TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SAMPLE "FIVE POINT LETTER"

To Whom It May Concern:

In order to issue DS2019 for Dr. __________________________ , I hereby certify the following points:

1. Dr. ___________________________’s role in the ____________________________ Department will be predominantly in the areas of teaching and research;
2. Any limited patient contact will be under the direct supervision of a U.S. licensed medical faculty member;
3. Dr. ___________________________ will not have final responsibility or decision making on diagnosis and treatment of patients;
4. Any activities of Dr. ___________________________ will conform with state regulations or licensing requirements for medical and health care professionals in the State of Texas; and
5. Any experience gained in this program will not be creditable toward any clinical requirements for medical board certification.

Signature of Administrative Head: _________________________________________ Date: ________________

Type Name of Administrative Head: _______________________________________

Title: Dean or Regional Dean, School of Medicine

TTUHSC Address: _____________________________________________________ Phone: ________________