

{Hospital letterhead}

{Date}

Name and Position: Enter name and title of scholar

Faculty Sponsor: Enter name and title of sponsoring faculty member

(A) The program in which the above named alien 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 Massachusetts.

(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 the State licensing requirements and regulations for medical and health care professions in the State of Massachusetts in which the alien physician is pursuing the program.

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

Printed Name and Title of
Authorized Signer