

EMLRC Mobile Simulation Lab

Request Form



EMLRC Mobile Simulation Lab Request Form

Name:

Title:

Agency:

Level
of program:

(i.e., paramedic, RN, residency, allied health)

Number
of Students:

Brief description of type of training desired.
(i.e., cardiac, respiratory, trauma, disaster response, bioterrorism, etc.)

Any other information that will assist in the design
of your training.

Return request via mail, fax or email to:
Eric Dotten, EMT-P
Clinical Programs Coordinator
Emergency Medicine Learning & Resource Center
3717 South Conway Road
Orlando, FL 32812
(800) 766-6335 x27 Toll Free
(407) 281-4407 Fax
edotten@emlrc.org



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