



CAPE PROGRAM APPLICATION

Please email completed Program Application to contactcape@stanford.edu. If you have any questions, please email or call (650) 724-5307.

PARTICIPANT INFORMATION

Name: <i>(First & Last)</i>	Institution:
Profession: (MD, RN, etc)	Specialty: (peds, ob/gyn, etc.)
Phone:	Email:

If a team is applying, please provide further details on the composition of the team:

Name:	Profession & Specialty Example: MD (Pediatric ICU)	Email address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM INTEREST

Healthcare Instructor Programs	Healthcare Provider Programs
<input type="checkbox"/> Simulation Instructor	<input type="checkbox"/> NeoSim (Neonatal Resuscitation)
<input type="checkbox"/> Debriefing Real Clinical Events	<input type="checkbox"/> CounselSim Program
<input type="checkbox"/> Intensive Scenario Design	<input type="checkbox"/> Advanced Debriefing Program
<input type="checkbox"/> Remote Debriefing Assessment	<input type="checkbox"/> ObNeoSim

Next Steps: You will be contacted by a CAPE Simulation Specialist via email within one week of our receipt of your completed Program Application. In order to facilitate the most valuable learning experience, we will schedule a conference call to discuss your clinical and simulation experience, goals and objectives for the program. This conversation is vital to ensure that we are able to place you in a program that will meet your specific needs.

Once you are placed in a program by a CAPE Simulation Specialist, CAPE will provide an invoice with payment instructions by email in order for you to complete your registration and confirm your enrollment in a training program.

Please specify the billing name and address for invoice purposes: