[TO BE PREPARED AND PRINTED ON LETTERHEAD]

Dear Consular Officer:

[Name of Physician] has been offered a [Postdoctoral Fellow] position in the Department of [X]. This letter certifies as is required under 22 CFR 62.27 (c) that the program in which [name of physician] is to be engaged is solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved.

Sincerely,

[NAME]

[TITLE]

FMG (Foreign Medical Graduate) Certification Statement

Graduate of foreign medical schools employed by universities cannot principally practice medicine. When there is any patient care activity involved with an appointment, a letter of certification must accompany the application. Additionally, the Dean’s letter of Appointment/Hire must stipulate that the primary activities are teaching and/or research, and that any patient care incidental to the primary activities will be under the direction of a physician fully licensed in the State of Ohio who is also a U.S. citizen or Permanent Resident.

EXAMPLE

* The program in which Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will participate is predominantly involved with observation, consulting, teaching or research.
* Any incidental patient contact involving Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be under the direct supervision of a physician who is a U. S. citizen or Permanent Resident and who is licensed to practice medicine in the state of Ohio.
* Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not be given final responsibility for the diagnosis and treatment of patients.
* Any activities of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will conform fully to the state licensing requirements and regulations for medical and health care professions in Ohio.
* Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Required signatures (please type in names below signatures):

Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­Department Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief of Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, School of Medicine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_