



University
of Windsor
Faculty of Nursing

*University of Windsor
Faculty of Nursing and
Schulich School of Medicine and Dentistry
Windsor Program*



STANDARDIZED PATIENT APPLICATION

Note: Space is limited on this form – please feel free to add another sheet if you wish to add more comments. You may also submit a resume/CV with your application (optional).

Name: _____

Street address: _____

City _____ Postal Code: _____

Telephone (home): _____ Telephone (business): _____

Telephone (cell): _____ E-mail: _____

Do you have a S.I.N.? Yes No Birth Date (yy/mm/dd): _____

Height _____ Weight: _____ Body Type: Slim/ average / heavy / muscular

Do you fluently speak any languages other than English? Yes No

If yes, which languages? _____

What is your occupation? _____

What interests you about becoming a Standardized Patient?

How did you learn about the Clinical Skills Learning Program? If referred, by whom?

What is your availability? Please indicate your work/school schedule (or please state if schedule is flexible):

What roles, emotions and/or characteristics could you most comfortably simulate? (if any/all, please state):

Are there any you would prefer **not** to simulate?

Why do you think you would make a good Standardized Patient?

Are you a parent? Yes _____ No _____ The Clinical Skills Learning Program gets requests for child/youth cases. If you are a parent, and if your children might be interested in participating in the program (with your consent), please list their names and years of birth:

Are you a smoker? Yes _____ No _____

List any physical/medical conditions or injuries (asthma, back problems, heart conditions, joint or other replacements, etc.):

Are you comfortable doing non-invasive physical exam roles which necessitate your being in a hospital gown? You must be comfortable with the possibility of poor draping in these situations.

Yes, tell me more! _____ No way! _____

Maybe. Let me think about it, but you may contact me if something comes up and I can decide then. _____

Please list any notable physical findings (scars, prosthesis, eye glasses, hearing aids, tattoos etc.):

Signature: _____ Date (yy/mm/dd): _____

Thank you for your interest in the Standardized Patient Program.

Please Note:

- Our receipt of your application does **not** mean that you have been accepted into the program
- Information Sessions will be offered 2x per year, typically in August and January
- We will keep your application on file for 1 year

Please return application form by mail, fax or email to either:

Judy Bornais
Faculty of Nursing
University of Windsor
401 Sunset Avenue
Windsor, ON N9B 3P4
jbornais@uwindsor.ca
Fax: 519-973-7084

OR

Gloria Bortolin
Schulich School of Medicine & Dentistry -
Windsor Program
University of Windsor
401 Sunset Avenue
Windsor, ON N9B 3P4
gloriab@uwindsor.ca
Fax: 519-561-1413

Re: Collection of Personal Information - The personal information collected on this form is collected under the authority of the University of Windsor Act and is collected for standardized patients hiring purposes. If you have any questions about the collection of the personal information on this form, please direct your questions to Gloria Bortolin (Clinical Skills Facility Coordinator, Schulich School of Medicine & Dentistry - Windsor Program) at gloriab@uwindsor.ca or 519-253-3000, x4301, or Judy Bornais (Experiential Learning Specialist, Faculty of Nursing) at jbornais@uwindsor.ca or 519-253-3000, x2269.