

STANDARDIZED PATIENT BOOKING REQUEST

Email: sppgm@ualberta.ca

Today's Date (mm-dd-yyyy):

Reference #: (Office use only)

Faculty / Dept. / Institute:

Address:

Name of Facilitator:

Alternate Contact:

Facilitator Phone:

Alternate Phone:

Facilitator Email:

Alternate Email:

Type of Simulation (Check all that apply)

- Objective Structured Clinical Examination (O.S.C.E.)
- Teaching
- Assessment
- Other (please specify):

Purpose of Simulation (Check all that apply)

- Data Gathering (History Taking)
- Education
- Physical Examination
- Performance Assessment / Treatment Skills
- Other (please specify):

Level of Examinee / Student:

Time Allotted for Each Simulation

- 10 min
- 15 min
- 20 min
- 30 min
- Other (please specify):

Interaction Format (Check all that apply)

- Individual
- Group
- SP Feedback
- Videotaped

Event Date (mm-dd-yyyy)	Simulation / Script Name (Include: Gender, Age range)	# of SPs	Start Time	End Time	Simulation Location (Building, Room, Address)	(Office Use Only) Simulator

Return completed forms by email to sppgm@ualberta.ca. You will receive a written confirmation upon completion of your booking request(s).
 *Cancellation less than 2 full working days prior to the event will be invoiced at the original cost of the booking. All other cancellations will be invoiced for committed or incurred costs. **Please note: Simulation space is booked separately. Forms available on HSERC's website.