

**LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE**

**TOM AND VI ZAPARA CLINICAL SKILLS EDUCATION CENTER**

**STANDARDIZED PATIENT APPLICATION**

 (Photo if available)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone # - home and cell)

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(Address)

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(E-Mail Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Social Security #)

Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex M F

Race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approximate Weight\_\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_\_\_\_\_\_

Educational Background and Work Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe any scars, physical abnormalities, or illnesses you have:

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Please write a brief statement of why you would like to be a standardized patient, including any experiences that you think will help you in portraying a role as a patient. Also state how you found out about the Standardized Patient program at LLU.

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