Five-Point Letter for J-1 Program

The following form must be completed for all J-1 applications where the prospective J-1 exchange visitor is a) a foreign physician b) holds an MD or equivalent to an MD in the United States c) and will have incidental patient contact.

Instructions:

1. Complete the form (to be completed by the sponsoring department).
2. Email this form to Provost Office Executive Assistant for signature.
3. Once the form is completed and signed by the provost, it should be uploaded into the Immigration Services Portal as part of the J-1 application.

Section A: Prospective J-1 Visitor Information:

Name of Foreign Physician (J-1):

J-1 Job Title:

Department:

Appointment Dates:

InternationalAffairsOIA@utsouthwestern.edu

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Section B: Patient Contact

If the prospective J-1 exchange visitor will have incidental patient contact, the sponsoring department must sign to certify the following.

1. I certify that this appointment is predominantly for research, teaching, consultation and observation and any patient contact will be incidental to the primary purpose of the appointment.
2. Any incidental patient contact involving the above-named physician will be under the direct supervision of a U.S. physician who is licensed to practice medicine in the State of Texas.
3. The above-named physician will not be given final responsibility for the diagnosis and treatment of patients.
4. All activities will conform fully with the State licensing requirements and regulations for medical and health care professions in Texas.
5. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certifications.

Do not change the wording of the 5 statements above, as the wording of the five-point letter is prescribed by federal regulations. If the 5 statements cannot be certified exactly as written, then the J-1 category is not appropriate for this candidate.

Supervisory Faculty Name: **Date:**

Supervisory Faculty Signature:

Note: The signature above should be of the U.S. physician who is licensed to practice medicine in the State of Texas to meet the 2nd certification statement listed above.

Department Chair Name: **Date:**

Department Chair Signature:

Signature of W.P. Andrew Lee, M.D.

Executive Vice President for Academic Affairs and Provost

Dean, UT Southwestern Medical School

*Note***:** Please route form to Executive Assistant to the Provost, who will coordinate the signature of Dr. Lee and return the signed form to the department.