

**Room Reservation Form**

Please fill in the blue boxes below to request a reservation.

Email form to:[**UMSN-CLC-Mailbox@med.umich.edu**](mailto:UMSN-CLC-Mailbox@med.umich.edu).

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

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| --- | --- | --- |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**