LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

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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	s of support, budget, short and/or long-term plan)
3.	Proof of adequate resources (physical s	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 s	simulation exist and are available to students (handbook):
6.	Attach simulation-based learning evalu	ation tool to be used