

*****FOR ALIEN PHYSICIANS ONLY, SELECT ONE OF THE TWO OPTIONS LISTED BELOW******

OPTION 1: NO PATIENT CONTACT

Please complete this section if the alien physician's program **DOES NOT** involve patient contact:

This certifies that the program in which the above alien physician is to be engaged in is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved.

Name of Physician's Supervisor

Signature of Physician's Supervisor

Date

OPTION 2: INCIDENTAL PATIENT CONTACT

Please follow these directions if the alien physician's program **DOES** involve patient contact:

If the alien physician is coming to the U.S. to pursue a program involved with observation, consultation, teaching, or research, but which also involves incidental patient contact, the department must provide a "Five-Point Statement" on letterhead with the text below (verbatim); copy and paste this five-point statement onto letterhead and have the Dean of the Medical School or their designee sign (for 2090 Visiting Physician appointments, Dr. Michelle Daniel is the Dean's Designee; all other appointments are Dr. Robert Ross), and then **upload the document to ISD** along with this form.

COPY TEXT BELOW ONTO DEPARTMENT LETTERHEAD

- A. The program in which the [insert scholar name] will participate is predominantly involved with observation, consultation, teaching or research.
- B. Any incidental patient contact involving the alien physician will be under the direct supervision of a senior faculty physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of California.
- C. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- D. Any activities of the alien physician will conform fully with the California licensing requirements and regulations for medical and health care professionals in California.
- E. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Dr. Robert Ross, Health Sciences Asst Vice Chancellor, Academic Affairs Dean's Designee for UC San Diego School of Medicine

-OR-

Dr. Michelle Daniel, Vice Dean for Medical Education, Dean's Designee for UC San Diego School of Medicine

Date

SECTION 4: SPONSORING DEPARTMENT CERTIFICATION (REQUIRED FOR ALL J's)

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- U.S. Department of State guidance limits remote participation of J-1 Exchange Visitors in their programs to 40% of their time; the department understands that this Exchange Visitor must be on-campus or at their non-residential worksite at least three of five days a week.
- The sponsoring department will provide assistance to the scholar upon arrival at UC San Diego.
- The proposed activity is suitable to the scholar's background, needs and experience.
- The scholar and family members have sufficient funding for their stay.
- The scholar has a clear understanding of who will be responsible for paying the insurance premiums for required health insurance
- The scholar has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The scholar will engage only in activities that are consistent with the intended program while on the UC San Diego campus. Inform IFSO when the following conditions change:
 - Financial support
 - Position title/appointment
 - Termination and/or completion of program
 - Scholar will be away for more than 30 days for business purposes
 - Change/addition of work site

Name	Signature	Date
Department Chair, MSO, OR equivalent		
Sponsor/Supervisor:		
Department Contact:	Department Contact E-mail:	