Physician Pipeline Preparatory Program (P^4)

DUE TO THE EFFECTS OF COVID, MASKS ARE REQUIRED ON SIU CAMPUS IN ALL PUBLIC AREAS

High school freshmen interested in becoming doctors are invited to the Physician Pipeline Preparatory Program (P^4), sponsored by SIU School of Medicine, Springfield Public School District 186 and the Sangamon County Medical Society. P^4 places freshmen high school students alongside medical students and other professionals for a rigorous curriculum introducing them to the field of medicine and exposing them to dozens of physician career possibilities.

P^4 is a four-year, after-school program featuring two, 2-week modules of study during the academic year. It recruits a diverse group of students who want to become physicians and provides support, leadership opportunities and a variety of hands-on experiences to assist them in pursuing this career goal. P^4 students are expected to remain in the program throughout their high school education.

The selection process for P^4 begins with submission of an application packet. Only incoming high school freshmen are eligible. The application must include evidence of high academic performance (GPA at least 2.5) and attendance rate of at least 80%. THE SELECTION COMMITTEE FAVORS APPLICANTS FROM UNDERREPRESENTED GROUPS (African-Americans, Hispanics, Native Americans, Alaskan Natives and Pacific Islanders), as well as potential first-generation college students and those who might not otherwise be able to pursue premedical experiences.

Additional Facts about the Program

- A program director monitors participants’ grades, attendance and behavior in high school, as well as during P^4 activities.
- Students must maintain a 2.5 GPA in high school, or greater, to remain in P^4.
- All students must be enrolled in a rigorous high school curriculum. Disciplinary problems, attendance issues, or other matters that impact a student’s success in the program will be reviewed by P^4 administrators.

Questions regarding P^4 should be directed to:

- Nalo Mitchell, Coordinator of School, Family and Community Relations, Springfield Public Schools, 217-525-3047 or nalom@sps186.org
- Lancy Thurman, PhD, Executive Director for Secondary Programs and Planning, 217-525-3017 or lthurman@sps186.org
- Lesley Barfield, lbarfield@siumed.edu at SIU School of Medicine, 217-545-7334
Physician Pipeline Preparatory Program (P⁴) 2021 – 2022 Application

EACH APPLICATION MUST CONTAIN:

1. **One letter of recommendation**: teacher or school administrator

2. **Personal essay** explaining interest in P⁴, career plans and other goals. Essay should be typed, double-spaced and **not more than 250 words**.

3. **A summary of student experiences** (form attached)

**APPLICATION DEADLINE:**

FRIDAY SEPTEMBER 17, 2021

Complete the application; sign and return, along with the essay and recommendation sheet to one of the following:

- Lesley Barfield-Robinson lbarfield@siumed.edu at SIU School of Medicine
- Please note: All District 186 students applying must submit their applications online at http://www.sps186.org.

If you do not complete a particular section of the application, please explain why.

**Prospective P⁴ Student Interviews will be held October 11-15, 2021. Applicants will be notified of the times and other details.**

**A parent informational meeting will be held at 5 pm on October 28, 2021. All new students are strongly encouraged to attend. Current pipeline students may attend as well.**

**First Study Module is November 1-4 and 8-10, 2021**

(No session Veterans Day)

**Second Study Module is January 31 – February 3, 2022 and February 7-10, 2022**
Physician Pipeline Preparatory Program (P⁴) 2021 – 2022 Application

Student Name ________________________________________________________________

School _____________________________________________________________________

Home Address __________________________________________________________________

City __________________________ State ________________ Zip Code ______________

Student Cell Phone: ___________________________ Home Phone: _________________________

e-mail address: (print clearly) ______________________________________________________

Gender: ____________________________ Birthdate: _______________________________

Do you have regular access to the Internet? Yes ______ No _____

Parent(s) / Guardian Contact Information:

Mother:
• Name: ____________________________ Cell Phone: ____________________________
  • Address if different from student ____________________________________________
  • Home Phone: ____________________ Work Phone: ____________________________
  • e-mail address: (print clearly) ______________________________________________

Father:
• Name: ____________________________ Cell Phone: ____________________________
  • Address if different from student ____________________________________________
  • Home Phone: ____________________ Work Phone: ____________________________
  • e-mail address: (print clearly) ______________________________________________
Student Experiences

Extracurricular, school, civic and/or religious activities; volunteer experiences, pastimes, hobbies, etc. Make copies of this page as needed. 

If you have nothing to put in this section, please explain why.

Organization ____________________________

Dates worked/served/participated ____________________________

Number of hours per week ____________________________

Organization Contact Person ____________________________

Phone Number ____________________________

Description: ____________________________

Organization ____________________________

Dates worked/served/participated ____________________________

Number of hours per week ____________________________

Organization Contact Person ____________________________

Phone Number ____________________________

Description: ____________________________
School Administrator/Teacher Reference

Please complete one form to help evaluate the following student as a prospective participant in the Physician Pipeline Preparatory Program (P4).

Student Name ______________________________________________________________

Administrator Name/position _________________________________________________

Phone Number (optional) _____________________________________________________

Student’s GPA (must be at least 2.5 on 4.0 scale; may use 8th grade GPA) __________

Please rate the student in the following areas as Exceptional, Above Average, Average, or Below Average. Explanatory comments are welcomed.

Attendance Record (must be at least 80%) ______________________________________

Interactions with teachers ____________________________________________________

Interactions with students ____________________________________________________

Communication skills _______________________________________________________

Leadership skills ___________________________________________________________

Level of maturity ___________________________________________________________

Acceptance of responsibility _________________________________________________

Please describe the qualities or characteristics that make this student an exceptional candidate for the Physicians Pipeline Preparatory Program (continue on back, if necessary)

_________________________________________________________________________

_________________________________________________________________________

Administrator’s Signature ___________________________________________________

Please seal this form in an envelope and return it to the student, who will include it with his/her application. Thank you!