Request for Simulation Education Workshops for Nursing

Purpose: These simulation workshops will provide simulation education to faculty and/or nurse educators on topics identified as a need at your institution. The MCSRC faculty will deliver the education at your college/university/hospital. Please complete the nomination form. A letter of support by the Dean, Director or Chief Nurse Officer must accompany the form.

Please complete the following:

Name of College/University/Hospital ________________________________________________

Name of Dean/Director/CNO _________________________________________________________

Contact for arrangement of workshops (name, email, phone, building/office address)
_________________________________________________________________________________
_________________________________________________________________________________

Date/s and Times Requested (Please provide two alternative dates)
_________________________________________________________________________________

Number of Participants ______________________________________________________________

1. Please select workshop request: 4 hour workshops. You may select one or two workshops per day (see Course Descriptions)
   A. _____ Foundations of Simulation
   B. _____ Debriefing Basics
   C. _____ Debriefing: A Deeper Dive into Methods and Evaluation
   D. _____ Curriculum Integration of Simulation
   E. _____ Evaluation in Simulation

2. Statement of Need (100 words or less)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

3. Evidence of the use of simulation in the nursing program or hospital (100 words or less)
_________________________________________________________________________________
4. Statement of intent to implement or increase use of simulation the nursing program or hospital (100 words or less)

Upon completion of the form, please email to MCSRC.maryland@montgomerycollege.edu