# UCLA School of Medicine

**To: MEDICAL BOARD OF CALIFORNIA, Division of Licensing**

**From: Julie Zamoyski, Sr. Administrative Analyst**

**12-139 CHS, Office of the Dean/Visa & Licensing Section**

**(310) 825-7050**

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of 2111 applicant**

# LIMITATIONS AND RESTRICTIONS FOR SECTION 2111

2111 appointees **MUST** have **DIRECT SUPERVISION** during **PATIENT CARE ACTIVITIES**\*

All records, notes in charts, orders and consent forms **MUST** be countersigned immediately by a California licensed physician.

All prescriptions (including in-house prescriptions) **MUST** be countersigned by a California licensed physician.

2111 appointees **CANNOT** diagnose independently.

2111 appointees **CANNOT** supervise medical students or residents.

2111 appointees **CANNOT** participate in night calls.

**TIME SPENT BY THE APPOINTEE UNDER SECTION 2111 CANNOT BE USED TO MEET THE POSTGRADUATE REQUIREMENT FOR LICENSURE IN CALIFORNIA.**

**TRAINING UNDER SECTION 2111 WILL NOT MEET THE YEAR OF PRACTICAL TRAINING REQUIREMENT NECESSARY FOR FULL LICENSURE.**

**SECTION 2111 APPOINTEES CANNOT USE THIS TRAINING TO MEET REQUIREMENTS FOR BOARD CERTIFICATIONS OF ELIGIBILITY.**

**SECTION 2111 APPOINTEES CAN ONLY BE ENGAGED IN INCIDENTAL PATIENT CARE ACTIVITIES, NO MORE THAN 20% TIME.**

**\*ALL J-1 VISA HOLDERS SPONSORED THROUGH THE UCLA J-1 RESEARCH PROGRAM ON 2111 APPOINTMENTS MUST BE ENGAGED IN RESEARCH PRIMARILY, AND CLINICAL ACTIVITIES THAT ARE INCIDENTAL TO THE RESEARCH OF THE J-1 VISA HOLDER. NO PATIENT CARE ACTIVITES ARE ALLOWED, ONLY INCIDENTAL PATIENT CONTACT RELATING TO RESEARCH.**

As Department Chairman, I agree to ensure that this appointee will be DIRECTLY SUPERVISED at all times in patient care activities or patient contact activities and will not be permitted to exceed the limitation of their exemption as approved by the Division, and will be subject to this facility’s disciplinary procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature of UCLA School of Medicine Faculty Member

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Signature of UCLA School of Medicine Department Chair/Affiliated Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature of 2111 Applicant