



**HIGH POINT UNIVERSITY**  
Department of  
Physician Assistant Studies  
Center for Medical Simulation

**Outside Agency Simulation Request Form**

**Organization:**

**Requested Simulation Date/Time:**

**Organizer Name/Contact Information:**

**Course Title:**

**Number of Learners:**

**Learning objectives for simulation:**

**Brief overview of the simulation:**



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**Resources Requested**

*Select based on your scenario and desired learning objectives. DPAS Center for Medical Simulation will review requests and then work with agency to determine best options for desired learning objectives.*

Resource	Yes	No
<b>High Fidelity Patient Simulator</b> (Full patient mannequin capable of pre-programmed or “on the fly” scenarios)		
<b>Task Trainer</b> (Partial patient mannequin used for focused procedural training)		
<b>Standardized Patient</b> (Live actor trained to play the part of a patient)		
<b>Debriefing</b> (DPAS Faculty/Staff member will be assigned by DPAS Center for Medical Simulation) **** If requesting agency will provide instruction and debriefing for learners, choose “No” ****		