

HIGH PRIORITY

Validation of Initial Arrival of ECFMG-Sponsored J-1 Physicians for SEVIS Reporting

The Student and Exchange Visitor Information System (SEVIS) is an inter-agency government database that maintains information on students and exchange visitors in the U.S. As a J-1 program sponsor, ECFMG creates and updates the SEVIS records for all J-1 physicians participating in programs of graduate medical education. As the Training Program Liaison (TPL), it is your responsibility to confirm the arrival of each J-1 physician to your program(s) with ECFMG. The arrival of the J-1 physician must be immediately validated by ECFMG in the SEVIS database to keep the individual's record "active." Failure to provide timely reporting of J-1 arrivals may jeopardize the legal immigration status of the J-1 physicians enrolled in your programs and **delay issuance of the physician's U.S. Social Security Number.**

Please complete and fax this form to ECFMG **immediately** upon the J-1 physician's arrival in the U.S. with the required documentation outlined below. This form can be faxed to ECFMG at (215) 386-9766.

PHYSICIAN'S NAME: _____ USMLE ID #: _____
(as it appears on DS-2019)

The following documentation must be faxed to ECFMG along with this completed form:

- Copy of most recent Form I-94 Arrival/Departure record, (or Form I-797 for internal change of status)
- Copy of J-1 visa page from the passport, if applicable (Note: Canadian citizens do not have J visa stamp)
- Copy of DS-2019 Form signed by consular official and stamped by DHS at point of entry

J-1 PHYSICIAN BEGAN TRAINING ON: _____
(mm/dd/yy)

If the physician's start date differs from the start date on the DS-2019, please indicate a reason:

- Delay in visa issuance at consulate
- Delay in physician's licensure
- Other: _____

If the physician's start date was delayed and the contract dates will be changed to reflect dates different from those indicated on the DS-2019, please provide the amended contract dates:

_____ through _____
(mm/dd/yy) (mm/dd/yy)

Please provide a copy of the contract showing revised dates to ECFMG when it becomes available.

J-1 PHYSICIAN'S U.S. RESIDENTIAL ADDRESS (please print):

Telephone number: (____) _____

Email address: _____

Reminder: In addition to notifying ECFMG, J-1 physicians, like all foreign nationals, must report change of address to U.S. Department of Homeland Security by submitting **Form AR-11**. Form AR-11 is available at www.uscis.gov.

I certify that the information provided above is true and accurate:

TPL Name (please print)

TPL Signature

Date