



Dr. Rubin's Mini Medical School for High School Students
 Application for the Class of 2023
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. Pre-pandemic our programs were 20 hours long divided into 6 sessions. For the past 2 years we offered a hybrid program. Now that restrictions are improving, we decided to return to our original in person format with students meeting in groups of 4 with one or two student TA leaders. We are retaining our online lecture format which provided students a lot of flexibility. This format affords the student direct contact with me.

The program is 22 hours long divided into 6 sessions. All sessions are held at the Edward Elmhurst Plainfield ER conference rooms at 127st in Plainfield, IL. The last session will be divided into 2 parts – the student and parents' view my last lecture at home sometime during the weekend of March 5th/ 6th and then one week later they will receive their certificates and graduate. We plan on recording the event for parents to view later. Please discuss with your student which session is best to attend. Students will not be allowed to switch sessions unless prior arrangements are made at least one month in advance.

Saturdays (3 to 4:30PM)	Jan 21	Jan 28	Feb 4	Feb 11	Feb 25	Mar 11
Sundays (12:30 to 2PM)	Jan 22	Jan 29	Feb 5	Feb 12	Feb 26	Mar 12
Sundays (3 to 4:30PM)	Jan 22	Jan 29	Feb 5	Feb 12	Feb 26	Mar 12

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. IF you want to use your phone, you must use an adobe scan app for iphone or android and save the file as a pdf.** Provide your teacher and counselor the respective form. It is your responsibility to make sure we get all 3 forms by **November 20th but the sooner the better.** 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 \$450 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.

Applications are reviewed on a rolling basis. Students will hear back within a month of their interview which will take place from late September through early December.

Sincerely,

Ira S. Rubin, M.D., Ph.D.
 Attending Pediatrician, Naperville Pediatric Associates
 1012 95th 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

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 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 15th 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 15th.



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Naperville, IL 60564
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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.
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 for determining my student's qualification.

Parent Name _____ **Signature** _____



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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?

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 _____