



Mount Sinai West *Center for Advanced Medical Simulation*

Attendance Record

DATE:

TIME:

	Lab 1
	Lab 2
	Lab 3
	Debrief Rm
	CAMS Conf Rm
	Arcade
	Other
	In-Situ, please specify

Department Hosting Session:

Event Name:

	LEARNER NAME	email@mountsinai.org	DEPARTMENT	TITLE	# HRS	SIGNATURE	
1							
2							
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CAMS Experience Survey

Tell us how your session went!

<https://redcap.link/sim>

