

## CONTACT & GENERAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Stage Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best time & way to reach you: \_\_\_\_\_

Are you on UGA's payroll, been on their payroll within the year, or retired from UGA? Are you a UGA student (*If yes to either, 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.

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*The following information is solely intended to determine suitability for certain roles.*

Do you have any scars, irregularities, or special medical conditions that might enhance or impede your ability to portray specific roles?

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Describe any previous experience as a Standardized Patient (roles trained for, where worked, etc.).

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

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**EMPLOYMENT INFORMATION:** *Please list current employer below*

Employer: \_\_\_\_\_ Full-time          Part-time  
Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
May we contact your supervisor? Yes          No          \_\_\_\_\_

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: \_\_\_\_\_

*Thank you for your interest in being a Standardized Patient for the AU/UGA Medical Partnership.  
Please email or mail your completed form to Tina Powers.*

Mary T. Bond, MD, FACP  
Campus Director of Clinical Skills &  
Standardized Patient Program  
[mbond@uga.edu](mailto:mbond@uga.edu)

Tina E. Powers  
Standardized Patient Program Coordinator  
706-713-2642  
[tepowers@uga.edu](mailto:tepowers@uga.edu)

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AU/UGA Medical Partnership  
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Athens, GA 30602