\*\*In order to ensure your new training is successful, please complete this form with as much information as possible. All boxes should be filled in.

If you have any questions regarding what is being asked, please consult with one of the Nurse Educators at SBER.NurseEds@hitchcock.org.

**Hold** (reach out to SBER.NurseEds@hitchcock.org ) **Session Request** (training is already created- reach out to [pstc.scheduling@hitchcock.org](mailto:pstc.scheduling@hitchcock.org))

**Funding Source Outside of DH:**  Grant  External Contract

Title of Training (Number and Name):

If unsure of title please use a few keywords describe what the training will be (avoid acronyms and abbreviations)

Requesting Department (if multiple list all):

Content Expert/Instructor:

Email/ Phone:

SBER Development Staff:  Ruth  Lisa Hold approved  N/A  Yes  No (reach out to SBER.NurseEds@hitchcock.org )

Technician Support Required:  Set-up (ie: equipment/supplies ready for you)  Duration (ie: Tech needed set up & to run manikin)

Skill  Scenario  Case  Hybrid Standardized Patient:  Yes  No

Number of Learners Number of Instructors Number of Support Staff

Type of Learner (MD, APRN, RES, RN, LNA, MED STUD, Technician (etc.) (List all applicable)

PSTC  DH In-Situ  Regional: (include physical address)  Telehealth/Remote

Aircraft Simulator set-up needed?  Yes  No (Checking yes requires the availability of the PSTC OR/ED room)

Dry Run (required 2 weeks prior to learner session)  Yes  No **2** Possible date/time requested:

Preferred learner session request date and time:

Duration of session: How many cycles will training be run per session?

Are these Dates/ Times Flexible:  **Yes**  Can do evenings  Can do weekends  **No**

Alternate Dates/ Times if preferred is not available (Please give two):

Date /Time

Date/Time

For HOLD session only- Equipment needed (manikins, beds, medical equipment, etc.):

Other Information: