



Standardized and Simulated Patient Program Application

You can return this application by bringing it to an information session, by email, or by bringing it to an information/interview session.

Date ____ / ____ / ____

Name _____ Pronouns _____

Address _____

City _____ State _____ Zip _____

Home phone # (_____) _____ - _____

Cell phone # (_____) _____ - _____

Email _____

Please note that we do most of our communication by email.

How did you hear about this program?

Were you referred by someone? ___ Y ___ N

If YES, who?

Do you know or are you related to any Cooper Medical School students, faculty or Cooper Health System employees? If so, who?

Do you speak a foreign language? If so, what language(s)? _____

Please note that many of the following questions are not usually allowed to be asked on an employment application. However, due to the nature of this work, a person's gender, age, physical appearance and health are considered to be Bona Fide Occupational Qualifications (BFOQ). As a result, Cooper Medical School of Rowan University (CMSRU) is permitted to ask these questions when hiring standardized and simulated patients (SPs).

Date of Birth ____ / ____ / ____ Height ____ft. ____in. Weight _____lbs.

Do you smoke now? ___ Y ___ N

Did you previously smoke? ___ Y ___ N If YES, how many years ago did you quit? _____

Do you have any birthmarks, scars, tattoos or other distinguishing marks anywhere on your body?
If YES, where & please describe?

Please answer the following questions about your anatomy. Your answers to these questions will help us best identify which projects will be most suitable for you.

Do you have any missing or removed anatomy/organs?

Do you have any external or implanted medical devices (ex. pacemakers, internal defibrillators, insulin pumps, artificial joints)?

Do you have a tracheotomy, stoma or any other surgical modifications to your anatomy?

Is there anything else about your body or health that you would like us to know?

<p>Have you ever worked as a simulated or standardized patient before? ___ Y ___ N</p> <p>If YES, where have you worked?</p>
<p>Do you have any type of medical training (other than SP work)? ___ Y ___ N</p> <p>If YES, please describe below.</p>
<p>Do you have any type of experience teaching (other than SP work)? ___ Y ___ N</p> <p>If YES, please describe below.</p>
<p>In 2 sentences, please describe your attitudes and beliefs about physicians.</p>
<p>Why do you want to do this work?</p>
<p>Please provide the names and phone numbers of 2 references. At least 1 must be from a current or past co-worker or supervisor. Do not use a family member as a reference.</p> <p>Name: _____ Phone # (_____) _____ - _____</p> <p>Relationship _____</p> <p>Name: _____ Phone # (_____) _____ - _____</p> <p>Relationship _____</p>
<p>Signature _____ Date ___ / ___ / ___</p>