

WAYNE STATE UNIVERSITY

TO: Office of International Students and Scholars

FROM: Dean, School of Medicine

Signature

Department Chair, School of Medicine

Signature

DATE: ____/____/____

RE: **Patient Contact Involving Foreign National Physician**

This memo serves to confirm that the program in which _____ (print family, first name of foreign national physician) will participate is predominantly involved with observation, consultation, teaching and/or research.

Any incidental patient contact involving the foreign national physician will be under the direct supervision of a physician who is a United States citizen or Resident Alien who is licensed to practice in the State of Michigan.

The foreign national physician will not be given final responsibility for the diagnosis and treatment of patients.

Any activities of the foreign national physician will conform fully with the state licensing requirements and regulations for medical and health care professionals in the State of Michigan.

Any experience gained in this program will not be credible toward any clinical requirements for medical specialty board certification.