TO:

FROM: Human Resources Section Coordinator, Human Resources, 3-2865, 1B-116

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.

Signature of Administrative Head:________________________________________________________ Date: ________________

Type Name of Administrative Head: __________________________________________________________________________

Title: __________________________________________________________________________________________________

TTUHSC Address:_____________________________________________________________________Phone: ______________