

### CME

- Will CME credit be offered?  
  - *Yes☐  
  - No☐  

  *If yes to the above, approval must be provided by the SOM CME office:  
  - cme@emory.edu;  
  - 404-727-5695

### Program Information

- Title:  
- Dates and Times Requesting:  
- Description:  

- How frequently do you plan on offering this program?  
  - Weekly ☐  
  - Monthly ☐  
  - Quarterly ☐  
  - Bi-Annual ☐  
  - Annual ☐  

  *Other:  

  Confirmation will only be for the current academic year. The application will need to be resubmitted for subsequent years.
**Simulation Needs**

<table>
<thead>
<tr>
<th>Type of Equipment to be used:</th>
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<tbody>
<tr>
<td>High Fidelity Adult Simulator (HAL, METI)</td>
<td>□</td>
</tr>
<tr>
<td>High Fidelity Pediatric Simulator - 5 year old</td>
<td>□ neonate □</td>
</tr>
<tr>
<td>High Fidelity Birthing Simulator (NOELLE)</td>
<td>□</td>
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<tr>
<td>Virtual Reality (Describe)</td>
<td>□</td>
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<tr>
<td>Task Trainer (Describe)</td>
<td>□</td>
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**Room Requirements**

Which room(s) would you like to reserve? (Room Capacity) How many people to accommodate?

**Skills Labs**
- B27 (24-36 people) □ ______
- B31 (20-28 people) □ ______

**OR Simulation Lab**
- B31A □ ______

**Emergency Medicine Simulation Labs**
- B31B □ ______
- B31C □ ______

**Labor/Delivery/Float Simulation Lab**
- B31D □ ______

**Conference Rooms**
- B31J (10-12 people) □ ______
- B31H (10-12 people) □ ______

**Fresh Tissue**
- B12 □

Do you require any additional rooms for teaching purposes? Yes □ No □

**Audiovisual/Information Technology Requirements**

What AV support will be required?

Will you need concurrent viewing of sessions in the conference room? Yes □ No □

Do you plan on recording the sessions? Yes □ No □

**Standardized Patient Requirements**

Will you need standardized patients for your simulation session? Yes □ No □
### Operational Requirements

Who will be writing the scenario?

<table>
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<tr>
<th>Will the simulator programming be done by the ExCEL Coordinator or other?</th>
<th>Yes ☐</th>
<th>No ☐</th>
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</thead>
</table>

Do you need a simulator operator? Yes ☐ No ☐

Will you be using an electronic checklist/evaluation form? Yes ☐ No ☐

### Research Recommendations

Are you anticipating publishing data from these simulation scenarios?

<table>
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<tr>
<th>*Yes ☐</th>
<th>No ☐</th>
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</table>

*If you are even remotely considering publication IRB approval is required.

If part of a research project, is it a funded project, pending funding, or unfunded?

Has authorship for publications been discussed?