



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

MEMORANDUM

TO: Department Chair
FROM: Visa and Immigration Services Administration
SUBJECT: J-I Exchange Visitor Program Rules
DATE: _____

We have received a request to process a J-I for a foreign M.D., _____
(Name)

It is crucial that you understand that the program in which _____
(Name)

is to be engaged in is solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved. 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 Texas.

I understand the above requirements for participating in the J-I Exchange Visitor program.

Chair Name (Please print)

Date

Signature