MEDICAL SKILLS AND SIMULATION CENTER (MSSC)

ARABIAN GULF UNIVERSITY

REGISTRATION FORM FOR SIMULATED PATIENT (SP)

Name: _____

Date of Birth: _____

Nationality: _____

Contact: Mobile 1. _____ Mobile 2. _____

E-mail: _____

Address (Home): _____

Postal Address: _____

Occupation: _____

Previous Experience: _____

Time of Availability to work in MSSC:

_____

Please tick (√)

- ☐ Can come once daily
- ☐ Can come once weekly
- ☐ Can come on monthly basis once or twice

Type of Work:

I can have the work as

a. Talking to Students or Doctors only.
b. Talking and allow students to examine my lung, heart & check BP or abdomen.

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مركز المحاكاة والمهارات الطبية
Medical Skills and Simulation Center

Payment:

I accept working on temporary basis & get my salary on hourly or session basis every month, according to the total number of hours I worked in AGU.

Signature of SP

Date:

Signature of SP Coordinator

Date:

Signature of MSSC Program Director

Date: