



Dr. Rubin's Mini Medical School for High School Students
 Application for the Class of 2020
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. We are offering 2 programs this winter, one on Saturdays and one on Sundays. The program is 20 hours long divided into 6 sessions. The first 5 sessions are held at the Edward Elmhurst Plainfield ER conference rooms at 127st in Plainfield from 2:30m PM to 6 PM on Saturdays and from 1:30 PM to 5 PM on Sundays on the following dates:

Saturdays	Jan 11	Jan 25	Feb 1	Feb 8	Feb 22
Sundays	Jan 12	Jan 26	Feb 2	Feb 9	Feb 23

The 6th session is our graduation which will be held on Sunday March 8th at 1-3 PM for the Saturday class and 4-6 PM for the Sunday Class at the Edward Hospital Education Center, Naperville IL.

We have received your online application. We now need 3 forms to complete the application process: **Parent Consent, Teacher Recommendation and Counselor Form.** I have included these forms in this document. First fill out the blanks on your computer. Then print this document. Have a parent sign the parent consent form and email a scanned copy to me or if you prefer, you can also fax a copy to me at **1-888-725-0506. An emailed photograph is not acceptable.** Provide your teacher and counselor the respective form. It is your responsibility to make sure we get all 3 forms by **October 31, 2019.** All completed applications will be reviewed and finalists will be offered an interview. At the time of the interview, we will collect a check for our program fee of \$400 made out to Dr. Rubin's Mini Med School. The check covers all expenses and includes all program medical supplies, a program t-shirt, snacks and drinks. Checks from students not accepted will be destroyed. We will email all students when we receive your application and send a second email when the application is complete. Contact us if you do not receive an email.

A response letter will be sent by email no later than December 20, 2019. If you did not receive your letter by email, you may check our website to see if you are listed on the class roster. Any student who is accepted into the program and for any reason decides not to attend will, upon written request, be refunded \$300 provided that we are notified by December 1st. No refund will be given to any student who withdraws from the program after Dec 1st or starts the program and for any reason decides to withdraw.

Sincerely,

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

Attending Pediatrician, Naperville Pediatric Associates



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

Consent Form

Date:

Student Name:

Phone Number:

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. These projects may include learning to measure vital signs (heart rate, temperature, blood pressure), heart or brain dissection, examination of the eyes, ears, nose, throat, lungs, heart, abdomen and nerves, 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 \$400 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 30th 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 30 th.



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

10 W. Martin Ave. Suite 2
Naperville, IL 60540
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 verify that the student below is enrolled in your high school and indicate the student's current GPA. **If your school does not provide a GPA, please provide a substitute document like a transcript or an unofficial GPA.** We prefer you complete an online version of this form by going to our website at: www.minimedicalschool.com Alternatively you can scan this form or the student's transcript and email it to me at RubinMiniMedicalSchool.com or fax this form to **1-888-725-0506**.

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

Sincerely,

Ira S. Rubin, M.D., Ph.D.
naperpeds@msn.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 _____

Parent Authorization

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

Parent Name _____ **Signature** _____



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Naperville, IL 60540

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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 Alternatively you can use this form, and email a scanned copy to me at RubinMiniMedicalSchool@gmail.com or fax this form to **1-888-725-0506**.

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 Form

Student Name:

Student E-Mail:

Student Phone Number:

School:

How long have you known this student?

Please rate this student in the following areas by checking the appropriate box.

Attribute	Below Average	Average	Above Average
Self- Confidence			
Independent Thought			
Academic Achievement			
Work Habits			
Dedication			

We are grateful for your help. Please state below any comments you may have.

Teacher Name _____ E-Mail _____

Indicate which Department you are in: ___ Math ___ Science

Teacher Signature _____ Date _____