



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

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TO: Applicants for ECFMG J-1 Sponsorship
J-1 Exchange Visitor Physicians
ECFMG Training Program Liaisons (TPLs)

FROM: ECFMG Exchange Visitor Sponsorship Program

DATE: December 17, 2009

RE: Increase in J-1 Sponsorship Application Fee

Effective January 1, 2010, ECFMG's J-1 sponsorship application fee will increase from \$200 to \$250. The charge for applications with payment received at ECFMG on or before December 31, 2009 will be \$200. The charge for applications with payment received at ECFMG on or after January 1, 2010 will be \$250.

ECFMG encourages applicants to pay the application fee through ECFMG's On-line Applicant Status and Information System (OASIS), which can be accessed through the ECFMG website at www.ecfm.org. Please note that the J-1 sponsorship application fee is **non-refundable**.



TO: J-1 Exchange Visitor Physicians
ECFMG Training Program Liaisons (TPLs)

FROM: Exchange Visitor Sponsorship Program (EVSP)

DATE: October 27, 2008

RE: DHS SEVIS Fee

Effective October 27, 2008, the non-refundable fee charged by the US Department of Homeland Security (DHS) to initial J-1 applicants will increase to \$180. The fee is also required for applicants changing status to J-1 and applicants seeking J-1 reinstatement. J-2 dependents are exempt from this fee. The US government collects this fee to cover its cost of implementing the Student and Exchange Visitor Information System (SEVIS) database for monitoring students and exchange visitors in the United States.

The SEVIS fee may be paid through the Internet at www.FMJfee.com by completing the electronic version of Form I-901 and submitting a credit card payment. Payment confirmation will be available immediately and should be printed for use as a receipt when applying for J-1 status. Additionally, a receipt will be sent by postal mail to the address indicated on the payment form.

The SEVIS fee must be paid in full before appearing for a visa interview. For those initial applicants who do not need a J-1 visa to enter the US, the fee must be paid in full before arriving at the US port-of-entry. Applicants will be expected to present a SEVIS fee payment receipt for the visa interview at the embassy, or at the US port-of-entry. If, for some reason, the printed or mailed receipt is not available to the applicant before the interview at the embassy or port-of entry, the applicant can appear for the interview as long as the SEVIS payment has been processed by DHS. For information on the SEVIS fee and detailed payment instructions, visit www.FMJfee.com.

Please note the DHS fee (\$180) is separate from and in addition to the ECFMG-EVSP administrative fee. The SEVIS fee must be paid directly to DHS.

Please contact the ECFMG-EVSP office with any questions regarding the SEVIS fee.

CHECKLIST for INITIAL J-1 VISA SPONSORSHIP in ACGME-ACCREDITED CLINICAL TRAINING PROGRAMS

This checklist outlines the basic requirements to apply for J-1 visa sponsorship to participate in an Accreditation Council for Graduate Medical Education (ACGME)-accredited training program or a program leading toward certification offered by a member board of the American Board of Medical Specialties (ABMS). Identify all documentation with the applicant's USMLE®/ECFMG® number. Copied materials are acceptable; however, ECFMG reserves the right to examine the original document. Application submission requires coordination between the applicant and the Training Program Liaison (TPL) at the host institution. Submit all requirements in one package and allow four to six weeks for processing. Incomplete submissions will cause delay. ECFMG will communicate any deficiencies and/or requests for additional documentation through the TPL. Retain a copy of all materials.

ECFMG CERTIFICATION PREREQUISITE. International Medical Graduates must hold a Standard ECFMG Certificate without expired examination dates, if applicable. See *Validity of Examinations for Entry into Graduate Medical Education in the ECFMG Information Booklet*, available on the Publications page of the ECFMG website at www.ecfmg.org/pubshome.html.

