TO: Department Chair
FROM: Visa and Immigration Services Administration
SUBJECT: J-1 Exchange Visitor Program Rules
DATE: ______________________

We have received a request to process a J-1 for a foreign M.D., __________________________
(Name)

It is crucial that you understand that the program in which __________________________
(Name)

is to be engaged in is solely for the purpose of observation, consultation, teaching or
research and that no element of patient care is involved. 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.

I understand the above requirements for participating in the J-1 Exchange Visitor program.

_____________________________         ______________________
Chair Name (Please print)                   Date

____________________________________
Signature