

**Reservation Request form**

**Instructions**

This form is required to be submitted at least three months prior to the session to initiate and guarantee a confirmation. Requests submitted less than two months prior to the session will be scheduled based on space and resource availability.

**Tell us who we will be working with:**

**Organization\***

Office of Medical Education School of Nursing Program  
 Hospital Department External Client

**Hospital department**

**School of Health Program**

SON MEPN GME  
 SON DNP SON CRNA  
 OME Medical Student SON Physician Assistant Other

**Coordinator/Course planner\*****Faculty/Educator/IOR\***

**Please provide session details:**

**Title of training sessions\*Course Number (e.g., ANE 440, NRS 420, etc.)Reservation Request Date – limited to 3 months\***

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**Start time (hh:mm)\* End time (hh:mm)\***

**Alternative or additional session dates:**

**Learner details:**

**Total number of learners for Type of learners – select all**

**each day of training\* that apply\***

**Session location details:**

**Preferred building location:**

CHT Building Clinical Education Resource Center (CERC)  
 Education Building Betty Irene Moore Hall  
 External location Hospital UCDH Ambulatory

**Please list your preferred room (e.g., large room, CERC, four exam rooms)**

**Will this session require standardized patients or models?**

Yes   
 No

**Please provide any additional details to aid in your scheduling of this course:**

**Attachments:**

**Please place any scheduling documents here.A close-up of a folder

AI-generated content may be incorrect.**

**Thank you for completing Part 1 of our request process. The scheduling team will review and contact you shortly regarding space assignment for your session. We will send you Part 2 shortly to obtain additional details to support your session.**

**The Part 2 form is required to be submitted at least six weeks prior to the scheduled event. We appreciate the attachment of any templates with the Part 2 submission (e.g., standardized patient checklist, scripts, exam flow, scenarios, and/or equipment requirements).**

**Thank you, we look forward to working with you!**

