

## Task Trainer Request Form

Requester's Name:	Requester's email:
Department:	Today's Date:
Class/Cohort:	Training Date:
Training Start Time:	Training End Time:
Training Location (if the training location is not within the Simulation Center you are responsible for reserving the location in EMS):	

**\* Light and Dark refer to skin tone**

Task Trainers	Number Available	Number Requesting
Abdominal Examination Trainer - Light	8	
Abdominal Examination Trainer - Dark	2	
Knee Injection/ Aspiration Trainer	6	
Shoulder Injection Trainer - Light	2	
Venipuncture Arm - Light skin tone	6	
Student Auscultation Manikin (SAM)	5	
Eye Examination Trainer - Digital	5	
Ear Examination Trainer - Digital	5	
Eye Examination Trainer - Standard	5	
Ear Examination Trainer - Standard	5	
Female Pelvic Trainer - Light	8	
Female Pelvic Trainer - Dark	2	
Male Pelvic Trainer - Light	5	
Rectal Examination Trainer - Basic - Light	5	
Rectal Examination Trainer - Advanced - Light	3	
Rectal Examination Trainer - Advanced - Dark	2	
Breast Examination Trainer - Light	5	
Female Catheterization Trainer - Light	5	
Female Catheterization Trainer - Dark	5	
Male Catheterization Trainer - Light	5	
Male Catheterization Trainer - Dark	5	
PROMPT Flex Birthing Trainer - Light	3	

Additional Supplies Needed (gloves, sharps container, etc.):

Additional Instructions/Comments (location trainers should be setup in room, etc.):