



**Dr. Rubin's Mini Medical School  
for High School Students**



Application for the Class of 2024  
[www.MinimMedicalSchool.com](http://www.MinimMedicalSchool.com)

Dear Student and Parents,

Mini-Medical School for High School Students is a community service program designed to encourage motivated high school students to become physicians and surgeons. A full description of the program can be found online. This year we are returning to our pre-pandemic 20-hour format. Parents are invited to attend with their student for our last session. All sessions this year are tentatively being held at the Edward Hospital Education Center 3<sup>rd</sup> floor auditorium and conference rooms. The program is offered in 2 classes, one on Saturdays and one on Sunday afternoons from 2:30 PM to 5:30 PM. The last session will be divided into 2 parts – students will have a chance to review all procedures learned and then we will all meet in the auditorium for my final lecture on healthcare careers and award certificates. Please look at the dates below and discuss with your student which day is best for you and your student. Once the program starts, students will not be allowed to switch sessions unless prior arrangements are made at least one month in advance.

Saturdays	Jan 20	Jan 27	Feb 3	Feb 17	Feb 24	Mar 16
Sundays	Jan 21	Jan 28	Feb 4	Feb 18	Feb 25	Mar 17

Applications have 4 parts: Google Online Form, Parent Consent, Counselor Form and Teacher Recommendation. All forms can be submitted electronically by either emailing a scanned copy to [RubinMiniMedicalSchool@gmail.com](mailto:RubinMiniMedicalSchool@gmail.com) or faxing it to 1-888-725-0506. Your teacher and counselor also have the option to submit their form online at [www.MinimMedicalSchool.com](http://www.MinimMedicalSchool.com). All completed applications must be received by Nov 20<sup>th</sup>. Applications are reviewed monthly. Finalists will be offered an interview. We will collect our program fee of \$450 in the form of a check made out to Dr. Rubin's Mini Med School when a student is interviewed. The check covers all expenses and includes all medical supplies, a program t-shirt, snacks, and drinks. Checks from students that are not accepted will be destroyed. Thus, there is no cost for applying. Applications are reviewed on a rolling basis. Interviews will be scheduled from late September through early December.

Sincerely,  
Ira S. Rubin, M.D., Ph.D.  
Attending Pediatrician,  
Naperville Pediatrics  
1012 95<sup>th</sup> St. Suite 7 Naperville, IL 60564



## Dr. Rubin's Mini Medical School for High School Students Consent Form

\*\*\*Once filled out, email a scanned copy to [DrRubin@MiniMedicalSchool.com](mailto:DrRubin@MiniMedicalSchool.com)

Date:  Student Name:  Phone

### Parental Consent to Participate with Hands on Projects

I, the undersigned **parent/ legal guardian** of the student named above, hereby give my consent for my student to participate in Dr. Rubin's Mini-Medical School for High School Students Program. I understand that my student will be participating in several hands-on projects including all the elements of a physical exam, suturing wounds, casting and splinting arms or legs, a simulated baby delivery, and intubation of the larynx. I understand that my student will be given the opportunity to perform these tasks as well as be a subject for examination by other students. I do not hold Dr. Rubin liable for any injury arising from my student's participation during these projects.

Parent Name  Signature

### Parental Consent for Photographs

I, the undersigned **parent/ legal guardian** of the student named above, hereby consent and authorize any **lawful use** and reproduction by Ira Rubin, M.D.,Ph.D., of all photographs taken of my student during the Mini-Medical School For High School Students Program. I understand that no compensation will be made to me or my student for the use of such photographs. I agree not to make any claims against Dr. Rubin relating to or arising out of the taking of the photographs or any authorized use of such photographs. By signing, I give permission to Dr. Rubin to take and use photographs of my student during the program and in the future for the benefit of other students to learn and experience from.

Parent Name  Signature

### Please note our Financial Policy

There is no fee to apply to our program. Our program fee is \$450 which covers all medical supplies needed, snacks, drinks, a program t-shirt, and program certificate. This fee is collected as a check, made payable to Dr. Rubin's Mini Med School, from those students who are selected as finalist at the time of their interview. If a student is interviewed and not accepted the check is destroyed. Thus, no fee is collected unless you are accepted into the program. Students who accept our offer and then on or before Dec 15<sup>th</sup> decide for any reason not to participate in the program will upon request receive a refund of \$300. No refunds will be provided for any reason after Dec 15<sup>th</sup>.

**Dr. Rubin's Mini Medical School for High School Students**  
**1012 95<sup>th</sup> Street, Suite 7**  
**Naperville, IL 60564**  
[www.MiniMedicalSchool.com](http://www.MiniMedicalSchool.com)

**Counselor Form**

Dear Counselor,

The student whose name is printed below is applying to Dr Rubin's Mini Medical School. We need your help to complete the student's application. Please complete an online version of this form by going to our website at: [www.minimedicalschool.com](http://www.minimedicalschool.com) Alternatively you can use this form, and email a scanned copy to me at [RubinMiniMedicalSchool@gmail.com](mailto:RubinMiniMedicalSchool@gmail.com) or fax this form to **1-888-7250506**. **If your school does not calculate an official GPA, then please fax a copy of the student's transcript.**

The student's application will not be processed without this form. Your help is appreciated.

Sincerely,



Ira S. Rubin, M.D., Ph.D.  
DrRubin@MiniMedicalSchool.com

**Student Applicant:** \_\_\_\_\_

**Name of your High School:** \_\_\_\_\_

**Student Phone Number** \_\_\_\_\_ **Student E-Mail:** \_\_\_\_\_

I verify that the above-named student is in good standing and has a GPA of \_\_\_\_\_ on a \_\_\_\_\_ scale covering a period from the student's freshman year to present. The highest GPA in this student's class is \_\_\_\_\_.

Verifying Counselor's Information:

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Parent Authorization**

I authorize the release of my student's GPA for determining my student's qualification.

**Parent Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

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**Teacher Recommendation**

Dear Teacher,

The student whose name is printed below is applying to Dr Rubin's Mini Medical School. We need your help to evaluate the student. Please complete an online version of this form by going to our website at: [www.minimedicalschool.com](http://www.minimedicalschool.com) Alternatively you can use this form, and email a scanned copy to me at [RubinMiniMedicalSchool@gmail.com](mailto:RubinMiniMedicalSchool@gmail.com) or fax this form to **1-888-7250506**.

The student's application will not be processed without this form. Your help is appreciated.

Sincerely,



Ira S. Rubin, M.D., Ph.D.

**Science or Math Teacher Recommendation**

**Student Applicant:** \_\_\_\_\_

**Name of your High School:** \_\_\_\_\_

**Student Phone Number** \_\_\_\_\_ **Student E-Mail:** \_\_\_\_\_

How long have you known this student?

Dr Rubin's Mini Medical School Program for High School Students is a community service program designed to help students determine if they want to pursue a career in healthcare, particularly medicine and surgery. This program is best for students that are academically strong and are self-motivated. Please check your level of recommendation for the student named.

\_\_\_ I highly recommend \_\_\_ I recommend \_\_\_ I do not recommend

In the space below, please make any comment that you feel would be helpful for us to know.

Teacher Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Indicate which field you teach: \_\_\_ Math \_\_\_ Science \_\_\_ Other: Please Specify \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_