



Dear: _____

I am requesting approval to attend the in-person Simulation Instructor Program hosted by CAPE - Center for Advanced Pediatric and Perinatal Education at Stanford University in Palo Alto, CA from _____ to _____.

CAPE's Simulation Instructor Program challenges healthcare professionals to design and deliver highly effective training programs for their hospitals, clinics, or education centers. Through a stepwise process, attendees learn how to craft meaningful and measurable learning objectives; design, write, and execute highly realistic clinical scenarios; conduct constructive, concise, and objective debriefings; and establish and sustain financial and strategic goals. Inspired by decades of collaboration with colleagues in aerospace and other high-risk industries, CAPE's faculty share their knowledge and skills in how to employ simulation as a tool to promote the safety, efficiency, and effectiveness of patient care.

This is CAPE's most comprehensive program for healthcare professionals interested in simulation-based learning and debriefing. Healthcare professionals from multiple different disciplines and specialties from around the world have benefitted from participation in this program.

By attending, I plan to gain a comprehensive understanding of the latest simulation best practices so we can enhance our organization's quality improvement processes and continue to grow. The program is designed to increase my knowledge and allow me to actively participate in all aspects of planning and delivering simulation-based training. The discussions and hands-on activities are facilitated by simulation experts who are experienced healthcare professionals, all of whom will be available to work with attendees throughout the program.

The full program cost includes access to the CME/CEU-accredited CAPE Online Debriefing Program (10 hours of didactic learning module completed before the in-person program), two and a half days of instruction, course handbook, continental breakfast, lunch, refreshments, and a certificate of completion. I am requesting approval for the full program price, travel, lodging, and meals.

Full program Fee: \$3,370 (USD)

Travel: _____

Hotel: _____ (*per night plus applicable state and local taxes*)

Meals: _____

Miscellaneous: _____

The total estimated cost is: _____

Please let me know if you have additional questions. Thank you for considering this request and potential opportunity.

Sincerely, _____ Date: _____