



STANDARDIZED PATIENT PROGRAM

STANDARDIZED PATIENT PRE-APPLICATION FORM

Contact and General Information:

FIRST NAME:	LAST NAME:
STAGE NAME (if different from above):	
ADDRESS:	CITY, STATE, ZIP CODE:
PRIMARY PHONE:	SECONDARY PHONE:
EMAIL:	BEST TIME AND WAY TO REACH YOU:
Are you on UGA's payroll or have you been on their payroll within the year? (If yes, please briefly explain.)	
How did you hear about our Standardized Patient program?	
Are you usually available Monday - Friday between 9:00 am and 5:00 pm? If no, please explain.	

Personal Profile:

Briefly describe yourself.
<i>This information is solely intended to determine suitability for certain roles.</i> Do you have any scars, irregularities, or special medical conditions that might enhance or impede your ability to portray specific roles?
Describe any previous experience as a Standardized Patient (roles trained for, where worked, etc.).

Please list any other information you feel would be of use to us (occupations or professions you can discuss intelligently, experience in providing feedback, teaching experience, evaluation experiences, etc.).

The following information is used for casting purposes only:

DATE OF BIRTH:	GENDER IDENTITY:
HEIGHT:	WEIGHT:

Employment Information:

Please list current employer below:

Employer:	Full- time Part-time
Supervisor:	Job Title:
Phone number: * May we contact your supervisor? Yes No	Job Duties:

In the space below please provide *two (2) references; one (1) professional and one (1) personal.*

Name:	Name:
Phone number:	Phone number:
Relationship:	Relationship:

Signature	Date
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Thank you for your interest in being a Standardized Patient for the AU/UGA Medical Partnership.

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