



# 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](mailto:UMSN-CLC-Mailbox@med.umich.edu)**

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## 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)

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## 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?**

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**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)**

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## **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

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### **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

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### **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**

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