



# REQUEST FOR MOBILE SIMULATION LABORATORY (MSL)

State Form 54877 (1-12)



### About the MSL:

The Mobile Simulation Laboratory (MSL) is available to the Emergency Medical Services (EMS) Community, at trainings for any certified EMS personnel, healthcare providers, medical courses, medical related community events, etc. The utilization of the MSL will be based on Indiana Department of Homeland Security (IDHS) District concept available on the IDHS webpage. On the web page you can select a predesigned simulation or one can be signed to fit your needs. If the unit is canceled, it must be at least seventy-two (72) hours prior to the scheduled session; if it is less than seventy-two (72) hours, the requestor may be responsible for the associated cost.

### Procedure for Requesting the MSL:

The request must be on the approved state form. A course curriculum, schedule, or agenda must accompany any request. The request for the MSL must be received no later than thirty (30) days prior to the date of the requested simulation.

### REQUESTOR INFORMATION

Today's date (month, day, year)		Date of simulation (month, day, year)	
Name of requestor			
Address of requestor (number and street, city, state, and ZIP code)			
Telephone number of requestor (     )		E-mail address of requestor	

### SIMULATION INFORMATION

Name of host facility		IDHS district	
Will the unit be outside for the training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there an electrical hook-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of simulation location (number and street, city, state, and ZIP code)			
Name of simulation training			
Level of training requested <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-BA <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P			
Focus area of training (Example: Scenario 23)			Number of students
Other information:			
Signature of requestor			Date (month, day, year)

### FOR OFFICE USE ONLY

Status	Received	On calendar	Accepted
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