



DREXEL UNIVERSITY  
College of  
Medicine

2900 Queen Lane, Rm. 221  
Philadelphia, PA 19129  
(215) 991-8528  
Fax: (215) 843-5495

STANDARDIZED PATIENT  
PROGRAM APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note: In order to work in this program you must have a telephone *with answering machine* that you check regularly.**

The telephone number where we can contact you is ( ) \_\_\_\_\_

**Communicating by email is very efficient – to send you roles, make changes to roles, check schedules, etc.**

If you check your email frequently and will respond quickly, your email address is \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

Means of transportation (own car, public transportation) \_\_\_\_\_

Coll/Univ/Specialized Job Training \_\_\_\_\_

Hobbies/Recreation? \_\_\_\_\_

Community Involvement? \_\_\_\_\_

Teaching Experience? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Some of the questions in this section may appear to be an invasion of your privacy, but the answers are necessary to assist us in assigning roles that are appropriate for you *and* our medical students and residents.

Place a check next to any of the following medical conditions you have/had

heart murmur _____	swollen legs _____	enlarged liver _____	enlarged spleen _____
heart failure _____	emphysema _____	chronic bronchitis _____	COPD _____
heart attack _____	HIV/AIDS _____	tuberculosis _____	high blood pressure _____
asthma _____	arthritis _____	hepatitis _____	appendicitis _____
gallstones _____	kidney stones _____	chest pain _____	back pain _____
migraine headaches _____	chronic headache _____	_____	partial deafness _____
other _____ Describe _____			

Place a check next to any of the following physical conditions you have/had

abnormal heart sounds _____	abnormal lung sounds _____	abnormality of the retina/eye disease _____
joint damage _____	abnormal thyroid _____	abnormal blood vessels _____
easily heard murmur _____	nerve damage _____	muscle weakness _____
other _____ Describe _____		

If not listed above, describe any physical problems that might interfere with your work as a standardized patient (SP). Include size and location of any scars you have (whether or not resulting from surgery).

\_\_\_\_\_  
\_\_\_\_\_

**You will NEVER be asked to have a genital, rectal or pelvic exam in our program.** However, other areas of the physical exam are frequently done as part of a role (heart, lung, abdomen, skin, nerves, eyes, ears, etc.). Is there an area you do not want examined? \_\_\_\_\_

Some teaching or assessment activities require SPs to be dressed in a gown and to have multiple physical exams of a particular area (i.e. 10 consecutive heart/lung exams). Is this something you can do? \_\_\_\_\_

Any previous health or medical training (other than being a standardized patient)? \_\_\_\_\_

If you have had **no** previous SP experience, go to the next [unshaded] section below.

If you've had previous SP experience, where, and in what role(s)? \_\_\_\_\_

Place a check next to any of the following clinical skills **teaching** experience you have had  
history-taking \_\_\_\_\_ physical exam \_\_\_\_\_ communication skills \_\_\_\_\_

Place a check next to the clinical skills experiences where you have provided either **written or spoken feedback** to learners  
history-taking \_\_\_\_\_ physical exam \_\_\_\_\_ communication skills \_\_\_\_\_

Place a check next to any of the following SP clinical skills **evaluation** experience you have had  
history-taking \_\_\_\_\_ physical exam \_\_\_\_\_ communication skills \_\_\_\_\_

Please answer the next 3 questions, **each** in 10 words or less.

Why you are interested in participating in DUCOM's SP Program. \_\_\_\_\_

Describe your attitudes and beliefs in general about physicians. \_\_\_\_\_

Describe your personality. \_\_\_\_\_

*Our center's hours of operation are typically 8:30 a.m. - 5:00 p.m. during the week; we are not open on weekends.*

Please list any days of the week, or hours during the day that you are NOT available to work.

**Note: If you are hired to be a SP, failure to report to confirmed trainings or programs jeopardizes the reliability and operations of our program therefore you may not be rescheduled for any of our future programs.**