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| **Course** | **Clinical Focus of Simulation** | **Vendor, instructor developed or combination scenario** | **Virtual or Hands-on**  | **Clinical Objectives (attach)**  | **# hours** | **Replaces clinical hours****Yes /No** | **Pre-simulation activities****Yes/No** | **Post-simulation activities****Yes/No** |
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Total Number of Simulation Hours within the Curriculum \_\_\_\_\_\_\_\_\_\_

Total Number of Direct Patient Care Hours within the Curriculum \_\_\_\_\_\_\_\_\_\_

Total Number of Simulation Hours and Direct Patient Care Hours within the Curriculum \_\_\_\_\_\_\_\_\_\_

Percentage of Simulation Hours within the Curriculum  **\_\_\_\_\_\_\_\_\_\_**