**PHYSICIAN SIMULATION SIGN-IN SHEET**

**SIMULATION TITLE: DATE: PHYSICIAN ONE-TIME INFORMATION:**

**FACILITATOR NAME: LOCATION: START & END TIME OF SESSION:**

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| **PHYSICIAN NAME (first name, last name)** | **SP/GP** | **CONTACT (EMAIL)** | **INITIALS** |
| *E.g., Annie, Steeja* | *SP* | *ANNIESTEEJA@PROVIDENCEHEALTH.BC.CA* | A.S. |
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**Return to Malavika Menon at mmenon3@providencehealth.bc.ca**