



Cascades East Simulation Alliance  
**SIM INSTRUCTOR TRAINING CLASSES**

At St. Charles Medical Center-Bend, Center for Health and Learning  
Instructor: Leslie Terrell, CFRN, CTRN, CEN, RN, FP-C, EMT-P

**SIM Instructor Basics Class**  
**Choice A**  
**October 19-20<sup>th</sup>, 2009 8-5pm**



**Choice B**  
**November 16-17<sup>th</sup>, 2009 8-5pm**



**SIM Instructor Scenario &  
Curriculum Development Class**  
**December 14, 2009 8 -5pm**

Travel Cost Expense

Lunch will be provided. Mileage and up to two nights lodging expense reimbursed at \$80 per night from community agencies within the Cascades East AHEC or Region 7 Preparedness areas more than 45 miles from Bend.

*Registration due by Friday, Oct. 9<sup>th</sup>*

*Spaces Limited*

*See registration page for details and cost*

*++Please attach a letter from your facility/organization indicating their plans to support your role as a SIM Instructor++*

Register by Friday, October 9th, 2009

**Cascades East Simulation Alliance  
SIM INSTRUCTOR TRAINING CLASSES**

At St. Charles Medical Center, Center for Health and Learning

You should sign up for either the October or November class, AND plan to attend the December follow-up class. Priority may be given to candidates who can attend one of the classes AND the December Scenario training. Spaces are limited.

\_\_\_ Yes, Please register me for SIM Instructor Training Basics^ for  
\_\_\_ October 19-20,2009. Registration Cost: \$50.00\*  
\_\_\_ November 16-17, 2009 Registration Cost: \$50.00\*  
\_\_\_ I can attend either date, please schedule me based on space availability

\_\_\_ Yes, I can also attend the December 14, 2009 SIM Instructor Scenario & Curriculum Training^. Please register me. Registration Cost \$15.00\*

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Name: \_\_\_\_\_

Career Area (nurse, EMT, MD, etc.) \_\_\_\_\_

Business/Institution: \_\_\_\_\_

Department or Responsibility Area (please make specific note about training responsibility at your facility)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Special Needs (e.g. dietary, disability): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information**

(Make checks payable to: Cascades East AHEC)

Please identify payment (Check Visa MC AMEX Discover)  EV (CHC employees only with manager approval)

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

\*NO SHOW POLICY I understand that the actual cost of SIM Instructor Training Basics is \$350 per person and I will be charged the entire amount if I do not cancel more than 7 business days (M-F; 8:30-4:30pm) prior to the training. I also understand the actual cost of SIM Instructor Scenario & Curriculum Training is \$100 per person and I will be charged the entire amount if I do not cancel more than 7 business days (M-F; 8:30-4:30pm) prior to the training. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

^Priority will be given to those who can attend one of the fall SIM Instructor Training Basics and the December Scenario & Curriculum Training. This training is required to check out SIM Man from Cascades East AHEC. We reserve the right to limit the number of instructor candidates from any one facility to accommodate a wide number of organizations in this training opportunity. We reserve the right to select candidates based on training responsibility at their facility site.

Please FAX or send registration form and letter of support with payment information to us.

**FAX TO: 541-706-6991**

For more information contact:

Jennifer Valentine, MSPH, Executive Director  
Cascades East Area Health Education Center  
St. Charles Medical Center  
2500 NE Neff Rd.  
Bend, OR 97701  
541.706.2603  
541.706.6991  
[jvalenti@cascadehealthcare.org](mailto:jvalenti@cascadehealthcare.org)