CHS STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 12/10/12

- 1. Submitter must obtain all required information from the desired vendor(s). An <u>official quote</u> from the vendor <u>must</u> be attached.
- 2. Only one request per Request Form. This request must be reviewed, approved, and submitted by the requesting program's Department Chair.
- 3. The Dept. Chair may email this request to the Tech Fee Director. Since some departments will have multiple requests, please rename request in the following format: Dept # (rank, 1 being the highest priority) and a brief title

	Dept. making request: SERS Requ	esting Faculty: Sarah Long	Date Submitted:	3/23/2017
--	---------------------------------	----------------------------	-----------------	-----------

IMPORTANT: Attach an official quote from the vendor.

List one item OR group (for use as a "package") per page.

Item Name		Vendor info. (name, address, Web site UR phone #, email, etc.)	_, Part or Model #	Cost (ea		Qty	Total
Proluxe PT Hi-Lo Treatment Table		School Health Corp	24358	\$1470.00		2	\$2940.00
Table		865 Muirfield Dr.					
		Hanover Park, IL 60133					
Course(s) where	All AT Prog	gram Courses (7 undergraduate, 6 graduate)	Expected life	<u></u> →⊥	# Students		50
item(s) will be used		,	product (years	5)	Impacted	per Year	•••
Location equipment of software will be used		INE 2510 (ATCClassroom/Teaching Lab)		Tech Fee funds be needed for al renewals or maintenance?			

Provide a brief description of the technology requested*: Hi-Lo treatment tables are a specialized type of table that allows for the clinician to adjust the height of the table from the floor. This allows for optimal position of patient to clinician in order to perform therapeutic interventions including joint mobilizations/manipulations, manual therapy interventions (massage) and preventative treatments (stretching, strengthening exercises, etc).

Briefly describe how the technology will be used (function)*: The equipment will replace 2 traditional, fixed-height tables (currently a total of 6) and provide for expanded flexibility and opportunity during all AT Program courses. In addition, the tables will be of benefits to students of various heights, as they will be able to adjust the table for optimal positioning and functioning relative to their size. These tables are common place in contemporary athletic training training clinics and will therefore provide students with improved opportunity to learn and practice clinical skills in real-life environment that closely replicates an authentic clinical setting.

Provide a rationale that Tech Fee funds are appropriate for this request*: This item is in the category of capital equipment and will be used in a variety of classes over the entire ATP curriculum. Per CAATE accreditation requirements, AT laboratory equipment should be working and up to date with current athletic training practices so that students are given real-life experience. These experiences will keep our UT students prepared and competitive for jobs in the current healthcare environment. Currently the AT Program has 6 tables and none provide this capability.

*Keep in mind that the committee members come from a variety of educational backgrounds and may not be familiar with department specific language. Please use concise, common terminology so that committee members reviewing this form will be able to fully understand the request.

• If you are submitting a request for computers, printers, scanners or software, you <u>must</u> consult with College Computing and the technology staff, to acquire a quote and to make sure that this equipment/software is supported by UT and compatible with existing technology.



Attn: SARAH LONG, MS, AT, ATC Ship To: THE UNIVERSITY OF TOLEDO 2801 W BANCROFT ST TOLEDO, OH 43606

QUOTE

EXPIRATION	QUOTE NO.				
06/20/1	3269601-00				
DATE	P.O. #		PAGE #		
03/22/17	ATHL SUPP 03	/22/17	1		

Bill To: THE UNIVERSITY OF TOLEDO 2801 W BANCROFT ST

	LEDO, OH 43606		QUOTI	E PREPAREI	DBY	PHON	IE	1	EMAIL			
		Er	ic Ho	ysack		866-3	323-5465		ehoys	sack@so	choolhealth.	com
INSTR	RUCTIONS		SHIP	POINT			VIA		SH	IPPED	TERMS	
			HAI	NOVER I	PARK WHSE		UPS GF	ROUND			NET 30	
LN	PRODUCT AND DESCRIPTION	QUANTITY		QTY. UM	UNIT PRICE	PR UN	NCE A	DISCOUNT MULTIPLIE		AMC (NE	OUNT T)	
1	CUSTOMER NOTE: FREE SHIPPING AND HANDLING. 24358 TABLE PROLUXE PT 300 OAKWORKS ** Shipping Direct From Manufacturer 1) UPHOLSTERY COLOR- ROYAL B 29 INCH WIDTH	**		EACH	l 1470.00	0 E4	ACH	0.	.00		29	940.00
	Items stocked in our warehouse usually above may be indicated as **Shipping I Delivery times for items **Shipping Dire For specific delivery time, call customer	Direct F ect Fron	⁻ rom n Ma	Manufa Inufactu	icturer**. rer** vary.							
1 L	ines Total						b Total voice To	otal				940.00 940.00
	Tax ID Number: 36-2425385											
	To receive an email with tracking inform shipped, please provide your email add Help us also reduce paper usage and b providing your email address to send yo confirmations electronically. Thank you, with you and if you have any questions, Care Department @ 866 323 - 5465.	ress wl ecome our invo , for the	hen mor bices e opp	placing y e eco-fr and or portunity	your order. iendly by der to work							
1 201	t Page											
Las	li aye											