**J-1 EXCHANGE VISITOR VISA**

**INCIDENTAL PATIENT CONTACT ATTESTATION FOR INTERNATIONAL VISITORS WITH MEDICAL DEGREES**

**This form is to be completed if the international visiting scholar is an International Medical Graduate and will have patient access and/or contact.**

**Copy everything below the line, place on SCHOOL OF MEDICINE letterhead, secure approval signatures and email to ISSS at** [**isss@uab.edu**](mailto:isss@uab.edu) **for inclusion with J-1 appointment packet at immigration review phase.**

This attestation certifies that:

1. The program in which Dr. **Click or tap here to enter text.**will participate is predominantly comprised of observation, consultation, teaching, and/or research.
2. Any incidental patient contact involving Dr. **Click or tap here to enter text.** will be under the direct supervision of a physician who is a US citizen or permanent resident who is licensed to practice medicine in the State of Alabama.
3. Dr. **Click or tap here to enter text.** will not be given final responsibility for the diagnosis and treatment of patients.
4. Any activities of Dr. **Click or tap here to enter text.** will conform fully with state licensing requirements and regulations for medical and health care professions in Alabama.
5. Any experience Dr. **Click or tap here to enter text.** gains in this program will not be creditable towards any clinical requirements for medical specialty board certification.

*22 CFR Section 62.27(c)(1)(ii)*

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I certify that the information I have supplied is correct. I understand the restrictions explained above concerning Dr. **Click or tap here to enter text.** and patient care.

Name of Hosting Faculty Member: **Click or tap here to enter text.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click or tap to enter a date.**

Name of Department Chair: **Click or tap here to enter text.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click or tap to enter a date.**

Dean of School of Medicine or his designee: *Dr. Craig Hoesley*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**Click or tap to enter a date.**