



**Dr. Rubin's Mini Medical School for High School Students**  
Application for the Class of 2022  
[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. Due to the COVID 19 pandemic, we have adapted our program to minimize student contact while retaining the full program content. To reach that goal we have made the following changes:

1. All lectures are viewed at home by streaming to the student's computer. The lectures will be divided up and complemented with handouts for students to read.
2. All hands on experiences will be done at Northern Illinois University, Naperville Campus to avoid exposure to a hospital environment.
3. The hands on experiences will be provided in 2 sessions, each 4 hours long. The tentative dates for the first session is February 6<sup>th</sup> or 7<sup>th</sup> and the second session is February 20<sup>th</sup> or 21<sup>st</sup>.
4. During these sessions, all students in attendance will be required to wear a mask, physically distance 6 or more feet and be immunized against COVID19. All students in attendance will be screened for COVID symptoms. If you are not able to get a vaccine, we can accommodate you. If you are not able or willing to vaccinate, we alternatively offer you a totally virtual experience.
4. We will not be able to provide a formal graduation. Dr. Rubin will provide his final lecture for both parents and students to watch at home along with a video of the class in review. This video will also be released on youtube for all to see. Students can email Dr.Rubin that weekend with a questions. He will then video conference with each student or parent.

**We have received your online application.** We now need 2 forms to complete the application process: **Parent Consent and Counselor Form. Teacher recommendations are not being required this year. However, if you wish, you may submit one by asking your teacher to complete our online form at [www.MinimMedicalSchool.com](http://www.MinimMedicalSchool.com) or write a letter and email it to us at [DrRubin@minimedicalschool.com](mailto:DrRubin@minimedicalschool.com)** I have attached all three forms to this letter. Make sure you have a parent sign the form and mail me a copy with your program fee attached. The program fee is \$450 made payable to Dr Rubin's Mini Medical School. Email the form to your counselor and teacher if you so desire. All completed applications will be reviewed and finalists will be offered an interview on a rolling basis. Interviews will be conducted by video conferencing. As with a real school, an offer of acceptance, wait list or rejection will be made as soon as possible. The program fee this year is \$450 which includes all program medical supplies, snacks, drinks and a program certificate. We will email you when your application is complete. Contact us if you believe it is and you have not received that email. Every applicant will receive a response letter by December 20, 2019. Any student who is accepted into the program and for any reason decides not to attend will, upon written request, be refunded \$350 provided that we are notified by December 1<sup>st</sup>. No refund will be given to any student who withdraws from the program after Dec 1<sup>st</sup> 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 \$450 which covers all medical supplies needed, snacks, drinks and program certificate. This fee is collected as a check, made payable to Dr. Rubin's Mini Med School, from those students who have been interviewed and offered a spot in the program. Thus, no fee is collected unless you are accepted into the program. Students who accept our offer and then on or before Dec 30<sup>th</sup> decide for any reason not to participate in the program will upon request receive a refund of \$350. 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](http://www.minimedicalschool.com) Alternatively you can scan this form or the student's transcript and email it to me at [RubinMiniMedicalSchool.com](mailto: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](mailto: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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**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.minimedicalschoool.com](http://www.minimedicalschoool.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 **1-888-725-0506**.

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 \_\_\_\_\_