



**Center for Standardized Patients and Simulation
Standardized Patient Application**

Instructions:

1. Download the application as a PDF
2. Complete the application and save
3. Once complete, email your application (PDF) to Pamela Watson, assistant director of the Center for Standardized Patients and Simulation, at pjwatson1@liberty.edu
 - a. OR mail to:
Liberty University College of Osteopathic Medicine
Center for Standardized Patients and Simulation
Atten: Pamela Watson
306 Liberty View Lane
Lynchburg, Va. 24502

All responses below are kept confidential.

Date: _____

Name: _____

Gender: _____ Male _____ Female

Date of Birth: _____

Address: _____

Telephone(1): _____

Telephone(2): _____

Email (reliable): _____

Do you have reliable transportation? _____ yes _____ no



Ethnicity: _____

Eligible for employment in the United States? _____ yes _____ no

Have you ever been convicted of a felony? _____ yes _____ no

Have you ever been named in a sexual harassment or sexual assault case? _____ yes _____ no

Current Employer: _____

Hiring Date: _____

Highest Level of Education:

____ High School Diploma ____ BA ____ BS ____ MA ____ MS

____ MFA ____ PhD ____ Other

How many hours a week are you available to work? _____ Morning, afternoon, and/or evening? _____

Emergency Contact Information

Name: _____

Relationship: _____

Telephone: _____

The following information is not required, though helpful ...

Are you on any current medications? _____ yes _____ no

Please note any special or unusual items in your medical history (if any):



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UNIVERSITY

COLLEGE of
OSTEOPATHIC
MEDICINE

Rate your proficiency using a computer:

- _____ Incompetent: can barely turn on
- _____ Proficient: can email, fill out/complete forms
- _____ Excellent: Bill Gates would be proud

Do you have health, medical, and/or educational training? _____ yes _____ no

If yes, explain: _____

Do you have any teaching and/or acting experience? _____ yes _____ no

If yes, explain: _____

How did you hear about LUCOM's Standardized Patient Program?
Please give name of contact if applicable.

What particular skills, experience, and/or knowledge would you bring to this program?

Are you willing to be physically examined and wear a gown? _____ yes _____ no