



Standardized Patient Volunteer Application

Please complete the form below and submit to chunt@wcupa.edu with a digital picture. This picture will be used solely for the purpose of matching volunteer standardized patients with scenarios requiring specific attributes.

A standardized patient is an individual trained to act as a patient simulating specific symptoms while adhering to a specific scenario. West Chester University welcomes standardized patient volunteer applications from all individuals willing to be examined and/or interviewed by students of all backgrounds training for healthcare professions. Standardized patients may interact with students in both one-on-one scenarios, as well as in group settings. Please note that patient scenarios at times may require a patient to have specific attributes (gender, age, ethnicity, etc.) to create a realistic scenario.

Name:	Age:
Street Address:	City:
State:	Zip Code:
Phone:	Email:
Emergency Contact:	Phone Number:

Gender:

- Male
- Female
- Non-Binary
- Prefer to Self-Describe

Are you a U.S. Citizen?

- Yes
- No

Race/Ethnic Background:	
Height (feet & inches):	Weight (lbs):
Hair Color:	Eye Color:

Do you speak another language? If yes, please describe: _____

If you are a student at West Chester University, what is your major? _____

Do you have any chronic medical conditions for which you are currently being treated? If yes, please explain:

Have you had any surgeries? If so, please specify (year performed, type, location and size of scar).

Do you have any conditions that could affect simulation outcomes? (i.e. scars, muscle weakness, heart murmurs, partial deafness, etc.)

Do you have any tattoos or piercings? If so, please specify the size and location.

How did you hear about West Chester University's Standardized Patient program?

Why are you interested in participating as a standardized patient?

What skills do you feel you bring to this role?

Briefly describe your past experiences with physicians and other medical professionals.

Please list any topics that you do not feel comfortable discussing such as suicide, abuse, mental health, death/dying, etc:

Are you willing to allow students to touch your skin, listen to your heart and lungs, take blood pressure, etc?

Yes

No

Do you own a computer and have access to email?

Yes

No

Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Signature: _____

Date: _____