Exchange Visitor - Patient Contact Information

Exchange Visitor’s Full Name:

Is the Exchange Visitor a physician or dentist? □ No □ Yes

If no, please obtain the signatures below on page 1. No additional letters are needed.
If yes, please complete the following information.

Will the Exchange Visitor have any patient contact? □ No □ Yes

- If no, please complete **Letter A** (See attached template on page 2.)
- If yes, please note that Exchange Visitors who are physicians are only permitted to have incidental patient contact as part of their primary educational or research objectives under an Exchange Visitor Program. Please complete **Letter B** if patient care is expected. (See attached template on page 3.)

**Signature - Faculty Sponsor**  
**Date**

**Signature - Department Chair/Director**  
**Date**

**Signature - Dean, School of Dental Medicine**  
**Date**
Sample Letter A for Physicians and Dentists

The following must be printed on departmental letterhead and be signed by the faculty sponsor, department chair/director, and dean.

[Insert Date Here]

RE: [Exchange Visitor’s Full Name]

To Whom It May Concern:

This certifies that the program in which [name of physician] is to be engaged is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services are involved.

Signature - Faculty Sponsor  Date

Signature - Department Chair/Director  Date

Signature - Dean, School of Dental Medicine  Date
Sample Letter B for Physicians and Dentists

The following must be printed on departmental letterhead and be signed by the faculty sponsor, department chair/director, and dean.

[Insert Date Here]

RE: [Exchange Visitor’s Full Name]

To Whom It May Concern:

This certifies the following:

(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 _________.

(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 state licensing requirements and regulations for medical and health care professionals in the state in which the alien physician is pursuing the program.

(E) Any experience gained in this program will not be creditable toward any clinical requirements for medical specialty board certification.

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