SimTiki Academy Application

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SimTiki Academy Application

Thank you for your interest in our SimTiki Academy program!

The SimTiki Academy program is an in-residence, post—graduate program designed to advance healthcare educator simulation-based teaching skills. Flexible curriculum supports concentration on individual educator learning goals. Faculty and staff mentors facilitate didactic, interactive, and project support activities. Applicants are required to create a learning plan and a learning contract describing their own goals and objectives.

The Academy core curriculum is a flexible 10 week program. Registration is available for 4-12 weeks. The program schedule is flexible according to participant individual availability.

Cycle 1: February to April

Cycle2: April to June

Cycle3: September to November

Target Participants:

Healthcare educators and students who are interested in Simulation-based education techniques

Prerequisites:

English Language: Adequate for professional interactions

Experience: Simulation educator course completion or, Simulation based teaching experience

or, Healthcare education experience

Interview: Web based /remote, or in person

SimTiki Academy is an ENGLISH language program

Registration Fee: 4 weeks: \$6,500 (Base Tuition)

5-9 weeks: \$1,200 / week + Base Tuition

10-12 weeks: \$12,000

If you are attending less than 4 weeks, please contact us for the registration fee. If you are requesting a shadowing program (for physicians/residents only), there will be an additional

fee.

Please read our cancelation policy before making payment. Payment due is 60 days prior to starting the program.



Applicant Information

Last Name:	First Name:	Title:	MD	DNI	Operations	
		riue:	MD Other (RN	Operations)
Address:		Phone:				
Address:		Pilotie:				
Email:						
Name of the institu	tion where you work:					
Position:						
Your Current Work	Duties:					
How long have you been working at your current position?						
Tiow long have you	been working at your current positio					
Personal Objectives	s/goals:					
	START DATE:	END I	DATE:			
мо	ONTH / DAY / YEAR	MONTH / D	AY / YI	EAR		
		•	-			



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How would you like to pay the registration fee?

Credit card (Visa, Master or JCB)

Bank wire

Questions:

1) Have you taken any courses using simulators?

YES NO

2) Have you taught any courses using simulators?

YES No

3) How long have you had teaching experiences if you are a faculty or instructor?

< 1 year

1-5 years

> 5 years

- 4) What type of simulators do you have at your facility?
- 5) Is there a simulation specialist* at your facility?

YES NO

What are your English language Skills:

Beginner (Definitely need translation)

Intermediate (OK for daily conversation but sometimes need translation)

Advanced (No need for translation. I am able to translate for other people)

All participants are required to communicate in English.

Requests or questions for SimTiki Simulation Center?

Please submit your CV (Curriculum Vitae) by email help@simtiki.org

^{*}The person who sets up simulators, operates high fidelity simulators during scenarios and manages simulation lab.