**VHA National Simulation Center – National Simulation Center Tour/Site Visit Request Form**

Complete form and email To: [Richard.Trotter1@va.gov](mailto:Richard.Trotter1@va.gov)

CC: [Calvin.Shingle@va.gov](mailto:Calvin.Shingle@va.gov)

Hello, thanks for your interest in SimLEARN.

Note:

Tours. Per VHA SimLEARN Standardization of Tour Scheduling Standard Operation Procedures tours are to be scheduled the first Tuesday of each month between the hours of 12:30 pm and 1:30 pm. All tour requests are to be routed through the National Simulation Activity Coordinator for approval by the SimLEARN Executive Director. In cases where the primary tour time or date does not meet the needs of the client, a secondary option shall be the third Tuesday of each month held between the hours of 12:30 pm and 1:30 pm.

All Activity Requests.

Purpose. Please add the mission/purpose of you/your organization for the use of our SimLEARN National Simulation Center in the Comments.

SimLEARN embodies the practices of a university model and is utilizing its space for collaborations, Cooperative Research and Development Agreement (CRADAs), and partnerships. We strongly encourage activities that increase SimLEARN Innovation Center for Education (SLICE) expansion, clinical training & engagement; learning management; assessment, collaboration & outreach, and emerging healthcare technology & integration.

\*\*\* Please fill this request form out with as much details as possible. \*\*\*

\*\*\* When requesting tours please enter the specific dates and times only. (Booking tours requires the exact date and time; if we don't receive this data, it may prolong the process or cause your request to be denied. \*\*\*

Reach out to me at [Richard.Trotter1@va.gov](mailto:Richard.Trotter1@va.gov) with questions and concerns

**Requestor Information**

**Today’s Date:** Click here to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requestor Name:** |  | | | |
| **Organization:**  (VHA, VA/VACO, NCA/VBA) |  | | | |
| Person Responsible for Tour  (may be different from the person completing this form): | |  | | |
| **Contact Information:** (Phone) |  | | (E-mail) |  |

**Request Details**

Continue on the next page!

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tour/Site Visit Title:** | | | Training  Conference  Vendor  Collaboration / Partnerships  Meetings  Tour/Site Visit | | | | | | | | | | | | | | | |
| Purpose of Tour/Site Visit (brief): | | |  | | | | | | | | | | | | | | | |
| **Targeted Audience:** | | |  | | | **VA Employees** | | | |  | **Non-VA Employees** | | | | **# of Participants:** | |  | |
| Preferred Date(s): | **From**  **Date:** | | Click here to enter a date. | | | | | **To**  **Date:** | Click here to enter a date. | | | **Start Time:** | |  | | **End Time:** | |  |
| Alternative Date(s): | **From**  **Date:** | | Click here to enter a date. | | | | | **To**  **Date:** | Click here to enter a date. | | | **Start Time:** | |  | | **End Time:** | |  |
| **Space and Equipment Needs (If Necessary)** | | | | | | | | | | | | | | | | | | |
| **Number of Spaces &/or Rooms**: | |  | | **Expected Capacity (Attendees) Per Room:**  **(If more than one)** | | | | | | | | |  | | | | | |
| **Audio/Visual support will be needed:** | | | | | | | **Yes  No** | | | | | | | | | | | |
| **Event will require shipping, mailing or receiving**  **services/supplies:** | | | | | **Yes  No** | | | | | | | | | | | | | |
| **Additional Support if not listed?** | | | | |  | | | | | | | | | | | | | |
| **Any additional information you would want us to know.** | | | | |  | | | | | | | | | | | | | |