- CONTRACT OR LETTER OF OFFER.** The contract or letter of offer must specify start and end dates of the training year, specialty and subspecialty of the training program/pathway, training level, and stipend. The applicant and an appropriate hospital official must sign the contract or letter of offer.
- FELLOWSHIP PROGRAM DESCRIPTION (if entering subspecialty training).** The fellowship description must follow attached guidelines.
- APPLICATION FORM FOR INITIAL SPONSORSHIP.** The applicant must complete and sign Section A. The TPL must review Section A and complete and sign Section B.
- STATEMENT OF NEED (from the central office of the Ministry of Health in the applicant's country of most recent legal permanent residence).** See the *EVSP Reference Guide* on the ECFMG website for required format and wording. A certified, word-for-word English translation must accompany a non-English document.
- CURRENT CURRICULUM VITAE (C.V.).** The C.V. must detail the applicant's education and professional history to date.
- COPY OF PASSPORT NAME PAGE(S).** Submit a copy of the passport name page for the applicant and each dependent.
- \$250 ADMINISTRATIVE FEE (non-refundable).** To pay on-line, access OASIS on the ECFMG website (www.ecfmg.org). If you pay by check or money order, make the check or money order payable to ECFMG. Include your USMLE/ECFMG Identification Number, if applicable, on the check or money order.
- ADDITIONAL DOCUMENTATION (if applicable)**
 - Copies of Form(s) IAP-66 and/or DS-2019 if the applicant has previously held J-1 visa status.
 - Proof of country of most recent legal permanent residence if this differs from country of citizenship.
 - Official documentation of funding source, terms, amount, and U.S. dollar equivalent if other than or in addition to hospital training stipend.
- RETURN AIRBILL FOR EXPEDITED DELIVERY TO THE TPL (optional, but recommended).** If the application is approved, ECFMG will issue Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, to the TPL via first-class U.S. mail. ECFMG is not authorized to release the Form DS-2019 directly to the applicant. To expedite delivery, it is recommended that a *prepaid/preaddressed courier service airbill* be included with the application. Time constraints prevent EVSP staff from addressing airbills.

ADDITIONAL REQUIREMENTS FOR GRADUATES OF LCME-ACCREDITED U.S. OR CANADIAN MEDICAL SCHOOLS

- COPY OF MEDICAL SCHOOL DIPLOMA.** A certified, word-for-word English translation must accompany a non-English document.
- FULL-FACE PASSPORT-SIZE PHOTOGRAPH.** Original photo required, no faxes or photocopies.

*Thank you for your interest in ECFMG's Exchange Visitor Sponsorship Program.
For additional information, visit the ECFMG website at www.ecfmg.org or contact EVSP at 215-823-2121.*



Application for J-2 Dependent Visa Sponsorship

The Educational Commission for Foreign Medical Graduates (ECFMG®) is authorized to sponsor the alien spouse and dependent unmarried minor children of the J-1 exchange visitor physician.

Please complete the following information and certify that you have obtained the required health and accident insurance for each J-2 dependent. Agencies of the U.S. Government require biographic details and spellings of all visa-related documents to match exactly. Attach a copy of the name page from each dependent's passport.

To Be Completed by Applicant J-1 Exchange Visitor Physician
All information is REQUIRED. Please TYPE or PRINT.

J-1 Exchange Visitor Physician

1. USMLE®/ECFMG® Number: _____


2. Name: _____

Federally Mandated Insurance Requirements

Exchange Visitors are required to obtain insurance which provides: (1) medical benefits of \$50,000 per accident or illness, (2) a maximum \$500 deductible per accident or illness, (3) medical evacuation benefits of \$10,000, and (4) repatriation benefits of \$7,500.

