

**Ruth M. Hillebrand Clinical Skills Center**  
**Standardized Patient Program Application**  
**University of Toledo**

Center for Creative Education Building - Room 1103  
 2920 Transverse Drive Toledo, OH 43614-5809  
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**PROSPECTIVE STANDARDIZED PATIENT INFORMATION FORM**

The Standardized Patient Program at UT trains individuals to portray actual patient cases. Our questionnaire asks about age, sex, shape, size, race, etc. to help us categorize the types of patients required for each case.

Last Name		First Name		Middle Initial	
Address					
City, State, Zip					
Telephone					
Home:		Work:		Cell:	
E-Mail					
SS#			Date of Birth		
Height			Weight		
Gender			Ethnicity		
Current Employer (if applicable)					
Work Availability				Are you available year round?	
Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/> If no, when?	
Do you currently smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you willing to be: Physically Examined( <i>non-invasive</i> )? Yes <input type="checkbox"/> No <input type="checkbox"/>				Videotaped? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you interested in learning to be a model and instructor for Females(Breast/Gyn)-Males(Genital) exams? Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information <input type="checkbox"/>					
Body Piercings Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please give a brief summary of your past medical history, including illnesses, surgeries, scars, etc.					
What is your highest level of education? High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/>					
Do you have any training or experience in the Health or Medical Field? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please specify.					
How did you hear about the program?					

**PLEASE READ THE STATEMENT BELOW CAREFULLY. YOUR SIGNATURE INDICATES THAT YOU HAVE BEEN INFORMED REGARDING THESE ASPECTS OF THE STANDARDIZED PATIENT PROGRAM.**

I understand that the University of Toledo's Standardized Patient Program utilizes independently contracted standardized patients in the training and evaluation of medical students, residents, and other professionals. As a standardized patient, I will be interviewed and examined by male and female students. In the patient role, I may see students on a one-to-one basis or there may be a large group of students in a controlled teaching session. Some of the simulations may be videotaped to be used in the education and evaluation of medical students, residents, and other health care professionals.

I UNDERSTAND THAT I AM AN INDEPENDENT CONTRACTOR AND NOT AN EMPLOYEE NOR AGENT OF THE UNIVERSITY OF TOLEDO (UT). As such, I am not entitled to and will make no claim against UT for any benefits or workers' compensation. Under the terms of this agreement with UT, I will be on an as needed basis. UT makes no commitment to me regarding the number of hours I will be utilized or how frequently I will be called. I also understand that I am responsible for my own business expenses, medical expenses and the payment of any applicable taxes in conjunction with this agreement. Nothing in this agreement is intended or will be deemed or construed to create any relationship between the parties other than that of independent contractor.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_