

## **GULF COAST UPDATE FOR J-1 PHYSICIANS**

### **Dear Doctors, TPLs and Program Directors:**

It is our hope that you and your families have managed to gain some semblance of stability and order in your lives following Hurricane Katrina. Our thoughts have been and will continue to be with you.

ECFMG has been contacted by many J-1 physicians who had been training in the most heavily impacted areas of the Gulf Coast. Those temporarily displaced by the hurricane and resulting flooding have asked how to proceed with training given that their programs have been temporarily suspended. Based on careful review of the situation, and in consultation with the AAMC, U.S. Department of State and ACGME, ECFMG has developed the following instructions for J-1 physicians affected by the hurricane:

### **OPTION ONE: REQUEST FOR TEMPORARY RELOCATION**

Option one applies to J-1 physicians whose program directors have organized **temporary relocation** of training to a new medical facility or program. As the J-1 visa sponsor, ECFMG must be notified and approve of the temporary relocation of training for each J-1 physician. Upon approval ECFMG will issue an amended Form DS-2019 reflecting the temporary site of activity.

In the case of a Temporary Relocation the following conditions are assumed:

- Change in training location is temporary
- Training will be offered in the same specialty/subspecialty
- Supervision and evaluation will be in place
- Training credit will be granted in accordance with ACGME or ABMS member board directives
- Salary and health insurance will be provided by the original training program

**Request for a Temporary Relocation** requires that the following information be sent to ECFMG by e-mail to [gulfcoastaid@ecfm.org](mailto:gulfcoastaid@ecfm.org) or by fax to (215) 386-9766.

### **To Be Submitted By TPL/Program Director of Original (Louisiana-based) Institution:**

- Full name of J-1 physician
- USMLE Number
- Name of original Louisiana-based hospital/program
- Name and contact information for temporary hospital/program:
  - Name and title of responsible official (program director, TPL or administrative coordinator)
  - Mailing address for correspondence and amended Form DS-2019
  - Telephone and fax numbers of temporary contact
  - E-mail of temporary contact
- Specialty/subspecialty
- PGY level/salary
- Anticipated start and end dates
- Confirmation that supervision and evaluation will take place
- Confirmation that credit will be granted
- Letter from the temporary hospital/program official confirming the temporary training offer for the J-1 physician

### **To Be Submitted By J-1 Physician:**

- Full name
- USMLE Number
- Temporary residential address
- Current phone number(s)/e-mail
- Names of all J-2 dependents
- Confirmation of acceptance of temporary relocation plan
- Name of temporary hospital/program
- Specialty/subspecialty
- PGY level/salary

ECFMG will issue the DS-2019 for the temporary relocation and forward it to the TPL at the temporary program address.

## **OPTION TWO: REQUEST FOR PERMANENT TRANSFER**

Option two applies to J-1 physicians who are proposing a **permanent transfer** to a different training program. As with any institutional or program transfer, ECFMG's pre-approval is required before training can commence. To request a permanent transfer, the J-1 physician must submit a complete application for continuation of sponsorship. Continuation application materials are available on the ECFMG website at <http://www.ecfm.org/evsp/evspcont.html>. Submission of an ECFMG application for continuation of sponsorship requires coordination between the TPL or program director of the original, Louisiana-based training program, the TPL of the new training program and the J-1 physician.

**In addition to a complete continuation application form**, the following documentation is also required:

### **To Be Submitted By TPL/Program Director of Original (Louisiana-based) Institution:**

- Letter of **official release** for J-1 physician from the Louisiana-based training program
  - The letter must include a statement confirming that the J-1 physician was in good standing in the training program and will receive credit for the training which took place until the program was forced to cease operations due to the hurricane

### **To Be Submitted By TPL of New Training Program/Institution:**

- Official contract on institutional letter head signed by program director and J-1 physician. The contract must include:
  - Full name of J-1 physician
  - USMLE Number
  - Specialty/subspecialty
  - PGY level/salary
  - Anticipated start and end dates

### **To Be Submitted By J-1 Physician:**

- Copy of the most recent I-94 card; If destroyed or damaged, please note on application
- J-2 application as needed

**The \$200.00 application fee and Statement of Need requirement will be waived for all J-1 physicians seeking permanent transfer to a new institution due to Hurricane Katrina.** All other continuation application requirements apply. ECFMG will forward the newly issued DS-2019 to the TPL at the new training program.

J-1 physicians displaced by the hurricane who have not yet formalized plans to resume training must contact ECFMG's Exchange Visitor Sponsorship Program immediately. Please contact ECFMG by e-mail at [gulfcoastaid@ecfm.org](mailto:gulfcoastaid@ecfm.org), by fax to (215) 386-9766 or by telephone at (215) 823-2121 to discuss short- and long-term options.

We look forward to assisting you during this difficult time. Do not hesitate to contact ECFMG with your questions, concerns or any other issues related to the recent events in the Gulf Coast.