

Attach this form with Form A or C [as necessary]. To be completed by UCI Department and J-1 Scholar.

Submit to UCI International Center.

Section ONE or TWO needs to be completed by the J-1 Physician's Host Department Chair and Supervisor and is to accurately reflect the type of patient contact that the physician will have. Section THREE will need to be completed by the J-1 Scholar [Physician] Clinical titles will *require the signature of Dr. Alan Goldin, MD, PhD*, on this form.

SECTION ONE – NO PATIENT CONTACT

If the J-1 physician is coming to UCI to pursue a program that does not involve patient contact, the scholar's UCI sponsor must certify the following:

THIS CERTIFIES THAT THE PROGRAM IN WHICH DR. _____ IS TO BE ENGAGED IS SOLELY FOR THE PURPOSE OF OBSERVATION, CONSULTATION, TEACHING, OR RESEARCH AND THAT NO ELEMENT OF PATIENT CARE SERVICES IS INVOLVED.

DEPARTMENT CHAIR [PRINT]:

DEPARTMENT CHAIR [SIGNATURE]:

DATE [MM/DD/YYYY]:

FACULTY SPONSOR [PRINT]:

FACULTY SPONSOR [SIGNATURE]:

DATE [MM/DD/YYYY]:

SECTION TWO – INCIDENTAL PATIENT CONTACT

If incidental patient is involved in the J-1 Physician's duties, the UCI sponsor must certify the following five points:

1. THE PROGRAM IN WHICH DR. _____ WILL PARTICIPATE IS PREDOMINANTLY INVOLVED WITH OBSERVATION, CONSULTATION, TEACHING, OR RESEARCH.
2. ANY INCIDENTAL PATIENT CONTACT INVOLVING THE J-1 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 CALIFORNIA.
3. THE J-1 PHYSICIAN WILL NOT BE GIVEN FINAL RESPONSIBILITY FOR THE DIAGNOSIS AND TREATMENT OF PATIENTS.
4. ANY ACTIVITIES OF THE J-1 PHYSICIAN WILL CONFORM FULLY WITH THE STATE LICENSING REQUIREMENTS AND REGULATIONS FOR MEDICAL AND HEALTH CARE PROFESSIONALS IN THE STATE OF CALIFORNIA.
5. ANY EXPERIENCE GAINED IN THIS PROGRAM WILL NOT BE CREDIBLE TOWARD ANY CLINICAL REQUIREMENTS FOR MEDICAL SPECIALTY BOARD CERTIFICATION.

DEPARTMENT CHAIR [PRINT]:

DEPARTMENT CHAIR [SIGNATURE]:

DATE [MM/DD/YYYY]:

FACULTY SPONSOR [PRINT]:

FACULTY SPONSOR [SIGNATURE]:

DATE [MM/DD/YYYY]:

FOR CLINICAL POSITIONS ONLY:

DR. ALAN GOLDIN, MD, PhD [SIGNATURE]:

DATE [MM/DD/YYYY]:

SECTION THREE – TO BE COMPLETED BY PROSPECTIVE J-1 PHYSICIAN

I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENT(S) REGARDING THE LEVEL OF PATIENT CONTACT I WILL HAVE DURING MY PROPOSED ACTIVITY AT UC IRVINE.

J-1 PHYSICIAN NAME [PRINT]:

J-1 PHYSICIAN SIGNATURE:

DATE:

If J-1 Physician's program involves significant patient contact or otherwise does not conform with SECTION ONE or TWO above, the physician cannot be sponsored through the UCI J-1 Exchange Visitor Program.

- Clinical Training for J-1 Physicians who are interns, residents, fellows and who are in a ACGME approved training program can be authorized under a program sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG). For further information regarding the ECFMG sponsorship, contact Mary Elizarraras at the UCI School of Medicine Dean's Office, 949.824.5798.