TO BE ATTACHED TO ALL DS2019 REQUESTS FORMS FOR J-1 EXCHANGE VISITORS WHO ARE ALIEN PHYSICIANS IN THEIR HOME COUNTRY:

DATE:

To Whom It May Concern:

The program in which __________________ will participate is predominantly involved with observation, consultation, teaching or research.

Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S citizen or resident alien and who is licensed to practice medicine in the State of Texas.

The alien physician will not be given final responsibility for diagnosis and treatment of patients.

Any activities of the alien physician will conform fully to the State licensing requirements and regulations for medical and health care professionals in the State in which the alien physician is pursuing the program.

Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Signed by,

_______________________________________
Department Chair

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Sponsoring Supervisor