

# Pittsburg State University Regional Health Simulation Center Reservation Form

If you are interested in requesting time at the Pittsburg State University Regional Health Simulation Center, please fill out the request below and return to PSU Nursing Department. If you have special requests, please include these at the bottom of the form. You should receive an email response within 2 - 3 business days. If you do not receive a response within this time, please call (620) 235-4332 to verify that your request has been received.

Please be sure to fill out your reservation request at least 2 weeks in advance of your requesting visit date so the proper equipment and training materials will be available. **If you must cancel your scheduled visit, please do so in a minimum of 24 hours in advance.** Thank you and we look forward to seeing you soon!

<b><u>General</u></b>	
Name:	
Phone:	
Fax:	
Email Address:	
Contact Person: (if different)	
Contact Phone:	
Contact Email Address:	
Type of Training Requested:	
<b><u>Participant Information</u></b>	
Participant:	<input type="radio"/> Pittsburg State University <input type="radio"/> Fort Scott Community College <input type="radio"/> Labette Community College <input type="radio"/> Other _____
Department or Section:	
Billing Contact: ( if applicable)	
Billing Address:	
City:	
State:	
Zip Code:	

<b><u>Reservation Information</u></b>	*Normal Operating hours are M-F from 8:00am through 3:30pm, which includes time to properly set up for and clean up from daily activities. The HSC must be closed for lunch from 12:00 - 1:00pm to allow time for clean up and set up. Other hours including weekends and Holidays must be approved by Project Directors and HSC staff.
Are you requesting a HSC Staff Operator?	<input type="radio"/> Yes, a HSC Staff Operator is needed. <input type="radio"/> No, arrangements for a qualified operator have been made.
Number of Learners:	
Number of Faculty Facilitating	<b>(Faculty:Learner Ratio cannot exceed 1:10)</b>
First Choice of date	
Second Choice of date	
Third Choice of date	
Requested Start Time:	
Requested End Time:	
Simulator Preferred:	<input type="radio"/> Adult <input type="radio"/> Pediatric <input type="radio"/> Infant
Other Needs:	<input type="radio"/> Video/Audio Recording <input type="radio"/> Conference Room <input type="radio"/> Other _____
Name of Scenario(s):	
Other Comments or Special Requests:	

**Please complete this form and return to:**

**Beth Wilson  
PSU Department of Nursing  
1701 S. Broadway  
Pittsburg, Kansas 66762**

**Or by fax: (620) 235-4449**