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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  **\_\_\_\_\_\_\_\_\_\_**