



# Standardized Patient/Participant Application

## Simulation Center

California Health Sciences University (CHSU) uses standardized patients/participants (SPs) in the training of our medical students. An SP is a person who has been trained to accurately and consistently simulate medical scenarios or cases to learners in teaching and/or assessment activities. As an SP, you will participate in a simulated medical visit where you will perform as the patient and interact with student doctors. In a performance, you may be expected to recall and recreate the medical history, personality, emotional structure and response pattern of an actual patient at a particular point in time. You may also be expected to provide feedback as well as an accurate assessment of the learner's encounter with you.

### Section 1: Personal Information

Full Name:				
Address:		City:	State:	Zip:
Home Phone:		Cell Phone:		
Email:				

- |   |     |    |
|---|-----|----|
| 1. Are you over 18?                                     | Yes | No |
| 2. Are you legally eligible for employment in the U.S.? | Yes | No |
| 3. Are you currently in the military?                   | Yes | No |
| 4. Are you a Veteran?                                   | Yes | No |

### Section 2: Standardized Patient/Participant (SP) Employment History

- |  |           |                           |
|--|-----------|---------------------------|
| 1. Have you previously worked as an SP?                    | Yes       | No                        |
| 2. Are you currently an SP? (If no, please continue to #3) | Yes       | No                        |
| Part-time  | Full-time | Volunteer (If so, where?) |

Organization Name:	From:	To:

## Section 3: Other Employment History

- |   |     |    |
|---|-----|----|
| 1. Do you have acting experience?                             | Yes | No |
| 2. Are you currently employed? (If no, please continue to #4) | Yes | No |
| Part-time      Full-time      Volunteer (If so, where?)       |     |    |

Organization Name:	From:	To:

## Section 4: Education

- Highest level of education completed:
- Do you have background in either education or medicine?      Yes      No  
If Yes, please explain:

## Section 5: Job Requirements

Please answer if you can meet the following accountabilities to be a standardized patient/participant.

- |  |     |    |
|--|-----|----|
| 1. Willing to be examined as a patient in a safe and controlled setting?   | Yes | No |
| 2. Able to learn how to document medical student skills using a computer, written checklist or smartphone?   | Yes | No |
| 3. Be comfortable dressing in a patient gown?<br>Men and women will wear gym-type clothing/active wear under the patient gown.   | Yes | No |
| 4. Willing to be on camera and videotaped as an SP?<br>Video may be used only with permission as promotional material.<br>Video will be reviewed by CHSU faculty and students. | Yes | No |
| 5. Be comfortable being touched on bare skin by a medical student?   | Yes | No |
| 6. Agree to be punctual?   | Yes | No |
| 7. Be able to provide written and/or oral feedback to medical students in a positive, sensitive, constructive, and helpful manner?   | Yes | No |
| 8. Be comfortable in role-play situations around a set of given and specific case material?  | Yes | No |
| 9. Agree to attend SP training and practices?  | Yes | No |

I have answered these questions truthfully and honestly, and I am aware of the requirements of being a CHSU standardized patient. I therefore am comfortable with and am able to meet the expectations of the SP program.

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

For more information, please contact Leslie Catron at [lcatron@chsu.edu](mailto:lcatron@chsu.edu)

Please download and complete the application, then click "Submit Form" or download and mail the printed application to:  
Attn: Leslie Catron  
CHSU College of Osteopathic Medicine  
120 N. Clovis Ave, Clovis, CA 93612

**Submit Form**