

12TH GRADE INFORMATION PACKET
SUMMER DETAILS LETTER – BETHESDA, MD

Page 1 of 15

To: Parent/Guardian:
From: Dr. Moses Williams, *Executive Director & Founder*
Re: Summer Details for PSTP Summer Placement at NIH – (Bethesda, MD)

We are pleased to have your child participate in our Sr. High School summer training program at NIH Bethesda, MD for the following dates:

June 18, 2015 – August 13, 2015

ALL STUDENTS STARTING IN THEIR LABS ON JUNE 15TH MUST ARRIVE JUNE 13TH

All students must arrive on June 18th between 9am and 6pm.

As you were informed, our NIH program is a eight week program. All students are required to attend the entire eight weeks. There will be no exceptions. You must send us a copy of your **health insurance card** with the packet. Let us know ASAP if you do not have health insurance so that we can provide you with insurance. You must arrange your transportation and you will receive details about your living accommodations no later than one week before your departure date. Normally, NIH pays each student for their internship in their labs. However, due to budget cuts, some labs will be able to pay trainees, while other labs can only accept volunteers. As a volunteer, remember what is important is not money, but that you will be able to add the NIH lab experience to your resume. You will be notified in the near future which category you are in.

The following items must be brought to Bethesda, MD with your child:

1. special events uniform
2. the work uniform
3. students may bring personal computers (PSTP will not be responsible for any lost or stolen items)
4. students should bring: bed linens, towels, washcloths, toiletries, laundry detergent, laundry money, bathing suit, personal spending money for weekend outings (debit card and/or traveler checks), etc.
5. Submit via email a **Passport Photo** (pstpmarc@gmail.com)

12TH GRADE INFORMATION PACKET
SUMMER DETAILS LETTER – BETHESDA, MD (CONTINUED)

Page 2 of 15

The following forms should be completed in their entirety and sent to the address below before **March 1**.

Dr. Moses Williams
Distance Learning Center
1324 W. Clearfield St
Philadelphia, PA 19132

High School Trainees – 11th & 12th Trainees:

- Parent /Guardian Letter (Read Only)
- Trainee Information Update Form
- Senior High Cost (Read Only)
- Proof of Insurance Form
- Rules of Behavior Form
- W-9 Form
- I-9 Form
- Absence Policy Form
- Consent and Release of Individual Form
- Consent for Minor's Health Screening
- Shirt/Lab Coat Size Form
- Special Events Uniforms Update Form
- Student Health Form
- Maryland Work Permit Application (obtain from NIH)

PLEASE MAKE COPIES OF ALL FORMS FOR YOUR RECORDS

12TH GRADE INFORMATION PACKET
TRAINEE INFORMATION UPDATE FORM

Racial Ethnicity: _____

Social Security #: _____

Citizenship: _____

d.O.B.: _____

Check Box: Male Female

Date: _____

name of Student: _____

Check if New Address Mailing Address:# _____

City, State, Zip Code: _____

Street Apt.

Email Address (required): _____

Parent/Guardian Information

Mother	Father
Last First Middle	Last First Middle
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
Email Address: _____	Email Address: _____

School Information

name of School: _____ Current Grade: _____

School Address: _____

Street

City, State, Zip Code: _____

School Phone: () Student Cell Phone: ()

Emergency Contact Information

Relationship to Student: _____

name of Contact: _____

Home Address: _____

Home Phone: () Work Phone: ()

12TH GRADE INFORMATION PACKET
PROOF OF INSURANCE FORM

Page 4 of 15

name of Child: _____

Please make a copy of your child's insurance card, front and back, in the section below or on a separate piece of paper and attach to this form.

If your child does not have insurance, notify Dr. Moses Williams at moses.lee.williams@gmail.com.
All students should have health insurance before they arrive.



12TH GRADE INFORMATION PACKET

Page 5 of 15

RULES OF BEHAVIOR

I/We _____, the parent(s) or legal guardian(s) of _____, a minor (hereinafter referred to as “the PSTP Trainee”), intending to be legally bound, hereby consent and grant permission for the PSTP Trainee to participate in the academic and recreational activities of the Physician Scientist Training Program, and to live in the dormitory that is provided by The Distance Learning Center.

I/We will not hold The Distance Learning Center, other partnering institutions or any other person or corporation duly authorized to provide services for the PSTP liable for the criminal, negligent, reckless or intentional acts or omissions of the PSTP Trainee.

