



J-1 Medically Related Scholars: Five-Point Statement

For those wishing to bring Exchange Visitors into **medically related areas**, the J-1 program provides opportunities of an academic nature such as studying, observing, teaching or research. Only incidental patient contact is permitted. If the J-1 visitor will have any patient contact, the **State Department requires** a letter describing the incidental nature of the patient contact. This letter will need to be attached to the EV's J-1 application. This letter must be signed by the Dean of the medical school (or his or her designee).

Any medical student or foreign medical graduate pursuing a J-1 Research Scholar/Professor program in the United States that involves incidental patient contact must apply for their J-1 visa with the "Five-Point Statement" (see below) appended to their application materials. International Student & Scholar Services will attach this Five-Point Statement to the Certificate of Eligibility for a J-1 Visa (Form DS-2019) it issues to the prospective J-1 Exchange Visitor. The wording of the Five-Point Statement is prescribed by federal regulation at 22 CFR § 62.27(c) (iii), and is reviewed by consular officers at the time of visa application and by immigration inspectors at the port of entry to the United States.

If the foreign medical graduate will be involved in a clinical training program, you must contact GME. The GME office oversees all J-1 visas for graduate medical education, which are issued by the Educational Commission on Foreign Medical Graduates (ECFMG).

If you wish to bring a foreign physician to be involved in patient care (beyond incidental contact) who will not be engaged in a GME program, you will need to contact the Office of General Counsel for information on other visa options for foreign physicians.

THE DEAN OF THE SCHOOL OF MEDICINE HAS REQUESTED THAT THE DOCTOR INVITING THE EXCHANGE VISITOR TO THEIR DEPARTMENT PREPARE ONE OF THE ABOVE LETTERS AND THE DEAN WILL COUNTERSIGN THE LETTER.

Departments associated with the School of Medicine will also need the signature of the Dean of the School of Medicine. After you have completed this application send it and all the backup documents to the Dean's office in AC109 SOM. The Dean will need to approve the application and forward the materials to our office.

MEDICALLY RELATED SAMPLE LETTER

The government-prescribed wording must be followed exactly:

The program in which **[name of Exchange Visitor]** will participate is predominantly involved with observation, consultation, teaching or research. *(Indicate a brief paragraph describing the specific duties and why incidental patient contact is necessary for the program).*

- A. The program in which **(name of physician)** will participate is predominantly involved with observation, consultation, teaching or research.
- B. 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 Utah.
- C. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- D. Any activities of the alien physician will conform fully with the state licensing requirements and regulations for medical and health care professions in Utah.
- E. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Name of Exchange Visitor _____

Anticipated Start Date of EV Program Participation _____ End Date _____

Department Sponsoring the EV _____

Professor Sponsoring the EV _____

Department Contact:

Name Signature Phone

Dean of the School of Medicine _____
Print

Signature of the Dean of the School of Medicine _____

International Student & Scholar Services Contact Approval:

Name Signature Date