



PA PROGRAM PATIENT MODEL RELEASE FORM

By signing below, I agree to the terms and conditions of the simulated patient model for the Physician Assistant Program at Lawrence Technological University. I agree that this may involve role playing as a patient, whereby I agree to narrate a medical history and present physical, mental or emotional symptoms. I understand that this may involve the use of photographic images or audiovisual recordings for promotional material, college publications, web-based material, mass media content, educational events or public relations.

I agree to wear a patient gown for examination and wear shorts for men and shorts and a sports bra for women under the gown. Modesty will be maintained throughout the examination as much as the examination allows. Requests for all female participants (student and proctor) can potentially be accommodated if notification is made at the time of scheduling availability. On the day of testing the Program will make every effort to meet these requests but there is no guarantee.

I understand that I may be an alternate if adequate models are present on the day of testing. The Program will ask that all volunteers be willing to alternate with other volunteers to allow all to participate.

I agree to attend sessions once my availability is confirmed or provide notification as soon as possible in the event I am unable to attend by emailing paprogram@ltu.edu. All participants will be expected to attend for the duration of the testing period for that day and arrive on time and ready for testing (changed into attire as detailed above).

In order to participate on the day of testing, I am committed to attending any required training sessions (usually via zoom) and to arrive at the scheduled time to allow for

review of patient scenarios for the best representation of the clinical scenario as possible.

I agree to not share any information related to the patient scenarios or any other information provided as part of your training.

I agree to submit to the PA Program proof of Covid Vaccination series or, if unable to do so, agree to wear a mask for the duration of the simulation unless otherwise requested during the examination.

I understand that all participation is strictly voluntary. The LTU PA program is happy to confirm student participation if requested in writing for documentation for student volunteer hours documentation purposes.

By signing below, I agree to release and waive LTU and staff from any liability for use of media and waive any remuneration. This also includes recordings made as part of course related instruction and assessment which can be used freely for educational purposes within the program.

Name

Email

Signature

Phone

Date

We sincerely thank you for your commitment to helping us train the PAs of tomorrow!

Please note that volunteering as a Program Student Exam Model does not guarantee admission into the Program or provide any advantage over other applicants. We sincerely appreciate your time and support in helping train the next generation of Physician Assistants.