



Visitor Name:

Department:

**Sponsor Agreement Form for Clinical Access Requests**

The purpose of this experience is to allow international observers, graduates, and faculty who are not part of a formal training program at The Ohio State University Wexner Medical Center to observe OSU faculty members, residents, or interns for a predetermined period of time to be approved by the Department Chair.

1. Each visitor must receive the required immunizations and provide immunization and
2. communicable disease history information as outlined in the visitor application packet.
3. An appropriate visa is required.

Additionally, during the period of the visit the following conditions as stated in the Code of Federal Regulations 22 CFR 514.27(c)(1)(ii) will be observed:

4. Any incidental patient contact will be under the direct supervision of an U.S. citizen or resident alien and who is licensed to practice medicine in the State of Ohio.
5. The program is predominately involved with observation, teaching or research.
6. The foreign medical graduate/student will not be given final responsibility for the diagnosis and treatment of patients.
7. Any activities of the foreign medical graduate/student will conform to the State of Ohio licensing requirements for medical and health care professionals in the State of Ohio.
8. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Lastly, the following conditions and information apply:

9. The Ohio State University is governed by guidelines of the Accreditation Council for Graduate Medical Education. For this reason, it is important that international observer activity not interrupt or adversely affect the training experience of OSUWMC residents or students.
10. All visiting scholars are invited to attend any conferences that occur during their appointment.
11. The department will coordinate the acquisition of white coats or scrubs, and required OSUMC identification badges and library cards as appropriate.
12. University keys and door codes may not be issued to visitors.

**By signing below, I confirm that I have read and agree to abide by the guidelines stated above.**

Sponsor Name:

Signature

Date: