



Session Utilization Form

Ref.	FO-004
Rev.	0

Booking Information: <i>Please fill with complete information regarding your reservation.</i>	S.N	Room No.
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Date of Reservation: _____ Time: _____ A.M / P.M. to _____ A.M / P.M. Duration: _____ Hours

College: Medicine Nursing Dental Pharmacy Applied Health Sciences Others : _____

Booking Status: Regular Session: Pre-booked Session: Walk-In Session:

Attendance: Number of Females: _____ Number of Males: _____

If Undergrad: 1st Year 2nd Year 3rd Year 4th Year 5th Year 6th Year House Officers Group:

If Postgrad: Nurse Demonstrator Consultant Resident Faculty Others

Instructor Information: *Please fill out the spaces with complete information.*

Instructor Department: _____ Instructor Name: Prof. | Dr. | Mr. | Mrs. | Miss

Instructor Specialty: _____

Session Details: *Please fill out the spaces with complete information. If you are unsure, kindly consult with the Front Desk staff.*

Type of Reservation: Module Program Course/Workshop Self-Directed Learning (SDL)

Session Title: _____

Learning Objectives: Yes No If yes, please specify: _____

Type of Session: Clinical Session (History)
Practical Session

If Practical Session, please specify:
Standardized Patient Virtual Simulation High Fidelity Simulation Part-Task Trainer

Person who filled the form: *Please complete the information below.*

By signing below, you are acknowledging that you have read, agree to and accept CSSC's Policy and Procedures for learning education purposes. Our Policy and Procedures will be available on our website and our front desk for reference.

Name: Prof. | Dr. | Mr. | Mrs. | Miss _____

Department: _____ Date Today: _____ Time: _____ A.M / P.M.

Signature: _____ Contact Number: _____ E-mail Address: _____

For CSSC Staff only:

Booked by: _____

Reservation Changes: Modification of Reservation Cancellation of Reservation

Change Made by: Center User No Show

Reason of Change: _____

Prepared by: _____ Checked By: _____ Data Entry by: _____



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Educational Resources: *Please put a check for the I.T. Items/ Simulation Models required.*

I.T. Items	Simulation Models
1. Laptop <input type="checkbox"/>	1. RR-CRM Menu <input type="checkbox"/> 7. OB-Gyne Program (PG) <input type="checkbox"/>
2. Data Show <input type="checkbox"/>	2. CRM <input type="checkbox"/> Other Simulation Models:
3. Screen <input type="checkbox"/>	3. TOT <input type="checkbox"/> 1. _____
4. Laser Pointer <input type="checkbox"/>	4. Anesthesia Program (PG) <input type="checkbox"/> 2. _____
5. Speakers <input type="checkbox"/>	5. EM Program (PG) <input type="checkbox"/> 3. _____
6. Cable Connections <input type="checkbox"/>	6. Pediatric EM Program (PG) <input type="checkbox"/> 4. _____
7. Adaptors <input type="checkbox"/>	7. ICU Program (PG) <input type="checkbox"/> 5. _____

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

Part Task Trainer Models	Virtual Simulation	High-Fidelity Simulation
1. AED Little Anne (Page 30) <input type="checkbox"/>	1. Lap Mentor II (Page 96) <input type="checkbox"/>	1. SimMan (Page 17) <input type="checkbox"/>
2. CPR (Adult & Pediatric) (Pages 33, 34, 35, 36) <input type="checkbox"/>	2. GI Branch Mentor (Page 101) <input type="checkbox"/>	2. I - STAN (Page 17) <input type="checkbox"/>
3. Choking Manikin (Pages 32, 38) <input type="checkbox"/>	3. Laparoscopic Trainer (Page 103) <input type="checkbox"/>	3. Sim-Neuro Babe (Page 18) <input type="checkbox"/>
4. Kelly (Page 43) <input type="checkbox"/>	4. Robotic Surgery Simulator (Page 104) <input type="checkbox"/>	4. G3 Sim Man (Page 18) <input type="checkbox"/>
5. Wound Model (Page 44) <input type="checkbox"/>	5. Neuro Surgical Simulator (Page 104) <input type="checkbox"/>	5. Pediatric SIM ESC 6yrs ER & Trauma (Page 19) <input type="checkbox"/>
6. Airway Management (Pages 49, 51) <input type="checkbox"/>	6. Basic Surgical Skills Robotic Simulator (Page 106) <input type="checkbox"/>	6. Baby SIM infant 3-6 months (Page 20) <input type="checkbox"/>
7. Mechanical Ventilator (Page 50) <input type="checkbox"/>	7. U/S Mentor (Hi-Resolution U/S Machine Page 112) <input type="checkbox"/>	7. HAL Adult (Page 21) <input type="checkbox"/>
8. APW (APG) (Page 55) <input type="checkbox"/>	8. Hystsim Simulator (Hysteroscopy Page 127) <input type="checkbox"/>	8. Advanced Simulator for Training Infant (Page 22) <input type="checkbox"/>
9. Lumbar Puncture (Adult & Pediatric) (Page 58) <input type="checkbox"/>	9. EYESI SURGICAL (Eye Surgery Simulator Page 133) <input type="checkbox"/>	9. SimMan 3G Trauma (Page 23) <input type="checkbox"/>
10. Half of the Head (Page 72) <input type="checkbox"/>	10. Arthro Mentor (Page 146) <input type="checkbox"/>	10. SIMJunior (Page 24) <input type="checkbox"/>
11. Cardiology Patient (K+) (Page 73) <input type="checkbox"/>	11. PERC Mentor (Page 159) <input type="checkbox"/>	11. SimMan (Page 25) <input type="checkbox"/>
12. Respiratory Machine (RES) (Pages 73, 74) <input type="checkbox"/>	12. URO Mentor (Page 160) <input type="checkbox"/>	12. Noelle Victoria - Birthing Simulator (Page 26) <input type="checkbox"/>
13. Ear Examination (Pages 82, 83, 86) <input type="checkbox"/>	13. TURB-Sim - Virtual Turb Training w/Scope for Hystroscope (Page 161) <input type="checkbox"/>	13. Noelle Maternal & Neonatal Birthing Simulators (Page 27) <input type="checkbox"/>
14. Eye Examination (Page 131) <input type="checkbox"/>	14. Cyber Anatomy MED VR Software System (Page 166) <input type="checkbox"/>	
15. IV Examination (Page 96) <input type="checkbox"/>		
16. Breast Model (Normal/Mass) (Page 93) <input type="checkbox"/>		
17. Lump Examination (Page 89) <input type="checkbox"/>		
18. Uro Catheter (Pages 154, 155, 157) <input type="checkbox"/>	Others:	
19. Rectal Examination (Page 90) <input type="checkbox"/>	1. _____	
20. Hernia Model (Page 92) <input type="checkbox"/>	2. _____	
21. Sutures (Pages 88, 90, 91, 94, 95) <input type="checkbox"/>	3. _____	
22. Diabetic Foot (Page 98) <input type="checkbox"/>	4. _____	
23. IM Injection Model (Page 93) <input type="checkbox"/>	5. _____	
24. Naso Gastric Tube (Page 98) <input type="checkbox"/>	6. _____	
25. Gastro+ING Tube Model (Page 101) <input type="checkbox"/>	7. _____	
26. Gynecology Model (Page 113) <input type="checkbox"/>	8. _____	
27. Pelvic Examination Model (Page 113) <input type="checkbox"/>	9. _____	
28. Bone Pelvic Examination Model w/ Fetal Heads (Page 118) <input type="checkbox"/>	10. _____	
29. Abdominal Examination Model (111) <input type="checkbox"/>		
30. Obstetric Model (Page 114) <input type="checkbox"/>		
31. Pregnancy Model (Page 114) <input type="checkbox"/>		
32. Female Pelvic Organ/Anatomy (Page 120) <input type="checkbox"/>		
33. Skeleton (Full Body, Foot, Spine, & Hand) (Page 140) <input type="checkbox"/>		
34. Muscles of Legs & Hand (Pages 140, 141) <input type="checkbox"/>		