

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

MEMORANDUM

TO: Foreign MD

FROM: **Visa and Immigration Services Administration**

SUBJECT: J-I Exchange Visitors Rules

DATE:

Please read and sign the following:

I understand that under the rules of the TTUHSCEP J-I Exchange Visitors program, I am to engage solely in observing, consulting, teaching or researching and that no element of patient care is to be involved. Any incidental patient contact that I am involved in 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.

Signature: _____
J-I Medical Doctor Participant