

UW Master's in Healthcare Simulation Education Host Site Agreement

The UW Master's in Healthcare Simulation Education summer practicum is intended to provide the student with hands-on experience in the simulation center setting. Over the course of the practicum, students will observe current simulation activities, assist in the execution of simulation activities, participate in teaching activities, and ultimately prepare and implement a brief simulation curriculum. This practicum is designed as an opportunity to apply all the theoretical information delivered in the didactic education and simulation courses in the first year and give the students "real world" experience to the healthcare simulation setting. This program will require that the home site's leadership engage in mentorship of the student, and provide guidance throughout the experience, however, formal oversight of the practicum, including evaluation and provision of feedback will be carried out by program leadership.

Simulation Center Name:		
Simulation Center Location:		
What is the accreditation status of your center? (if applicable)		
What are your center's estimated annual learner hours?		
What learner groups does your center serve? (Check all that apply)		
<input type="checkbox"/> Nurses <input type="checkbox"/> Residents <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Medical Students <input type="checkbox"/> Other _____		
What types of personnel support your center? (Check all that apply)		
<input type="checkbox"/> Clinical Instructors (Physicians, nurses, Pharmacy, Rehabilitation medicine, etc.) <input type="checkbox"/> Non-Clinical Instructors <input type="checkbox"/> Technicians <input type="checkbox"/> Administrators <input type="checkbox"/> Research personnel <input type="checkbox"/> Other: _____		
What types of technology and resources do you have available at your center? (Check all that apply)		
<input type="checkbox"/> Manikins <input type="checkbox"/> Task trainers <input type="checkbox"/> Standardized patients <input type="checkbox"/> Biological specimens <input type="checkbox"/> AR/VR modalities <input type="checkbox"/> 3D Printing and/or fabrication <input type="checkbox"/> Other _____		
This practicum will run from mid June through mid August. During this time period, will your center support a variety of different educational programs and training events to provide a robust practical experience for the applicant?		
<input type="checkbox"/> Yes <input type="checkbox"/> No. If No: Please explain how your center would otherwise support the applicant's professional development		
Please identify two individuals who could potentially serve as an on site supervisor for the applicant, if they were admitted to the program.		
Potential Supervisor Name	Title/Role	Contact Email
Potential Supervisor Name	Title/Role	Contact Email



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The summer practicum is a required element for the UW Master's in Healthcare Simulation Education degree program.

Please review the following attestation, and sign below to indicate your simulation center's willingness to support the prospective student's application, by serving as a Host Site for a future summer practicum.

Please check each box to indicate your agreement.

- ☐ The simulation center that I represent has the capacity and resources necessary to provide a robust practical learning experience for the applicant.
- ☐ The simulation center that I represent endorses the student's application for the UW Master's in Healthcare Simulation: Education by agreeing to serve as the practicum host site.
- ☐ The simulation center, in serving as the applicant's host site, will be responsible for any fees, costs, or expenditures incurred by the simulation center during the applicant's practicum.
 - This may include, but may not be limited to:
 - Courses and supporting course materials deployed at the simulation center, by, or with assistance from the applicant.
 - Development, testing and deployment of novel technologies for simulation instruction in healthcare, by or with assistance from the applicant.
 - Research support
- ☐ I have read and agree to the terms of this agreement between the UW Master's of Healthcare Simulation Education program and the simulation center that I represent, _____, to serve as the host site for the applicant _____.

Signature of Simulation Center Representative	Name (Printed) of Simulation Center Representative
Title of Simulation Center Representative	Name of Simulation Center
Date	