

**SIMULATED PATIENT APPLICATION FORM**

Name					
Street Address					
City		State	Zip	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Home Phone		Work Phone		Cell Phone	
Do you own a computer? Yes <input type="checkbox"/> No <input type="checkbox"/> How would you rate your level of comfort on the computer: Not at all comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Very comfortable <input type="checkbox"/>					
Do you have access to email? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, email address					
Current Employer (if applicable)				Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:				Age:	
Phone:				Date of Birth:	
Height (approx)	Weight (approx)	Ethnicity/Race			
Have you ever been convicted of a misdemeanor or felony crime? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>The university will conduct a criminal background check on all prospective employees. A "yes" response will not automatically disqualify an applicant from employment consideration. Each applicant will be evaluated based on the nature of the crime, severity of offense, when it occurred, and the duties and responsibilities of the position for which an individual is being considered.</i> If so, when? (mm/dd/yyyy)  Please describe:					
Do you currently smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been a Simulated Patient? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where?		
Have you ever smoked? Yes <input type="checkbox"/> No <input type="checkbox"/>					
When are you available? Indicate all that apply. <input type="checkbox"/> Weekday Morning <input type="checkbox"/> Weekday Afternoon Are you available year-round? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you have reliable Transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
How did you hear about our Simulated Patient Program?					
Why are you interested in the Simulated Patient Program?					
Do you have any medical problems or conditions for which you are currently being treated? Please specify.					

Do you have any scars, irregularities, or special medical conditions that might enhance or impede your ability to portray specific roles? Please specify.	
Please give a brief summary of your past medical history, including illnesses, hospitalizations, surgeries, chronic diseases, etc.	
Are you willing to allow students to perform a <i>non-invasive</i> physical exam? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to be part of a female (Breast or GYN) / male (GU) exam? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your highest level of education or training? <input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Post Graduate Work or Degree <input type="checkbox"/> Other	
Do you have any training or experience in the Health or Medical Field? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you familiar with medical terminology? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any teaching experience in any context? If so, please specify.	
Please tell us about your hobbies, interests, community involvement, etc.	
Do you have additional skills, knowledge, or experience you think might be helpful to our program? Any other information you would like to give that might be helpful (health habits, activities, family, lifestyle, etc)?	
Please list one professional and one personal reference.	
Name:	Name:
Address:	Address:
Telephone:	Telephone:

I certify that all of the information furnished in this employment application is true and complete to the best of my knowledge. I understand that the university may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military status, convictions, or other information to Michigan State University and I further release any such person, firm or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to the University. Michigan State University is a drug-free workplace.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may return the completed application to Standardized Patient Coordinator, Michigan State University College of Human Medicine, Simulation Center, 15 Michigan Street., Suite 501, Grand Rapids, MI 49503.