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 official quote from the vendor must 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 Requesting Faculty: Sarah Long Date Submitted: 9/23/2019

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 Uphone #, email, etc.)	RL,	Part or Model #	Cost (each)		Qty	Total	
Shoulder Dislocation Trainer		IS Model	5	Shoulder IS	\$2,500			2 (see	\$4,800.00
		7038 Bella Mist	ı	Model			note		
		San Antonio, TX 78256					below**)		
Course(s) where item(s) will be used			TR	Expected life of product (years		5+	# Students Impacted per Year		50
Location equipment or		KINE 2510 (AT Classroom/Teaching Lab)		ill Tech Fee funds be needed for mula renewals or maintenance?			·		

Provide a brief description of the technology requested*: The model replicates the chest and arm regions and has a shoulder joint that can be dislocated/relocated using various techniques. The shoulder dislocation trainer provides students a realistic model to improve their evaluation skills (recognition of a dislocated shoulder) as well as practice their skills in reducing the dislocated joint.

Briefly describe how the technology will be used (function)*: The equipment will be used during several courses in the Athletic Training Programs. This model will be used to teach new accreditation standards and will provide an opportunity to learn and practice an advanced clinical skill that requires significant skill and practice in order to perform effectively and safely. In the Professional program (MAT), the model will be used in the peripheral joint evaluation and emergency medicine courses as well as the clinical skills courses which employ a high number of simulation experiences. In the Post-Professional program, the model will be used in the Advanced Therapeutic Interventions II course. It is important that students be provided the opportunity to learn and improve this skill so that it can be implemented into clinical practice in the future as it is a new addition to athletic training scope of practice. Additionally, the model will be shared with the Emergency and Orthopedic Medicine Departments in the College of Medicine and Life Sciences. The model will be used during interprofessional activities in which both groups of students learn about, with and from each other to improve their knowledge and skills.

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 throughout the AT programs as well as shared with other programs on the Health Science Campus thus it will directly support and improve student learning. Per CAATE accreditation requirements, AT laboratory and instructional equipment should be up to date with current athletic training practices so that students are provided real-life experience. These experiences will keep our UT students prepared and competitive for jobs in the current healthcare environment. Currently the AT Program does not have any equipment of this type.

**We are requesting 2 models however 1 would be appropriate if funds for 2 are not available. The cost of 1 model will be \$2,500. A \$200 discount is provided

*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.

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Practice makes perfect!

7038 Bella Mist San Antonio, Texas 78256 Toki@ismodel.info

Cell: 210-391-3044

Web site: www.ismodel.info

Quotation For:

Sarah Long, MS, AT, ATC The University of Toledo 2801 W Bancroft St. Toledo, Ohio 43606-3390

Phone: 419-530-2024, Email: sarah.long@utoledoedu

DATE 9/20/2019 Quotation # 127 Customer ID 1002

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Quotation valid until: 12/31/2019 Prepared by: Toki Nakazawa

Comments or Special Instructions:	None
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SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS
Toki					Due on receipt

QUANTITY	DESCRIPTION	UI	NIT PRICE	TAXABLE?	AMOUNT	
2	Shoulder Dislocation Simulator	\$	2,500.00	0	\$	5,000.00
1	mutiple purhcase discount		(200.00)			(200.00)
				SUBTOTAL	\$	4,800.00
				TAX RATE		8.60%
				SALES TAX		-
				OTHER		-
				TOTAL	\$	4,800.00

If you have any questions concerning this quotation, contact toki@ismodel.info or 210-391-3044

THANK YOU FOR YOUR BUSINESS!