Initial request for simulation

Please submit the following information to christina@lsbpne.com

Program Name: Program locations:
Date of request: Date of implementation:

1. Rationale for need of simulation:

2. Proof of support for simulation: (letters of support, budget, short and/or long-term plan)

3. Proof of adequate resources (physical space, equipment, technology if applicable)

4. Proof of qualified faculty members and/or personnel trained in simulation best practice (CV):

5. Policies and/or procedures specific to simulation exist and are available to students (handbook):

6. Attach simulation-based learning evaluation tool to be used