



## Approval for Incidental Patient Contact

---

In certain cases, an exchange visitor participating in a program of observation, consultation, teaching or research may need to have limited patient contact in order to carry out their research, observation, or teaching objectives. If the patient contact is incidental to those objectives, a J-1 Scholar participating in a non-clinical exchange program can engage in incidental patient contact only after this completed form has been received by the Office of International Services.

This form should be completed for any J-1 Scholar sponsored by UM with the Schools of Medicine, Dentistry, Pharmacy, Nursing, and Social Work who will engage in incidental patient contact.

---

J-1 Exchange Visitor's Name \_\_\_\_\_

Anticipated Duration of Incidental Patient Contact \_\_\_\_\_

Location of Incidental Patient Contact \_\_\_\_\_

---

By signing below you attest to the following requirements:

The program in which the above named physician/dentist/nurse/pharmacist/social worker will participate is predominantly involved with observation, consultation, teaching, or research.

Any incidental patient contact involving the above mentioned J-1 will be under the direct supervision of a clinician who is a U.S. citizen or resident alien and who is licensed to practice in the State of Maryland.

The above named J-1 Scholar will not be given final responsibility for the diagnosis and treatment of patients.

Any activities of the J-1 Scholar 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.

Any experience gained in this program will not be creditable toward any clinical requirements for licensing requirements, medical specialty board certification, etc.

22 C.F.R. § [62.27\(c\)\(1\)\(ii\)](#)

---



**Required Signatures**

---

**Direct Supervisor**

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Department Chair**

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Dean of School (or his/her designee)**

Name: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

***Completed forms should be emailed to the Office of International Services, [ois-info@umaryland.edu](mailto:ois-info@umaryland.edu), for processing. The J-1 Exchange Visitor cannot begin incidental patient contact until the OIS has first approved these activities.***