

# Clinical Sponsorship Agreement

**Instructions:**

If sponsorship under the UT Southwestern J-1 visa program is needed, this form must be prepared and signed by the sponsoring physician. If observation will be conducted in the University Hospitals, leave signature of hospital representative blank. International Affairs will request that signature. Otherwise, scan and email to appropriate hospital representative. Photocopies of signatures are acceptable. Include finalized form in J-1 visa sponsorship materials when forwarded to Office of International Affairs, NL 3.252, Mail Code 9011.

**Observer Name:** \_\_\_\_\_

**Sponsoring Faculty Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Description of Planned Observation Program (must be specific):**

**NOTE: For international visitors sponsored under the J-1 visa program of UT Southwestern, the total period of clinical observation must be limited to 90 days. If clinical observation will be spread out over a longer block of time, the sponsoring mentor/department must track to ensure 90 day limit is not exceeded.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I confirm that I have read the UT Southwestern Clinical Observation policy and will comply with that policy and insure that the J-1 visa observer I am sponsoring complies.**

\_\_\_\_\_  
**Signature** **Date**

**Approved by :**

\_\_\_\_\_  
**\*Hospital Representative**  
**UT Southwestern University Hospitals: Steven L. Leach, M.D., Chief Medical Officer**  
**Children's Medical Center: Kenneth Enad, Director, Medical Staff Services**