I/We agree that the PSTP trainee will abide by the following rules and procedures of the Physician Scientist Training Program (PSTP) and are understood and agreed to by the undersigned. The Parent(s) or Legal Guardian(s) and the PSTP Trainee must initial each numbered rule:

- _____ **1.** The trainee must follow all of the directions given by the Program Director, staff, dormitory monitors and mentors regarding Program rules and safety procedures. Failure to follow the directions given by the above named individuals will result in immediate dismissal from the PSTP.
- _____ **2.** The trainee will not use alcohol or illegal drugs or engage in criminal activity. Engaging in the aforementioned will result in immediate dismissal from the PSTP.
- _____ **3.** The trainee will respect the rights and privacy of others and will not engage in disruptive or inappropriate behavior that interferes with the activities of the PSTP. Profanity, inappropriate language and verbal abuse, fighting and inappropriate sexual contact will result in immediate dismissal from the PSTP.
- _____ **4.** The trainee will respect the private property of others. Stealing or vandalizing will result in immediate dismissal from the PSTP.
- _____ **5.** The male trainee is not allowed to visit the dormitory room of female trainees, and the female trainee is not allowed to visit the dormitory room of male trainees. If the trainees of opposite sex have to meet, they should do so in one of the dorm lounges or the dorm lobby. Entering the dorm room of a trainee of the opposite sex will result in the immediate dismissal from the PSTP.
- _____ **6.** The trainee will not leave his/her dormitory alone. He/she will travel outside the dorm with at least one other trainee, dorm monitor or program staff member.
- _____ **7.** The trainee will keep the door to his/her dormitory room locked at all times. The trainee will not admit anyone into his/her room who is not a roommate, dorm monitor or staff member. The trainee is not allowed to have overnight guests in the room.
- _____ **8.** The trainee is advised to maintain one locked piece of luggage in which to secure expensive and/or valuable personal items. Purses and wallets should not be left in the public areas of the dorm or classrooms. The PSTP is not responsible for the trainee’s personal property.
- _____ **9.** Dorm rooms, hallways and laundry/trash areas must be kept clean at all times.
- _____ **10.** The senior high trainee must be in his/her dorm building by 9:00 pm and in the dorm room by 10:30 pm. The trainee must obey the noise curfew from 10:00 pm to 7:00 am., Sunday through Thursday. No loud music, talking or noise is allowed in the dorm room.

12TH GRADE INFORMATION PACKET

Page 6 of 15

RULES OF BEHAVIOR (CO n TIn UEd)

_____ **11.** The trainee is not allowed to leave the dorm for an overnight visit with any person. The trainee is only permitted to leave the dorm or campus with a parent or legal guardian if the parent/guardian returns the trainee before the 10:30 pm curfew.

_____ **12.** The trainee must wear a clean pressed uniform Monday to Friday. His/her uniform must be worn correctly according to the staff, with shirt tucked in, belt showing, and pants not sagging.

_____ **13.** The trainee is expected to attend all classes from Monday to Friday between the hours of 8:30 am to 4:30 pm. The trainee must achieve a B grade in all courses in order to be invited back the next summer.

_____ **14.** The trainee will not engage in horseplay in any of the buildings on campus, and understands that attendance at Study Hall, Trips and other PSTP sponsored activities is mandatory.

Parent/Legal Guardian

PSTP Trainee

Sworn and subscribed before me this _____ day of _____

Notary Public

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

12TH GRADE INFORMATION PACKET

Page 9 of 15

CONSENT TO MINOR'S HEALTH SCREENING AND TREATMENT FOR VOLUNTEER SERVICES

Temple University, Drexel University, University of Pennsylvania, Thomas Jefferson University, National Institutes of Health, require all volunteers to undergo a skin test to check for exposure to tuberculosis and a blood test which includes screening for immunity to certain infectious diseases such as rubella and chicken pox. Any volunteer found not to be immune to rubella is required to receive a vaccination.

The written consent of a minor's parent, guardian, or other legally responsible party is required for the performance of any medical services unless the minor has graduated from high school or is married or pregnant.

I hereby consent to the performance of all required medical services to my son/daughter by the aforementioned Universities and/or Medical Research Institutes, including vaccination against measles, rubella and mumps if indicated.

I also agree to allow the aforementioned Universities to provide any necessary episodic medical care that my son/daughter may require during his or her volunteer placement.

