**Instructions:** This is a sample of the online task training request form. To complete the request process, the online form found on the Simulation Department webpage must be completed.

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| **DEMOGRAPHIC INFORMATION** |

PRIMARY FACULTY INSTRUCTOR NAME & EMAIL:

ADDITIONAL FACULTY NAMES & EMAILS:

REQUESTING DEPARTMENT or ORGANIZATION:

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| **ACTIVITY DETAILS**  The Upstate Simulation Department will assist you with planning your activity whether you are developing a new activity, or an activity previously conducted with us. |

TITLE OF EVENT:

(Examples: Surgical Resident FLS Training, COM FM Clerkship Task Training)

COURSE NAME & NUMBER:

Is this a new activity or an activity that has previously been held at the Upstate Simulation Department?

* New Activity
* Previous Activity with no revision needed.
* Previous activity with revisions needed.

APPROXIMATE DATE LAST HELD:

DESCRIPTION OF LEARNERS (SELECT ALL THAT APPLY):

* Student Interest Group □ CHP Students
* COM-Pre-Clerkship □ COM Clerkship
* COM-Elective □CON Students
* Hospital Staff □GME Resident
* Hospital Fellowship □Other: \_\_\_\_\_\_\_\_\_\_\_\_

EXPECTED NUMBER OF PARTICIPANTS (PER SESSION):

ACTIVITY DETAILS:

*This can be uploaded if a document is created with the information and/or agenda of the activity or entered into the space provided on the online form.*

*Please include the following details: A brief description of the activity including your objectives/learner goals The type and quantity of task trainers needed Supplies and specific kits that may be needed If multiple rooms or rounds are being held If computer/AV equipment is needed for presentations or recordings. \*An equipment list can be found on our webpage:* [*www.upstate.edu/simulation*](http://www.upstate.edu/simulation)

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| **SCHEDULING** |

TARGET SCHEDULE/FREQUENCY OF ACTIVITY?

□ One Time Event □ Short Term Series □ Weekly

□ Bi-weekly □ Monthly □ Quarterly

□ Annually □ Other Rotation:

Does this session occur over multiple days (Y/N)

If yes, please explain.

PREFERRED DATES:

ALTERNATIVE DATES:

PREFERRED START TIME:

* AM (8:30 AM – 12:00PM)
* PM (1:00 PM – 5:00 PM)
* ALL DAY (8:30-5:00 PM)
* NO PREFERENCE
* OTHER: Please explain.

ESTIMATED LENGTH OF SESSION (1 hour, 2 hour, 4):

Is this activity part of a larger process improvement project? (Y/N)

Is this activity part of a research project? (Y/N)