

INSTRUCTIONS

If **no patient care** is involved in the physician's duties, you must draft and include a letter* with the J-1 Request Form that says:

****The letter must be printed on letterhead and signed by the Dean, Director or Chair of the department.***

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

If the physician will be involved in **any patient care incidental** to his/her observation, consultation, teaching or research, you must draft and include a letter* with the J-1 Request Form certifying the following information:

****The letter must be printed on letterhead and signed by the Dean of the Medical School.***

- 1. The program in which (name of physician), M.D., will participate is predominantly involved with observation, consultation, teaching and research.*
- 2. Any incidental patient contact involving Dr. (name of physician) will be under the direct supervision of a physician who is licensed to practice medicine in the state of Illinois.*
- 3. Dr. (name of physician) will not be given final responsibility for the diagnosis and/or treatment of patients.*
- 4. Any activities of Dr. (name of physician) will conform fully with state licensing requirements and regulations for medical and health care professionals in the state of Illinois.*
- 5. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.*

Please contact the International Office directly if any further information is needed.