

**Research Scholar “Incidental Patient Contact” Certification Statement**

Applicants for ECFMG sponsorship as J-1 “research scholars,” in order to participate in programs of observation, consultation, teaching, or research with **incidental patient contact**, must provide ECFMG with this completed certification form signed by the dean of the medical school associated with the research program certifying the level of patient contact. (Note that the research program must be affiliated with a U.S. medical school program that is accredited by the Liaison Committee on Medical Education (LCME).) All completed forms and documents must be uploaded in PDF format to the applicant’s record via EVNet (by the TPL) or OASIS (by the applicant).

<b>Applicant Name:</b> <i>(Please print)</i>	
<b>USMLE/ECFMG ID:</b>	____ - ____ - ____ - ____
<b>Title of Research Fellowship:</b>	
<b>Intended Dates of Participation:</b>	

<b>Dean’s Certification of Incidental Patient Contact:</b>	
<ol style="list-style-type: none"> <li>The program in which Dr. _____ will participate is predominantly involved with observation, consultation, teaching, or research.</li> <li>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 State of _____ (State in which the training institution is located).</li> <li>The alien physician will not be given final responsibility for the diagnosis and treatment of patients.</li> <li>Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the alien physician is pursuing the program.</li> <li>Any experience gained in this program will not be creditable toward any clinical requirements for medical specialty board certification.</li> </ol>	
<b>Dean’s Name:</b> <i>(Please print)</i>	
<b>Dean’s Signature:</b>	
<b>Date:</b>	