

Clinical Sponsorship Agreement

Instructions:

Must be prepared and signed by the sponsoring physician. Leave signature of Associate Dean for Graduate Medical Education blank. International Affairs will request that signature. Include finalized form in J-1 visa sponsorship materials when forwarded to Office of International Affairs, NL 3.252.

Observer Name: _____

Sponsoring Faculty Name: _____

Department: _____

Description of Planned Observation Program (must be specific):

NOTE: 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 observer I am sponsoring complies.

Signature

Date

Approved by :

Bradley Marple, M.D., Associate Dean,
Graduate Medical Education
Chair, Graduate Medical Education Committee
ACGME Designated Institution Official
Medical Education

Date