



CLC Activity Request Form: Academic Curriculum-Based Events

**Thank you for submitting an activity request to the Clinical Learning Center!
After reviewing your request, CLC Staff will determine whether or not an in-person meeting is needed. All requests will be responded to within 48 hours of submission.**

Please submit activity requests two weeks in advance; requests with less lead time may not be able to be accommodated.

Email all Activity Request Forms to: UMSN-CLC-Mailbox@med.umich.edu

GENERAL INFORMATION

Faculty Name

Curriculum Type Undergraduate
 Graduate

Course Number /
Name

General Description

Date(s) of Event(s)

Time of Event
(include start and
end times)

SPACE INFORMATION

Rooms Needed

- Physical Assessment Room**
- Standardized Patient Room**
- Nursing Skills Lab**
- Skills Training Classroom**
- Simulation Suite**
- Debriefing Classroom**
- Master Control Room**
- Anatomy Lab (request will be sent to Dr. Teresa Bruggeman for secondary approval)**

Additional Rooms Needed

If you requested the Skills Lab, will you need mannequins or empty beds?

If you requested both Assessment Rooms, will you need the wall divider removed or in place?

If you requested a Simulation Suite, do you prefer a specific room?

EQUIPMENT INFORMATION

An Equipment Catalog that details all of the available mannequins, task trainers, and supplies is located on the CLC Website.

Are mannequins needed?

Yes No

Are there specific capabilities that you want the mannequins to perform?

**Mannequin Details
Needed**

**Low Fidelity
Mid-Fidelity
Hi-Fidelity
Male
Female
Adult
Youth (5 y/o)
Infant (1 y/o)
Newborn**

**Quantity of
mannequins needed
and any other
information**

**Are task trainers
needed? (Note: use
of the task trainers is
the responsibility of
the requestor)**

Yes No

**List the task trainers
needed (including
quantity)**

**Do you need to
schedule an
appointment to
review/practice with
any requested task
trainers?**

Yes No

***When listing consumable supplies, list them by specific item and quantity - for example,
"18G Needle - 20" vs "needles".***

**Are consumable
supplies needed?**

**Yes
No**

**List the supplies
needed (specific
items/quantity)**

STUDENT INFORMATION

Number of Students

Have your students worked in the CLC this year? (If no, consent form will be required the day of the event.)

Yes No

VOLUNTEER INFORMATION

Will you be using volunteers? (If yes, consent form will be required the day of the event.)

Yes No

Number of Volunteers

Age Range of Volunteers

Would you like light snacks/water to be provided for the volunteers?

Yes No

CLC STAFF ASSISTANCE INFORMATION

*Faculty that would like to run their own simulations are required to attend training in simulation/debriefing and equipment operation. Inquiries for this training can be directed to Dr. Michelle Aebersold. *

Is assistance needed from the CLC Staff?

Yes No

If yes, for what duration?

Full event
Partial event

Time Frame of Assistance Needed

What type of assistance is required?

Debriefing
Simulation
Technical Assistance
Other (please specify)

**Additional
Assistance Needed**

**Thank you! You will be contacted regarding this activity request within 48 hours.
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