**Standardized Patient Application **

Preferred campus: \_\_CHS (Tulsa) \_\_\_Cherokee Nation (Tahlequah) \_\_\_Both

Name (first, middle, last):

Date of Birth:

Availability: (are there any days of the week that you are routinely **NOT** available?)

Gender/Preferred Pronouns:

Visible Scars: (surgical and otherwise)

Any visible physical signs of an ailment or previous injury such as swollen feet/ankles:

Any limitations to your mobility:

Height:

Weight:

Ethnicity:

Mailing address:

Email address:

Phone number:

As a standardized patient you will be required to have initial and routine security background checks ran as part of your vendor agreement with the university.

\*\* (none of this information is shared with anyone outside this program) \*\*
Please email to medsim@okstate.edu after completing