Mt. San Antonio College
HEALTH CAREERS RESOURCE CENTER
Building 67B, Room 250, Extension 4788

REQUEST for SIMULATION AND SUPPLIES

(Please submit request to vvillegas@mtsac.edu at least 1 week prior to skills)

Today's Date: _____

Instructor: _____ **Contact Name:** _____

Course: _____ **Phone/Cell/Ext/Email:** _____

☐ Please schedule the Simulation Lab on _____ (date) _____ (time)

☐ I will need a Sim Tech _____ (time), if available I'd like to request _____ **(name of RN)**

Which *Simulator* will you be using? ☐ Stan ☐ Ryan ☐ Lucina ☐ Antonio ☐ Noelle ☐ Birthing1 ☐ Birthing2 ☐ Baby1 ☐ Baby2

Which *Scenario* (from guide) will you be using? _____

If *Moulage* is needed, please describe what you will need: _____

SPECIAL SET-UP INSTRUCTIONS: _____

Request Date/Time	Return Date/Time	Quantity	Description	HCRC Staff Order Filled Quantity/Initial	HCRC Staff Returned Date/Quantity

Revised 10/2016