

Validation of Initial Arrival in J-1 Status

Information for Exchange Visitor (EV) Physicians

The initial arrival of each EV physician to the United States must be immediately validated by ECFMG in the Student and Exchange Visitor Information System (SEVIS). Failure to provide timely reporting of arrival to the United States may invalidate your SEVIS status and negatively impact your ability to remain in the United States and/or affect future immigration benefits. Please note the following with respect to your arrival in the United States and ongoing maintenance of J-1 status.

- **Arrival to the U.S. in J-1 Visa Status:** Work with the Training Program Liaison (TPL) at your host institution to complete this form and submit required documentation.
- **Social Security Number:** You are not eligible to apply for a U.S. Social Security Number until 10 days have passed since acquiring J-1 status and your J-1 sponsorship OASIS record confirms your SEVIS status as “active” following validation.
- **Maintenance of J-1 Status:** Once in “active” J-1 status you are required, at minimum, to:
 - » Follow all rules and regulations of the J-1 exchange visitor program
 - » Notify ECFMG of any proposed change in your training plan
 - » Respond *promptly* to all information requests initiated by ECFMG

Failure to comply with any of the above could result in termination of your sponsorship and associated J-1 status.

NOTE: All EV physicians must enter/begin the training program within 30 days of acquiring J-1 visa status.

Information For TPLs

Please work with each new/incoming EV physician to complete this form and provide required documentation to ECFMG as soon as possible following initial arrival in the United States. Once validated in SEVIS by ECFMG, the physician’s program start date cannot be changed.

NOTE: All EV physicians must enter/begin the training program within 30 days of acquiring J-1 visa status.

EV Physician Name: _____ USMLE/ECFMG ID: _____

(Exactly as it appears on Form DS-2019)

Orientation Start Date, if applicable: _____ Orientation Paid: Yes No

(MM/DD/YY)

Training Program Start Date*: _____

(MM/DD/YY)

If the physician’s start date has changed, please indicate a reason:

*If the physician’s start date was delayed and the contract dates have been amended from those listed on Form DS-2019, a copy of an updated contract or letter of offer must be uploaded with this form.

EV PHYSICIAN CONTACT INFORMATION

U.S. Residential Address[†]:

(Street, City, State, Zip Code)

Telephone Number: _____ E-mail Address: _____

Reminder: EV physicians are required to report any address changes, including changes to e-mail address or telephone number, within 10 days to ECFMG through OASIS or the MyECFMG mobile app. [†]If necessary, enter a temporary U.S. address and update OASIS with the permanent address once established.

The following documentation must be uploaded with this completed form:

- Copy of Form I-94** or Form I-797
- Copy of J-1 visa page from the passport, if applicable (Canadian citizens do not have J visa stamp)

**EV physicians may print a copy of Form I-94 at <https://www.cbp.gov/travel/international-visitors/i-94>

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

TPL Name:

(Please print)

TPL Signature:

Date:
