DOCUMENTATION CHECKLIST FOR CONTINUATION OF ECFMG SPONSORSHIP IN RESEARCH SCHOLAR/NON-CLINICAL PROGRAMS OF OBSERVATION, CONSULTATION, TEACHING, OR RESEARCH

This checklist outlines the basic documentation and fee required to apply for continued ECFMG sponsorship to participate in a research / non-clinical program of observation, consultation, teaching, or research. ECFMG reserves the right to request the original documents and/or additional documentation. Submission of a complete on-line application requires close coordination between each applicant and the Training Program Liaison (TPL) at the teaching hospital.

ECFMG reserves four to six weeks from the time all required documentation is received for review and processing. Any deficiencies and/or requests for additional documentation will be communicated directly by ECFMG to the TPL. It is recommended that applicants and/or TPLs retain a copy of all uploaded materials.

STEPS IN THE APPLICATION PROCESS

The application process requires completion of the following steps in the order that they are listed:

1. Through EVNet, TPL submits an on-line appointment profile
2. Through EVNet, TPL uploads the necessary supporting documents for each applicant
3. Through OASIS, applicant accepts on-line appointment profile, pays the $325 administrative/application fee, completes the electronic application and uploads any documentation (not already submitted by the TPL) needed to complete application

NOTE: All uploaded documents must be in PDF format and must be uploaded one document at a time.

DOCUMENTATION REQUIRED OF ALL APPLICANTS FOR CONTINUED SPONSORSHIP (RESEARCH SCHOLAR)

- CONTRACT OR LETTER OF OFFER
  The contract or letter of offer must specify start and end dates of the research year, research specialty, and stipend. The applicant and an appropriate institutional official must sign the contract or letter of offer (to be renewed annually).

- RESEARCH FELLOWSHIP PROGRAM DESCRIPTION
  The fellowship description must follow the guidelines, available on the EVSP website at http://www.ecfmg.org/evsp/evspgfrd.pdf. If the program duration exceeds 12 months, please define the research activities for each year.

- STATEMENT OF EDUCATIONAL OBJECTIVES
  In a signed letter, the applicant must detail short- and long-term research and educational objectives in the United States. The statement must detail the proposed research plan and specify anticipated future research and/or clinical training in the United States. The statement must be updated with each new sponsorship request.

- FORM I-94 (ARRIVAL/DEPARTURE RECORD)
  A photocopy of the applicant’s most recent Form I-94 documenting admission to the United States in J-1 status valid for “Duration of Status – D/S” must be submitted to ECFMG. Copies of electronically issued...
Form I-94 can be downloaded at [www.cbp.gov/I94](http://www.cbp.gov/I94). Note that Form I-94 also may be attached to Form I-797, Notice of Action, issued by the U.S. Department of Homeland Security.

- **FORM I-644, SUPPLEMENTARY STATEMENT FOR GRADUATE MEDICAL TRAINEES**
  The applicant must complete and sign Part 1; the program director or director of graduate medical education of the *most recent* (not proposed) host program must complete and sign Part 2 of the form. [http://www.ecfmg.org/evsp/i-644form.pdf](http://www.ecfmg.org/evsp/i-644form.pdf)

- **PATIENT CONTACT CERTIFICATION STATEMENT**
  Official certification regarding level of patient contact (either incidental or no patient contact). See below.

**ADDITIONAL DOCUMENTATION (required if applicable)**

- **EVIDENCE OF FAMILY RELATIONSHIP (Marriage/Birth/Adoption Certificate)**
  Required if requesting J-2 dependent sponsorship for a spouse and/or an unmarried minor child. If not in English, the certificate(s) must include a certified, word-for-word English translation(s).

- **OFFICIAL DOCUMENTATION OF FUNDING SOURCE**
  Provides proof of funding by the organization paying the researcher *directly* or confirmation of the applicant’s personal funds if the source of funding is other than, or in addition to, the salary provided by the hospital or institution where the training will take place.

  - **Outside Organization**: A signed letter from an official of the organization providing direct funding to the applicant. The letter must include the terms and conditions, dates, and amount in U.S. dollars.
  
  - **Personal Funds**: Submission of a letter signed by a bank official or a copy of a bank statement confirming the (self) funding amount specified in the on-line application. Foreign currency amounts must also include U.S. dollar equivalent. **IMPORTANT**: Letters and/or statements issued by a bank should *not* show personal account information such as account number or other personal identifier.

  *(Minimum funding levels are $1,600 per month for the J-1 physician, $600 per month for a J-2 spouse, and $400 per month per child (any status)).*

- **RETURN AIRBILL FOR EXPEDITED DELIVERY TO THE TPL**
  If the application is approved, ECFMG will issue Form DS-2019, *Certificate of Eligibility for Exchange Visitor (J-1) Visa 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 printed from an on-line source and uploaded with all other required documentation. Time constraints typically prevent EVSP staff from addressing airbills.

**CERTIFICATION STATEMENT: INCIDENTAL PATIENT CONTACT**

Programs with patient contact incidental to the activities of observation, consultation, teaching, or research require a description of the fellowship program. In addition, the program must be affiliated with a U.S. medical
school program that is accredited by the Liaison Committee on Medical Education (LCME). The dean of the affiliated medical school or his/her official designee is required to certify to the following five-point statement. The dean must provide signed documentation of appointment of his/her designee.

1. **The program in which Dr. (applicant’s name) will participate is predominantly involved with observation, consultation, teaching, or research.**
2. **Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of (state in which the training institution is located).**
3. **The alien physician will not be given final responsibility for the diagnosis and treatment of patients.**
4. **Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the alien physician is pursuing the program.**
5. **Any experience gained in this program will not be creditable toward any clinical requirements for medical specialty board certification.**

**CERTIFICATION STATEMENT: NO PATIENT CONTACT**

Programs with no patient contact require a detailed description of the program outlining the overall curriculum. The program director/mentor of the research program is required to include the following certification statement.

“This certifies that the program in which Dr. (applicant’s name) is to be engaged is solely for the purpose of observation, consultation, teaching, or research, and that no element of patient care services is involved.”