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## NO PATIENT CONTACT STATEMENT – EXCHANGE VISITOR PROGRAM

The J-1 regulations require that the following statement be completed and signed whenever an exchange visitor who is a physician in his/her home country plans to participate in a J-1 program involving consultation, teaching or research and who will not be involved in either direct or indirect patient care. The statement should be signed by the J-1 sponsor, the department chairman, and the J-1 Responsible Officer.

**This certifies that the program in which Dr. \_\_\_\_\_ is to be engaged is solely for the purpose of observation, consultation, teaching or research and that no element of patient care services is involved.**

\_\_\_\_\_  
Signature of J-1 Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
OIS Representative  
Program Number P-1-05562  
University of Mississippi Medical Center

\_\_\_\_\_  
Date