

## 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:	2/8/2019
<b>IMPORTANT: Attach an official quote from the vendor.</b>					

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

Item Name	Vendor info. (name, address, Web site URL, phone #, email, etc.)	Part or Model #	Cost (each)	Qty	Total
Shoulder Dislocation Trainer	IS Model 7038 Bella Mist San Antonio, TX 78256	Shoulder IS Model	\$2,500	2 (see note below**)	<b>\$5,212.80</b>
<b>Course(s) where item(s) will be used</b>	ATTR 6120, ATTR 6520, ATTR 6640, ATTR 6690	<b>Expected life of product (years)</b>	5+	<b># Students Impacted per Year</b>	50
<b>Location equipment or software will be used/stored</b>	KINE 2510 (AT Classroom/Teaching Lab)	<b>Will Tech Fee funds be needed for annual renewals or maintenance?</b>	No		

**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 that have recently been added (to the MAT) and will provide an opportunity to learn and practice an advanced clinical skill (in the Post-Professional Program). In the Professional program (MAT), the model will be used in the peripheral joint evaluation course as well as in the emergency medicine course. 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 skills so that it can be implemented into clinical practice in the future. Additionally, the model will be shared with the Emergency Medicine Department 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. Per CAATE accreditation requirements, AT laboratory and instructional equipment should be 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 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 plus tax. A \$200 discount is provided if 2 models are purchased

**\*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 must 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.



**Company Address**

7038 Bella Mist, San Antonio, Texas 78256  
Phone: 210-391-3044, Email: [toki@ismodel.info](mailto:toki@ismodel.info)

**Date** 2/6/2019

**Quotation #** 103  
**Customer ID** 1002

**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@utoledo.edu](mailto:sarah.long@utoledo.edu)

**Quotation valid until:** 3/31/2019

**Prepared by:** Toki Nakazawa

**Comments or Special Instructions**

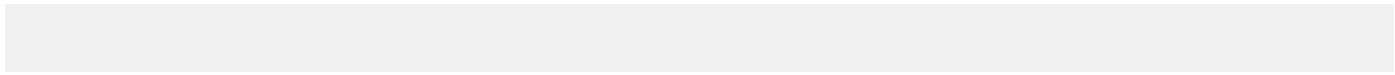
None

Salesperson	P.O. Number	Ship Date	F.O.B. Point	Terms
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Toki Nakazawa

Due on receipt

Quantity	Description	Unit Price	Taxable?	Amount
2	Shoulder IS Model	\$ 2,500.00	No	\$ 5,000
1	\$200 discount for 2 units purchase			\$ (200)



If you have any questions concerning this quotation, please contact:  
[toki@ismodel.info](mailto:toki@ismodel.info) or 210-391-3044

Subtotal	\$	4,800
Tax Rate		8.60%
Sales Tax	\$	-
Other (shipping and handling)	\$	-

Thank you for your business!

**TOTAL \$ 5,212.80**