



Dr. Rubin's Mini Medical School for High School Students  
Application for the Class of 2019  
[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 at <http://www.minimedicalschool.com/minimedschool.html>. We are running 2 programs this year, one on Saturdays and one on Sundays. The classes are identical and 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 12 | Jan 26 | Feb 9  | Feb 23 | Mar 2 |
| Sundays   | Jan 13 | Jan 27 | Feb 10 | Feb 24 | Mar 3 |

The 6<sup>th</sup> session is our graduation which will be held on Sunday March 18<sup>th</sup> 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, 2018.** 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 November 30, 2018. 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 request, be refunded \$300 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 \$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 30<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 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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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 **1-888-725-0506**.

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 \_\_\_\_\_