Minor's Name

Signature of Parent/Guardian

Print Name:

Address

Relationship to Minor

Date

Notary

12TH GRADE INFORMATION PACKET

Page 10 of 15

CONSENT AND RELEASE OF INDIVIDUAL

Physician Scientist Training Program
The Distance Learning
1324 W. Clearfield St
Philadelphia, PA 19132
Tel: (267) 238. 2900 ext.1

I _____, do hereby grant permission to the Physician Scientist Training Program (PSTP) to be the surrogate Guardian of my minor child

Minor's Name

when said child is engaged in PSTP programmatic activities during the summer months and school year at all PSTP affiliated academic institutions, pharmaceutical companies, institutes/centers at the national Institutes of Health, and at scientific meetings. I assign the PSTP or affiliate entities the right to oversee my child's supervision at their venues, and consent to the aforementioned entities, taking my child to a hospital emergency room when he/she requires medical attention.

I agree that all records, pictures, videos produced while my child is under the supervision of the PSTP and/or its affiliates will remain the property of said entities.

I am over twenty-one years of age, and I am the parent and/or legal guardian.

Signature of Parent/Guardian

Relationship

Date

Notary

12TH GRADE INFORMATION PACKET
HOSPITAL CONSENT FORM

Page 11 of 15

I, the parent of _____
give the Physician Scientist Training Program (PSTP) consent to take my child to the hospital emergency
room when he/she is ill.

I also grant the hospital the right to treat my child under PSTP supervision.

name

Notary

Date

12TH GRADE INFORMATION PACKET
ABSENCE POLICY FORM

Page 12 of 15

Dear Parents:

The purpose of this letter is to inform you of the Physician Scientist Training Program (PSTP) Absence Policy. Your child is expected to attend the entire length of the program. Noncompliance with this policy will result in your child's termination from the summer program.

- _____ 1. Overnight stays at home **are not permitted** under any circumstances.
- _____ 2. Absences from the program **will not be tolerated** at anytime.
* **Only signed, medically documented absences** will be excused.
*** MAKE ALL DOCTOR'S AND DENTIST'S APPOINTMENTS
BEFORE THE PROGRAM BEGINS or AFTER THE PROGRAM ENDS.**
- _____ 3. There will be no overnight visits in the dorm from any family member or friend allowed at any time during the program.
- _____ 4. Parents are not permitted to pick up their children from the program unless it is during the hours specified by the PSTP office.

Our office will inform you of the time allotted for family visits. At that time, you will need to contact Dr. Moses Williams by phone. Requests made by fax will not be accepted or approved.

It is crucial that you understand that your child will be immediately dismissed from the program should a violation of any of the above statements occur. Please initial each of the statements, sign at the bottom, and return this letter to the PSTP office. We suggest you make a copy of this form for your files.

Sincerely,

Dr. Moses Williams
Executive Director & Founder

Parent Signature: _____

Student Signature: _____

12TH GRADE INFORMATION PACKET
SHIRT/LAB COAT SIZE FORM

Page 13 of 15

name: _____ Grade: _____

PSTP Shirt Size (Please Check One Size)

Adult — Small Medium Large X-Large

Youth — Small Medium Large X-Large

Lab Coat Size (Male Coat Size, example size 38): _____

12TH GRADE INFORMATION PACKET
SPECIAL EVENTS UNIFORMS UPDATE

Page 14 of 15

- All special events uniforms should be tailored, etc. boys' pants hemmed.
- All PSTP emblem patches should be sewn onto the green blazer pocket.
- Girls can wear skin tone stockings, green stockings are not required.
- Girls can wear black shoes with a ½" heel or less.
- Boys must wear black loafers or black tie-up dress shoes.

12TH GRADE INFORMATION PACKET
STUDENT HEALTH FORM

Student's Name: _____ Social Security #: _____

Student's Statement

I (Student's Signature) _____ [] deny the use of or [] use
 substances that are habit forming (depressants, stimulants, narcotics) or excessive alcohol which may
 interfere with my ability to deliver responsible patient care.

Immunization

Measles # 1: date _____ **#2:** date _____ Viral titer _____

Mumps # 1: date _____ **#2:** date _____ Viral titer _____

Rubella Antibody Titer: Immune _____ date _____
 Susceptible _____ date _____

Varicella Antibody Titer: Immune _____ date _____
 Immunization **#1:** date _____ **#2:** date _____
 History [] No [] Yes date _____

Hepatitis B Antibody titer: Immune _____ date _____
 Susceptible _____ date _____
 Immunization **#1:** date _____ **#2:** date _____

PPD skin test (by Mantoux, must be within last year): _____ date _____
 Negative _____ Positive _____ (mm.Induration) _____
 If positive, results ad date of chest x-ray _____
 Isoniazid treatment (date started _____ , date completed _____)

Influenza immunization: date _____

Tetanus/Diphtheria booster (must be within the last ten years): date _____

 Certifying Physician Signature Date

Printed Name and Address: _____

