



MEMORANDUM

TO: Office of International Affairs

FROM:

DATE:

RE: Dr.

The program in which [name of physician] will participate is predominantly involved with observation, consultation, teaching or research. Any incidental patient contact involving [name of 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. [Name of physician] will not be given final responsibility for the diagnosis and treatment of patients. Any activities of [name of physician] will conform fully with state licensing requirements and regulations for medical and health care professionals in the state of Texas. Any experience gained in this program will not be creditable toward any clinical requirements for medical specialty board certification.

Chairman's Signature Date

Dean or Vice President for Medical Affairs' Signature Date