

Clinical Simulation & Learning Center

Room Request Form

** If you are wanting to reserve room(s) in the CSLC please complete this form and email to consim@uky.edu. Once your requests are received they will be reviewed for conflicts. If there happen to be conflicts you will be notified about the issue. If there are no conflicts you will receive a conformation email from a member of the lab. Thank you for your cooperation! – CSLC Faculty & Staff **

Name: _____

Course Name/Number: _____

Bed Type:

Semester: _____

Date(s):

(Xx/xx/xx – xx/xx/xx)

Description:

(Competency, lab, etc.)
Max 50 characters

Equipment:

(Oxygenation, wound, etc.)

Room(s):

(102, 405E, 405G, 405J,
405L, 407, 407A-E, 413A)

Repeat:

(Yes/no – Mon/Fri)

<u>Date(s):</u> (Xx/xx/xx – xx/xx/xx)	<u>Description:</u> (Competency, lab, etc.) *Max 50 characters*	<u>Equipment:</u> (Oxygenation, wound, etc.)	<u>Room(s):</u> (102, 405E, 405G, 405J, 405L, 407, 407A-E, 413A)	<u>Repeat:</u> (Yes/no – Mon/Fri)

Objectives:

Notes: