

in the State of Michigan.

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
	o serves to confirm that the program in which (print family, first name of foreign national will participate is predominantly involved with observation, teaching and/or research.
Any incident under the d	al patient contact involving the foreign national physician will be irect supervision of a physician who is a United States citizen or n who is licensed to practice in the State of Michigan.
_	national physician will not be given final responsibility for the

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

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