ECFMG will purchase on behalf of Exchange Visitors and their dependents under ECFMG sponsorship medical evacuation and repatriation of remains insurance (numbers 3 and 4 listed above) at the prescribed levels as stipulated in the U.S. Code of Federal Regulations governing Exchange Visitor Programs. Exchange Visitors and their dependents are required to obtain health and accident insurance (numbers 1 and 2 listed above) at the prescribed levels of coverage. Exchange Visitors who willfully fail to comply with insurance regulations cannot be sponsored by ECFMG. (22 CFR § 62.14)

3. **Health and Accident Insurance:** I confirm I will maintain required health and accident insurance for myself and all J-2 dependents while sponsored. If the insurance is not a part of my hospital training benefits package, then I will purchase private coverage.

 _____
Name of Insurance Company

Exchange Visitor Certification: I hereby certify that the information in this application is true and accurate to the best of my knowledge. I have attached passport copies.

X _____
Signature of Exchange Visitor Physician Date

E-Mail: _____

Home Tel: _____ Fax: _____

Residential Address: _____

SPOUSE *Verify details with the passport. Attach a copy of the passport name page.*

Family Name: _____

Rest of Name: _____

Gender: M / F Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Place of Birth (City, Province, Country): _____

Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* _____

Country of Most Recent Legal Permanent Residence: _____

Spouse's USMLE/ECFMG Number: ____ - ____ - ____ - ____
(if applicable)

CHILD *Verify details with the passport. Attach a copy of the passport name page.*

Family Name: _____

Rest of Name: _____

Gender: M / F Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Place of Birth (City, Province, Country): _____

Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* _____

Country of Most Recent Legal Permanent Residence: _____

CHILD *Verify details with the passport. Attach a copy of the passport name page.*

Family Name: _____

Rest of Name: _____

Gender: M / F Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Place of Birth (City, Province, Country): _____

Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* _____

Country of Most Recent Legal Permanent Residence: _____

Additional children may be listed on a second form.
ECFMG recommends that you include U.S.-born children to assure coverage of repatriation of remains and medical evacuation insurance.

Submit this form and passport copies
With the Application for J-1 Visa Sponsorship
Or to
ECFMG - Exchange Visitor Sponsorship Program
3624 Market Street, Philadelphia, PA 19104-2685 USA
Tel (215) 823-2121 Fax (215) 386-9766

Guidelines for Fellowship Program Description

One requirement for ECFMG sponsorship in subspecialty training is submission of a detailed program description. ECFMG developed the following as a guide for development of the program description to meet this sponsorship requirement. This outline is modeled after the format described in the American Medical Association's *Graduate Medical Education Directory* (the "Green Book"). Although there are no specific length requirements, program descriptions are typically 2-3 pages. All program descriptions must be prepared on official institutional letterhead, be signed by the program director, and *must* include the following information.

A. Program Demographics

1. Name of Host Institution
2. Program Specialty/Subspecialty
3. Program Address (Mailing)
4. Program Address (Physical location, if different from mailing)
5. Program Phone Number
6. Program Fax Number
7. Program E-mail
8. Program Director
9. Alternate Program Contact

B. Introduction

1. History. Identify how long the program has been in existence and include the number of individuals who have completed the training program since its inception.
2. Duration. Define an exact duration for the training program.
3. Prerequisite Training/Selection Criteria. Identify prerequisite training requirements and other selection criteria used in appointing candidate(s).
4. Goals and Objectives for Training. Define the educational purpose of the training program and intended goals of the training program.
5. Program Certifications. List any additional certifications or recognitions that the program may hold.

C. Resources

1. Teaching Staff. List the teaching staff involved in providing the educational experience and their supervisory responsibilities over the participant(s). It is not necessary to send a faculty member's Curriculum Vitae (C.V.).
2. Facilities. List all training sites where rotations are conducted.

D. Educational Program - Basic Curriculum

Describe the following elements of the training program:

1. Clinical and research components.
2. Participant's supervisory and patient care responsibilities.
3. Procedural requirements.
4. Didactic components.
5. If the program is more than twelve months in duration, please describe the progression in responsibilities by PGY level.

E. Evaluation

Describe the formal evaluation process used to assess the educational performance of program participants.