



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 interagency government database that maintains information on students and exchange visitors in the United States. 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 submit an electronic copy of this form as a PDF file through either EVNet (by the TPL) or OASIS (by the J-1 physician), with all required supporting documentation, immediately upon the physician's arrival in the United States.

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

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

- Copy of Form I-94 (or Form I-797 for internal change of status). J-1 physicians may print copy of the I-94 card at www.cbp.gov/I94.
- Copy of J-1 visa page from the passport, if applicable (Note: Canadian citizens do not have J visa stamp).

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

If the physician's start date differs from the start date on Form 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 Form DS-2019, please provide the amended contract dates:

_____ through _____
(mm/dd/yyyy) (mm/dd/yyyy)

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: (____) _____

E-mail address: _____

Reminder: J-1 physicians are required to maintain a current residential address in their ECFMG record. To update the address in your ECFMG record, access OASIS from the ECFMG website or use the MyECFMG mobile app.

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

TPL Name (please print)

TPL Signature

Date