

 Clinical Learning Center

**Room Reservation Form**

Please fill in the blue boxes below to request a reservation. **Fall semester submit by July 1st, Winter semester by November 1st and Spring semester by March 1st!**

Email form to:**UMSN-CLC-Mailbox@med.umich.edu**.

You should receive an email from a CLC staff member within 2 working days.

|  |  |
| --- | --- |
| **INFORMATION NEEDED** | **YOUR INPUT** |
| Date Submitted |  |
| Course Number and Name |  |
| Faculty Name and Email |  |
| Best Contact Phone Number. |  |
| Desired Date(s) and Time(s).  |  |
| **Please indicate which room(s) you are** **requesting by checking the box.** | **Please indicate what equipment** **or supplies you will need.** |
| Is this a Telehealth? | [ ]  **Yes**  [ ]  **No** |  |
| Assessment Room A | [ ]  **Yes** [ ]  **No** |  |
| Assessment Room B | [ ]  **Yes** [ ]  **No** |  |
| Master Control | [ ]  **Yes** [ ]  **No** |  |
| Skills Lab | [ ]  **Yes** [ ]  **No** |  |
| Skills Training | [ ]  **Yes** [ ]  **No** |  |
| Anatomy Lab | [ ]  **Yes** [ ]  **No** |  |
| Standardized Patient Rooms | [ ] **A** [ ] **B** [ ]  C [ ]  **D** |  |
| Sim Room – Peds | [ ] **1-year-old** [ ]  **5-year-old** |  |
| Sim Room – OB | [ ]  **Noelle** [ ] **Victoria** |  |
| Sim Room – Med/Surg | [ ]  **Yes** [ ]  **No** |  |
| Sim Room – ICU | [ ]  **Yes** [ ]  **No** |  |
| Debrief Classroom 150 | [ ]  **Yes** [ ]  **No** |  |
| * A/V Needed?
 | [ ]  **Yes** [ ]  **No** |  |
| Debrief Classroom 160 | [ ]  **Yes** [ ]  **No** |  |
| * A/V Needed?
 | [ ]  **Yes**  [ ]  **No** |  |
| Debrief Classroom 170 | [ ]  **Yes** [ ]  **No** |  |
| * A/V Needed?
 | [ ]  **Yes** [ ]  **No** |  |

**AdditionalInformation/Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**