

**CERTIFICATION FOR ALIEN PHYSICIAN TO BECOME AN EXCHANGE VISITOR PROGRAM PARTICIPANT
SUPPLEMENT TO FORM DS-2019**

This certification is required for each alien physician trained outside the U.S. who may have incidental patient contact or provide supervised medical attention in a clinical teaching or clinical research setting. This is not required for research-only appointments. Please provide original signatures in all cases.

Attach this Certification statement to the "Request for UVa to Sponsor a J-1 Exchange Visitor" for both new and extension requests.

EXCHANGE VISITOR NAME _____

will pursue a program involved with observation, consultation, teaching and/or research which involves incidental patient contact at the University of Virginia Health Sciences Center/School of Medicine.

In accordance with 22 Code of Federal Regulations 62.27(c)(1)(ii) and in support of the issuance of the Certificate of Eligibility (DS-2019) for Exchange Visitor status in P-1-01254, the following 5 points are certified:

- A. The program in which _____ will participate is predominantly involved with observation, consultation, teaching and/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 Commonwealth of Virginia.
- 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 Commonwealth of Virginia licensing requirements and regulations for medical and health care professionals.
- E. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Original signatures only:

Hosting/Supervising Physician Telephone number

Chairman Department

Dean, School of Medicine, University of Virginia, Charlottesville, Virginia

_____ date