**Pediatric Simulator Request and Use Procedure**

**Requests for Simulator Equipment:**

* **All requests will come to the D1RMRC office by:**

**1) Phone at 517-324-4404**

**2) Fax to 517-324-4406**

**3) Email to** [**d1rmrc-maureen@sbcglobal.net**](mailto:d1rmrc-maureen@sbcglobal.net)

* **If you do not have a copy of the request form, D1RMRC can provide you with one.**
* **All requests will be made at least 30 days prior to the date requested.**
* **Requesting organization will provide an adequate location for simulator set up.**

**Approval Process:**

* **D1RMRC will review each request. EMS agencies should coordinate through their local MCA when requesting the simulator.**
* **D1RMRC will contact the simulator host to confirm availability of the trained teaching staff and the transportation.**
* **Simulator Host will contact requesting agency or organization to review request.**
* **D1RMRC will determine final approval on simulator deployment.**