
2111 Department Letter to Request Dean's Office Support

Instructions:

1. Transfer the following text onto your department's letterhead to be signed by the Department Chair
2. Once signed, submit to the Visa and Licensing Office together with the completed 2111/2113 application and the corresponding supporting documents.

(Insert Date)

Joaquin Madrenas, MD, PhD, FCAHS
Professor of Medicine
Vice Dean for Faculty
David Geffen School of Medicine at UCLA

Re: (Insert full name of foreign physician and degree title i.e. M.D, MBBS, DO, etc.)

Dear Dr. Madrenas:

This letter is in support of Dr. (Last name)'s application under Section 2111 of the California Business and Professions Code as a (UCLA appointment title) in the Department of (Department Name) for the period of (Start date) through (End date).

Qualifications:

Dr. (Name) is a talented physician from (Country). (He/She) received their (detailed information including names and dates pertaining to applicant's medical degree, residency, fellowship, license information in home country, employment, and other qualifications).

UCLA Activities Percentage of Time:

Please provide clarification on the percentage of time spent performing clinical/teaching duties and research duties. Include percentages spent on each or a breakdown of working days and/or hours spent in each category.

Recruitment Procedures:

Please include a statement of the recruitment procedures followed by UCLA before offering the faculty position to applicant. **The statement should include the recruitment efforts (i.e. online application process, recommended by colleagues, candidate pool size, etc.) that lead to their selection.**

To ensure that Dr. (Name) will not independently write prescriptions, place orders for tests, or hold (himself/herself) out to be a licensed physician in the State of California, (he/she) will be directly supervised at all times by (his/her) primary supervisor, Dr. (Insert supervisor's full name and degree title i.e. M.D, MBBS, DO, etc.), with California Medical License # (Insert CA Medical License #)___.

In addition, we certify that Dr. (Last Name) will not be in any patient care areas or incidentally involved in any clinical activities until the Department of (Department Name) receives the applicant's Section 2111 approval letter and Certificate of Registration from the Medical Board of California.

Dr. (Last Name) will not be allowed to exceed the limitations and restricted of the 2111 exemption and will be subject to the same disciplinary procedures that are followed in the Department.

Sincerely,

(Chair's Name)
(Department)

