

# Simulation Support Request Intake Form: Part 2B Sim Equipment Support Team

**Instructions:**

Submission of the Part 2 form is required at least 6 weeks prior to the session. To complete the request process, it must include templates found on the [Simulation Center Resources](#) webpage. Submit additional templates to [HS-SimulationEquipmentSupportTeam@ucdavis.edu](mailto:HS-SimulationEquipmentSupportTeam@ucdavis.edu). (e.g., Scenarios and supply requirements).

**Manikin/Task Trainer Equipment Support Assignment:**

Official Event Title:

Date(s) of Event:

Time(s) of Event:

School/Department:

IOR or Coordinator Information:

Delivery/Technology Format:

Learner Level(s):

Approximate Number of Participants:

Lead Simulation Staff Person Assigned:

Assigned Space Location:

Training Rooms Assigned:

Part 1 Survey ID:

Q3. Please list any relevant changes that occurred from the above information:

- Official Event Title: \_\_\_\_\_
- Date(s) of Event: \_\_\_\_\_
- Time(s) of Event: \_\_\_\_\_
- School/Department: \_\_\_\_\_
- IOR or Coordinator Information: \_\_\_\_\_
- Delivery/Technology Format: \_\_\_\_\_
- Learner Level(s): \_\_\_\_\_
- Approximate Number of Participants: \_\_\_\_\_
- Approximate Number of Training Rooms Needed: \_\_\_\_\_

Q4. Names of onsite lead instructor/coordinator?

\_\_\_\_\_

**Learner Details**

Q5. Total number of learners?

Per Session \_\_\_\_\_

Per Day \_\_\_\_\_

Q6. Will the learners be divided into groups or stations?

Yes

No

Q7. How will learners be assessed?

Pre/Post Test

Individual Rating

Faculty Observation

Other (Please Explain):  
\_\_\_\_\_

Q8. How will learners receive feedback?

Immediate Debrief

Follow-up Discussion

Written Evaluation

Other (Please Explain):  
\_\_\_\_\_

**Task Trainer Information**

Q9. Do you require task training equipment for your training session?

Yes

No

Q10. What types and quantity of task trainers are needed?

Link to resources: [Simulation training equipment resources](#)

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NOT for submission

## Full-Body Manikin Details

Q11. Do you require a full-body manikin(s)?

Yes

No

Q12. What type(s) of full-body manikin is needed?

Link to resources: [Simulation training equipment resources](#)

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NOT for submission

Q13. Do you require continuous manikin support?

Yes

No

Q14. If using high fidelity simulation-based scenario, please provide overview stem for each case-based learning event. (Example: "Clinic setting, 64 y/o male, complaint of abdominal pain for 8 hours. PE: Pale, cool, diaphoretic, tachypnea, edema to lower extremities").

Link to resources: [Simulation Scenario Template](#)

Stem 1 \_\_\_\_\_

Stem 2 \_\_\_\_\_

Stem 3 \_\_\_\_\_

Stem 4 \_\_\_\_\_

Stem 5 \_\_\_\_\_

Stem 6 \_\_\_\_\_

**Additional Equipment and Technology Required**

Q15. Do you require additional equipment and/or technologies?

Yes

No

Q16. Supplies and equipment needed beyond standard room set up?

Link to resources: [Simulation training equipment resources](#)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q17. Please include any special instructions or requests:

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Q18. Is audio-visual support needed?

- Panopto Recording
- Distance Learning Technology (e.g., Zoom)
- None

After submission of this form, please email the completed items below to [HS-SimulationTechnologySupportTeam@ucdavis.edu](mailto:HS-SimulationTechnologySupportTeam@ucdavis.edu)

Items to Email:

- Scenario(s)
- Supply List

A confirmation will be provided to the client from the assigned Simulation Support team member assigned. A follow-up meeting may be scheduled for further discussion.

- I acknowledge Part 2 components to be submitted.