

**INTERNATIONAL VISITING PHYSICIAN PROGRAM
APPLICATION AND CHECK LIST**

Name _____ Degree _____

Mailing Address

Fax # _____ email _____

Date(s) Requested _____ to _____
Month/day/year Month/day/year

Division Requested or specific physician to observe: _____

- Rhinology/Endoscopic Sinus Surgery
- Head and Neck Surgery
- Robotic Surgery
- Facial Plastic/Reconstructive Surgery
- Laryngology-voice
- Otology/Neurotology
- Lab/Research only _____

Requirements: The following documentation is required for acceptance:

- CV – please attach
- 2 letters of Recommendation (1 from Department head and 1 from colleague)
- Proof of funding (personal funding or funding from home institution)
Bank statements and/or letter from home institution required – you are responsible for all of your own living expenses (\$1500.00 USD per month)
- Valid Visa/Passport
- Comprehensive Health insurance
- English speaking ability

I understand that if I am accepted into the visiting physician program that I may only observe patient care. I am not permitted to actively participate in the care of patients at any time. I understand that all patient information is private and confidential according to US HIPAA regulations. _____ (please initial or sign)

Furthermore, I understand that I will be responsible for all travel and living expenses related to this visit. The University of Pennsylvania Department of Otorhinolaryngology-Head and Neck Surgery does not provide any compensation, salary or support for me or my dependants during my stay.
_____ (please initial or sign)

Please send me information for a J-1 Visa <http://www.upenn.edu/oip/iss/index.html>

For more information about University of Pennsylvania Department of Otorhinolaryngology-Head and Neck Surgery go to our website
<http://www.ups.upenn.edu/pennorl>

For more information on Philadelphia go to <http://www.gophila.com>

For more information on University of Pennsylvania to go <http://www.upenn.edu>