

## **Program Utilization Form**

Ref.	FO-017
Rev.	0

Booking Information: Ple reservation.	ase fill with complete information regarding your	S.N.	Room No.
Date of Reservation:	Time:	A.M / P.M. to A.M / P	.M. Duration: Hours
College:	Medicine □ Nursing □ Dental □ Pharm	nacy $\square$ Applied Health Sciences	□ Other □:
Booking Status:	Pre-booked (by Default)		
Attendance:	Number of Females: Number	er of Males:	
If Undergrad:	1st Year □ 2nd Year □ 3rd Year □ 4	4th Year □ 5th Year □ 6th Ye	ear 🗆 House Officers 🗆
If Postgrad:	F		
Program Information: Pla	ease fill out the spaces with complete information.  I,	f you are unsure, kindly consult with th	e Front Desk staff.
Department:	Course Director	r: Prof. 🗆   Dr. 🗆   Mr. 🗆   Mrs. 🗆	]   Miss □
Program Title:			
Type of Reservation:	Program $\square$ Course/Workshop $\square$	Exam $\square$	
Simulation Program:	Yes □ No □ If yes, please speci	ify: Virtual Simulation $\square$	High Fidelity Simulation $\square$
Number of Rooms:	Small Rooms: (Max: 1	16 persons/room) Big Ro	ooms: (Max: 30 persons/room)
Program Requirements:	Kindly check the back page for the CME and the FL	YER requirements.	
Would you like to apply for CM	IE credits for this program? Yes $\square$ No $\square$		
Would you like to have a FLYE	R made for this program? Yes $\square$ No $\square$		
	m: Please complete the information below.		
	are acknowledging that you have read, ag es. Our Policy and Procedures will be avai		
Name: Prof. □   Dr. □	]   Mr. □   Mrs. □   Miss □		
Department:			
Signature:	Contact Number:	E-mail Address:	
For CSSC Staff only:			
Booked by:			
Reservation Changes:	Modification of Reservation $\square$		
Change Made by:	Center □ User □ No Sho	ow 🗆	
Reason of Change:			
Prepared by:	Checked By: Data Entry by	y:	



2. Data Show

3. Screen4. Laser Pointer

5. Speakers

7. Adaptors

6. Cable Connections

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Other Simulation Models:

Needs Assessment				
A Needs Assessment was performed:	Yes		No 🗆	
Methods used in Needs Assessment (Check all that	apply):			
Survey of Audience		Part of general	training requirements	
Recommendation by Experts		Literature revi	Literature review	
Maintenance of Competency		Sentinel Event	Sentinel Event	
Mortality and morbidity review/quality assurance	у 🗆	Institutional o	r accreditation standards	
Others				
Program Requirements:	CME Credits	Requirement:	Flyer Requirements:	
Program Requirements:  » Bait Alkhebra	CME Credits  » Curriculum Vitae of all Ins	•	Flyer Requirements: » Instructor/s Name	
0 1		•	, , ,	
» Bait Alkhebra	» Curriculum Vitae of all Ins	•	» Instructor/s Name	
» Bait Alkhebra » Checklist	<ul><li>» Curriculum Vitae of all Ins</li><li>» Saudi Council ID copy</li></ul>	•	» Instructor/s Name » Course Description	
» Bait Alkhebra » Checklist » Timetable	» Curriculum Vitae of all Ins » Saudi Council ID copy » Learning Objectives » CME Request Form.** **If CSSC has applied for	cme Credits for the same	» Instructor/s Name » Course Description » Course Objectives	
» Bait Alkhebra     » Checklist     » Timetable     » Completed Utilization Form     » Course Materials for Participants if available	» Curriculum Vitae of all Ins     » Saudi Council ID copy     » Learning Objectives     » CME Request Form.**      **If CSSC has applied for course, CSSC will only req instructors	CME Credits for the same uire the updated CV of the if available.	» Instructor/s Name » Course Description » Course Objectives » Target Audience » Preferred Color Scheme » Photos to attach to the flyer	
» Bait Alkhebra     » Checklist     » Timetable     » Completed Utilization Form     » Course Materials for Participants if available	» Curriculum Vitae of all Ins     » Saudi Council ID copy     » Learning Objectives     » CME Request Form.**      **If CSSC has applied for course, CSSC will only req instructors	CME Credits for the same uire the updated CV of the	» Instructor/s Name » Course Description » Course Objectives » Target Audience » Preferred Color Scheme » Photos to attach to the flyer	
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» Bait Alkhebra     » Checklist     » Timetable     » Completed Utilization Form     » Course Materials for Participants if available	» Curriculum Vitae of all Ins     » Saudi Council ID copy     » Learning Objectives     » CME Request Form.**      **If CSSC has applied for course, CSSC will only req instructors  applicable requirements to CS	CME Credits for the same uire the updated CV of the if available.  SSC E-mail: csc.kau.edu@gm	» Instructor/s Name » Course Description » Course Objectives » Target Audience » Preferred Color Scheme » Photos to attach to the flyer	
» Bait Alkhebra     » Checklist     » Timetable     » Completed Utilization Form     » Course Materials for Participants if available  Please submit all the a	» Curriculum Vitae of all Ins     » Saudi Council ID copy     » Learning Objectives     » CME Request Form.**      **If CSSC has applied for course, CSSC will only req instructors  applicable requirements to CS	CME Credits for the same uire the updated CV of the if available.  SSC E-mail: csc.kau.edu@gm	» Instructor/s Name » Course Description » Course Objectives » Target Audience » Preferred Color Scheme » Photos to attach to the flyer	

\*For information on the following Manikins/Models, please refer to the Learning Resources Guide.

CRM
 TOT

4. Anesthesia Program (PG)

6. Pediatric EM Program (PG)

5. EM Program (PG)

7. ICU Program (PG)

Get access to the Learning Resources Guide via <a href="https://online.fliphtml5.com/vdyeb/ljnj/">https://online.fliphtml5.com/vdyeb/ljnj/</a>