

**Important Information for the Visa Applicant:**

The 5-Point Letter following below is a document meant strictly for visa-related purposes and follows the language of the U.S. Department of State. It is an immigration document which provides evidence to the visa officer considering your visa application that the University of Chicago can sponsor you for J-1 status under the circumstances outlined in the 5-Point Letter. However, the University of Chicago and University of Chicago Medical Center impose far greater constraints on visiting foreign national MDs than the 5-Point Letter does. All J-1 visitors at the University of Chicago/University of Chicago Medical Center, such as Postdoctoral Scholars, Visiting Scholars, or Clinical Observers, must comply with University/Medical Center rules; the 5-Point Letter does **not** override those rules. The rules of the University/Medical Center include the following:

The J-1 Visitor

* Will never be in the presence of a patient without a UCH clinical attending;
* Will not be introduced to a patient, refer to himself/herself or be represented to the patient or any other person as a “Doctor” or a “Physician;”
* Will not have embroidery or other identifying marks or imprints on a white lab coat if such a lab coat is worn;
* Will wear an ID badge that does not carry the designation “Dr.” and does not include any academic degrees;
* Will not be asked or allowed to answer specific questions about a patient’s care or treatment or otherwise provide medical or professional opinions;
* Will not write patient orders or write in patient charts;
* Will not interpret, write, or report test results, x-rays, etc. as part of the treatment of a patient;
* Will not perform any procedures on a patient;
* Will not “scrub in” for any procedure.

Failure to adhere to these rules may result in dismissal and discontinuation of J-1 sponsorship.

Your signature and date here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirms that you understand and will abide by these rules.

**Supervisor/faculty mentor:** Your signature and date here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

confirms that you understand and will enforce these rules.

**Information for the Visa Officer:**

The University of Chicago hereby confirms compliance with the following:

5-Point Letter

* The program is predominantly observation, consultation, teaching or research;
* Any incidental patient contact will be under the direct supervision of a U.S. citizen or resident alien who is licensed to practice medicine in the State in which the activity is taking place;
* The foreign national physician will not be given final responsibility for the diagnosis and treatment of patients;
* Any activities will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the program is being pursued; and
* Any experience gained will not be creditable towards any clinical requirements for medical specialty board certification.