

**J-1 EXCHANGE VISITOR VISA
INCIDENTAL PATIENT CONTACT ATTESTATION
FOR INTERNATIONAL VISITORS WITH MEDICAL DEGREES**

SEVIS J-1 Exchange Visitor Program Number: P-1-05941

This attestation certifies that:

- (A) The program in which Dr. [INSERT NAME OF PHYSICIAN] will participate is predominantly involved with observation, consultation, teaching, or research.**
- (B) Any incidental patient contact involving Dr. [INSERT NAME OF 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.**
- (C) Dr. [INSERT NAME OF PHYSICIAN] will not be given final responsibility for the diagnosis and treatment of patients.**
- (D) Any activities of Dr. [INSERT NAME OF PHYSICIAN] will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State of Texas.**
- (E) Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.**

22 CFR Section 62.27(c)(1)(ii)

Name of Hosting Faculty Member: _____

Signature: _____ Date: _____

Name of Department Chair/Unit Director: _____

Signature: _____ Date: _____

Dean of School of Medicine: Dr. Francisco González-Scarano

Signature: _____ Date: _____