

J-1 PHYSICIANS FORM

Pursuant to the U.S. Department of State’s regulations, 22 C.F.R. § 62.27(c), sponsoring departments must certify whether an Exchange Visitor who holds a medical degree (MD, DO, MBBS, etc.) will engage in any patient contact or care during their stay. UCLA’s J-1 program is strictly intended for the purposes of research, teaching, consultation, or observation. Therefore, patient contact may be allowed only if it is incidental to the physician's primary activity and upon approval of the DGSOM Visa and Licensing office.

NOTE: A foreign physician wishing to pursue a medical residency or clinical fellowship program must be sponsored by the [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#), in the Alien Physician category. Because UCLA is not authorized to sponsor foreign physicians in this regard, kindly contact ECFMG for more information.

The physician will obtain a **California Medical Board 2111 Special Program** before beginning any incidental patient contact. All such patient contact will be under the direct supervision of a physician who is a US citizen or permanent resident that is licensed to practice medicine in the State of California.

INSTRUCTIONS: The sponsoring host/faculty must complete OPTION 1 if the exchange visitor/foreign physician’s research program does NOT involve patient contact **or** OPTION 2 if patient contact is necessary.

OPTION 1 - NO PATIENT CONTACT

If the alien physician is coming to the U.S. to pursue a program that does not involve patient contact, (RESEARCH ONLY) the faculty sponsor must certify the following:

“This certifies that the Program in which Dr. (name) _____ 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.”
 22 CFR. § 62.27(c)(1)(i)

OPTION 2 - INCIDENTAL PATIENT CONTACT (5-Point Statement Letter is also required.)

Pursuant to 22 C.F.R. § 62.27(c)(1)(ii): “The dean of the involved accredited United States medical school or his or her designee certifies to the following five points and such certification is appended to the Form DS-2019 issued to the perspective exchange visitor alien physician:

1. The program in which Dr. (name) _____ will participate is predominantly involved with observation, consultation, teaching, or research.
2. 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 California.
3. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
4. Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the alien physician is pursuing the program.
5. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

BRIEFLY DESCRIBE NATURE AND SCOPE OF INCIDENTAL PATIENT CONTACT ACTIVITIES:

Faculty Sponsor Print:	Faculty Sponsor Signature	Date:
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