



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



Application for the Class of 2025
www.MinimMedicalSchool.com

Dear Student and Parents,

Mini-Medical School for High School Students is a community service program that started over 20 years ago that encourages motivated high school students to pursue a healthcare career. A full description of the program can be found online. The program is offered to 2 concurrent classes, one on Saturdays and one on Sunday afternoons from 2:15 PM to 5:30 PM. In the first 5 sessions, students listen to Dr. Rubin lecture and then they break up into small groups who perform procedures learned typically in the first to third years of medical school. In our last session, students will get to review these hands-on experiences with their parents, then listen to Dr. Rubin describe the fields in healthcare they might consider pursuing. To help them succeed, he will discuss the basics of school admissions. The program then ends with a graduation ceremony, during which students receive a certificate of completion. Please look at the dates below and discuss with your student which day is best. Once the program starts, students will not be allowed to switch sessions. If you are unable to attend, we will provide a video of the session for you to stream to your home computer. Students who live out of state or more than an hour away may apply for our virtual mode program. In this case, students will view the lectures on their own at home, but they will be linked to a Teaching Assistant, who will perform all experiences for the virtual student live during our program, explaining every step along the way.

Saturdays	Jan 11	Jan 18	Jan 25	Feb 1	Feb 15	Feb 22
Sundays	Jan 12	Jan 19	Jan 26	Feb 2	Feb 16	Feb 23

Applications have 4 parts: Google Online Form, Parent Consent, Counselor Form, and Teacher Recommendation. All forms can be submitted electronically by fax to 1-888-725-0506, email, or online submission. Applications are reviewed monthly from now until November 10th. Finalists will be offered an interview which will be scheduled from September through early December. There is no fee to apply but our program fee of \$450 is due upon acceptance. The check covers all expenses and includes all medical supplies, a program T-shirt, snacks, and drinks.

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



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

*****Once completed, fax to 1-888-725-0506 or email scanned pdf to
DrRubin@MIniMedicalSchool.com**

Date:

Student Name: Phone

Parental Consent

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. 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, simulating a newborn delivery, and intubation of the larynx. I understand that my student will be allowed 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.

Pictures will be taken during the program by Dr. Rubin's staff. The sole purpose of these pictures is to document each student's participation and to document our programs. I authorize any **lawful use** of all photographs taken of my student during the 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 permit Dr. Rubin to take and use photographs of my student during the program and in the future for the benefit of my student, other students in the program, and future students.

Signature

Parent Name

Please note our Financial Policy

Our program fee is \$450 which covers all medical supplies needed, snacks, drinks, a program t-shirt, and program certificate. This fee is collected from students at the time of acceptance. If a student is not accepted, they are not charged. Students who accept our offer and send in the program fee but later withdraw for any reason by December 15th will upon request receive a refund of \$300. No refunds will be provided for any reason after Dec 15th.



Dr. Rubin's Mini Medical School for High School Students
1012 95th Street, Suite 7
Naperville, IL 60564
www.MinimMedicalSchool.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 students' application. Please complete an online version of this form by going to our website at: www.minimedicalschool.com Alternatively you can use this form, and fax it to **1-888-725-0506** or email a scanned copy to me at RubinMiniMedicalSchool@gmail.com. **If your school does not calculate an official GPA, then please fax a copy of the student's transcript.**

The student's application cannot be processed without this form. We appreciate your help.

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 _____

Parent Authorization

I authorize the release of my student's GPA to determine my student's qualifications.

Parent Name _____ **Signature** _____



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Naperville, IL 60564
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Teacher Recommendation

Dear Teacher,

We need your help to evaluate the student named below. Please complete an online version posted on my website: www.minimedicalschool.com Or fax this form to **1-888-725-0506**. Or email a scanned copy to me at DrRubin@MiniMedicalSchool.com

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 _____