**Application Form – Simulation Facilitator Elective**

## Applicant’s Name

*(Name)*

## Role at the Cleveland Clinic

*(What is your discipline/profession? How long have you been in that role? What location?)*

**Have you participated in the SASC Simulation Educator Workshop or equivalent elsewhere? Yes No**

**Have you ever participated in the DASH process? Yes No**

*(This includes observation and feedback using the Debriefing Assessment for Simulation in Healthcare tool)*

**What is your experience with simulation education?**

*(Describe your experience, if any, related to simulation education training- as a learner and/or as an instructor/educator)*

## Long Term Goal

*(Define your success upon completion of the program)*

## Short Term Goals

*(What you hope to accomplish during the six-month timeframe)*



By signing my name below I am recommending this individual for the Simulation Facilitator Elective. I understand this is a six-month commitment that will require additional responsibilities during this time.

### Supervisor Signature (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Materials should be sent to Michelle Feliciano, Associate Director of the Simulation Facilitator Elective, [felicim@ccf.org](mailto:felicim@ccf.org).