

## Outreach Request Form

Once completed, please email form and all supporting documents to <u>Christine.marsh@stonybrookmedicine.edu</u>. All requests must be submitted **at least 4 weeks in advance**.

Section A. Outreach Information	Section B. Student Club/Organization Information
Event Location:	Club/Organization Name:
Proposed Date of Event:	Student Contact:
Mon 🗆 Tues 🗆 Wed 🗆 Thurs 🗆 Fri 🗆 Sat 🗆 Sun 🗆	Student Email:
Start Time:End Time:	Expected number of Students Participating?
Has the location approved your request to host an event	Will faculty advisor be attending*?   Yes  No
<b>there?</b> Tes* No <b>*Please attach approval with form</b>	*ALL SCREENING EVENTS REQUIRE A FACULTY MEMBER TO BE
Expected Number of Guests:Age Range:	PRESENT. FOR ORAL HEALTH EDUCATION EVENTS, A FACULTY MEMBER MUST APPROVE EDUCATION CONTENT, BUT DOES NOT NEED TO BE PRESENT
Description of Event:	FACULTY ADVISOR APPROVAL
	Faculty Advisor Name:
How will your content be delivered?	Faculty Advisor Signature:
	Faculty Advisor Date:
Section C. Supplies/Materials required for event	
I. Do you need to purchase and/or borrow any materials/supplies for event?	
□ Yes (fill out section below) □ No* (Skip section C) ** If you need AV equipment, please check with location to see if you need to bring your own	
List of Materials	& Supplies
Section D. Outreach Checklist	
□ I have attached the outreach approval from the location.	I understand that we are only permitted to provide oral health education (non-clinical) and therefore a faculty member
□ I have included a list of the students that we anticipate will be attending this event.	does not have to be present.
□ I have included a signed Assumption of Risk form for each student	□ I have included the content of the event (slides, book description, etc.) with this form.
attending the event. <ul> <li>I understand that I must fill out an attendance log after event and</li> </ul>	□ I understand that if the outreach event takes place during classes, I
submit it to Christine Marsh (available to download below).	must receive approval from faculty member(s) and submit an absence on Cbase.
Section E. Forms	
Assumption of Risk Form Outreach	Procedure <u>Student Attendance Log</u>
CHRISTINE MARSH APPROVAL	DR. ZOVE APPROVAL
Event Approval: 🗆 Yes 🗆 No	
Content Approved: 🗆 Yes 🗆 No	Event Approval: 🗆 Yes 🗆 No
List of Attendees provided:	Appropriate Parties Notified:   Yes  No
Assumption of Risk Forms received:	(Office of Education, Christine Marsh)
Approval from location provided:   Yes  No	Print Name:
Print Name:	Signature/Date:
Signature/Date:	