

Nursing Simulation Centre (NSC) Referral

Student's Name:
Phone Number:

Student Number:
Email:

Course:
Program:
Practicum Setting:

CCD:
CD:

Email:
Email:

Please provide a detailed description of the student's clinical situation with examples and the competencies requiring support within the Nursing Simulation Centre (NSC):

Please identify one of the following:

- Student **will remain in** the clinical practicum setting and requires support in the NRC. Student to be evaluated by the CCD in the clinical practicum setting.

OR

- Student **will be withdrawn** from the clinical practicum setting and requires support in the NSC. Student to be evaluated by the CCD in the NSC before returning to the clinical practicum setting.

NSC support sessions to be scheduled until such time that the Practicum Coordinator – Skills individual(s) in the NSC have had an opportunity to ensure that the student has practiced and been observed for the above identified competencies.

Student Signature: _____ Date: _____

CCD Signature: _____ Date: _____