



University of Pikeville - Kentucky College of
Osteopathic Medicine (KYCOM)

Standardized Patient/Human Model Program
Confidential Information Form

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Gender: _____ M _____ F

E-Mail: _____ Marital Status: _____

Home Phone: _____ Cell: _____ Work: _____

SSN: _____ (Required for payment) DOB: _____

Employer: _____

Occupation: _____

Emergency Contact: _____

Individual Interest and Personal Information

1. I am interested in participating in the following program(s) (*Please check all that apply*)

Standardized Patient Program (SP)

(By checking this box, you are allowing trainees to perform a physical exam **EXCLUDING** breast, pelvic, genitals, and rectal areas)

Human Model Program (HM)

(By checking this box, you are allowing trainees to perform a physical exam **INCLUDING** breast, pelvic, genitals, and rectal areas as appropriate)

2. Do you have reliable transportation? ____yes ____no

3. Have you ever been a **Standardized Patient**? ____yes ____no

Human Model? ____yes ____no

4. Are you available year round? ____yes ____no

5. Do you have any training experience in the Health or Medical field? ____yes ____no

6. Are you familiar with medical terminology? ____yes ____no

7. Why are you interested in the SP or HM program(s)?

8. Do you have any medical, mental health, or other conditions for which you are currently being treated? Please specify:

9. Please list **all** surgeries that you have **ever had** in the past:

10. Do you have any teaching or acting experience in any context? If so, please specify:

Please print this application and send it **along with a photograph** to include with your file to:

**University of Pikeville - Kentucky College of Osteopathic Medicine
(UPIKE-KYCOM)**

Attention: Ms. Susan Wetzel, SP/HM Program Coordinator

Armington Room #320

147 Sycamore Street

Pikeville, KY 41501

If you have any questions about these job positions, please do not hesitate to contact Ms. Wetzel at 606-218-5445 or by email at dianawetzel@upike.edu. Thank you for your interest and we look forward to hearing from you!

