

7TH & 8TH GRADE INFORMATION PACKET

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SUMMER DETAILS LETTER – [Seattle, Washington](#)

To: Parent/Guardian
From: Dr. Moses Williams, *Executive Director & Founder*
Re: **Summer Details for STEMMPREP PROGRAM**

We are pleased to have your child participate in our Junior High School summer training program at the University of Washington in Seattle, WA. for the following dates **July 1, 2017 – August 5, 2017**. **All students must arrive on July 1 between 9am and 3pm.** Parents are required to provide transportation for their children. For students who will be flying into Seattle, a program staff member will transport your child from the airport to the Dormitory. All parents must fax or e-mail what time you will arrive at the Dormitory on the 1st and what time you will pick your child up on August 5th; students that are flying must provide their flight itinerary. Please note that the fee for **unaccompanied minors** must be paid to the airline for the return trip prior to August 5. Your child will receive three (3) meals per day in the campus cafeteria. As you were informed, the duration of our program is six weeks and all students are required to attend for the entire six weeks without exception.

The following items must be brought to Seattle with your child:

1. Special Events Uniform
2. Work uniform
3. Students should bring their cell phones and/or calling cards to stay in touch with home. Students will have access to pay phones.
4. Students may bring personal computers (**STEMMPREP PROGRAM will not be responsible for any lost or stolen items**)
5. **Students should bring: bed linens, towels, washcloths, toiletries, laundry detergent, laundry money, bathing suit, personal spending money for weekend outings (debit card and/or travelers checks are preferred), etc. If you are giving cash \$50.00 is a good start.**

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SUMMER DETAILS LETTER – [Seattle, Washington](#) (CONTINUED)

To: 7th & 8th Grade Trainees

From: Dr. Moses Williams, *Executive Director & Founder*

We are looking forward to your joining the longitudinal training program. As we approach the start of the summer training period, there are several items which need to be finalized and returned to Dr. Moses Williams (267. 238. 2900 ext 1).

1. You must submit a photocopy of your family's health insurance carrier papers which covers your medical expense if you become ill. Make certain that your coverage extends to Texas. If you don't have health insurance, email Dr. Moses Williams to let him know. We cannot provide health insurance. Also, write on the **Proof of Insurance Form, "I DO NOT HAVE INSURANCE" so that we are aware.**
2. You must have a physician complete the enclosed Student Health Form detailing medical vaccines shots. If you have not had all of your shots, you must get them before starting the program. If you had a physical for school year, we will accept that medical report.
3. All trainees are required to wear the Program uniform daily. You must purchase several pairs of Khaki pants (khaki colored) i.e. 3 to 4 pair. The Program will provide four polo shirts to new incoming students.
4. **RETURNING STUDENTS SHOULD BRING THE POLOS ISSUED TO THEM THE PREVIOUS YEAR AND THEIR LAB JACKETS**
5. **Program Contact Information:**
General Questions: pstpmarc@gmail.com
Dr. Williams' Email: Moses.Lee.Williams@gmail.com
Phone: 267. 238. 2900 ext 1
Fax: 267. 238. 2901

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SUMMER DETAILS LETTER (CONTINUED)

The following forms should be completed in their entirety and sent to the address below by

March 1:

**Dr. Moses Williams
Distance Learning Center
1324 West Clearfield S
Philadelphia, PA 19132**

New / Returning Trainees:

- Parent/Guardian Letter (read only)
- Junior High Costs (read only)
- Memo – Airport/Flight Instructions
- Trainee Information Update Form
- Rules of Behavior Form
- Proof of Insurance Form
- Hospital Consent Form
- Consent and Release of Individual Form
- SMU's Release of Liability Form
- Student Health Form
- Special Events Uniforms Letter (read only)
- Shirt/Lab Coat Size Form
- SMU Publication Consent & Release of Liability Form (next page)

PLEASE MAKE COPIES OF ALL FORMS FOR YOUR RECORDS

7TH & 8TH 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: ()

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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.

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RULES OF BEHAVIOR (CONTINUED)

_____ **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

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PROOF OF INSURANCE FORM

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.



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HOSPITAL CONSENT FORM

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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

7TH & 8TH GRADE INFORMATION PACKET
CONSENT AND RELEASE OF INDIVIDUAL

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Physician Scientist Training Program
Distance Learning
1324 W. Clearfield S
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 Southern Methodist University and 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 a fil - ated 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

7TH & 8TH 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: _____

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SPECIAL EVENTS UNIFORMS LETTER

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To: Parents of Trainees & Trainees
From: Dr Moses Williams, *Executive Director & Founder*
Re: Uniform Policy

The Physician Scientist Training Program (PSTP) has determined the need for a 'SPECIAL EVENTS' uniform. Parents/trainees are responsible for the cost of the 'SPECIAL EVENTS' uniform. Kindly make your selections from the enclosed order form and **contact Flynn & O'Hara** (<http://www.flynnohara.com/>) **directly to order**. The DLC/PSTP school code is PH668. Please make your selections ASAP!

All Junior High School, High School and College Trainees are required to wear the new 'Special Events' uniform, at various times through out the year. If a student does not have the proper dress he/she WILL NOT be able to participate in our program. We strongly recommend that these uniforms are purchased in advance of your arrival this summer. Please call the office if you are concerned with uniform cost.

If you have any questions, please feel free to contact Dr. Williams 267. 238. 2900 ext 1 or Moses.Lee.Williams@gmail.com

The selected 'SPECIAL EVENTS' uniform is as follows:

- A white button-down shirt, tan pleated pants and a moss stripe tie for males
- A white button-down shirt, tan pleated classic skirt for females (order 1-2 sizes larger than regular size, skirts run small)

The following can be purchased separately:

- A black lace-up shoe or black loafers for males, females can wear a black dress shoe with a ½" heel or less. Females can wear skin tone colored stockings.

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SHIRT/LAB COAT SIZE FORM

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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): _____