



Educational Commission for Foreign Medical Graduates

# Initial J-1 Visa Sponsorship in Accredited Programs

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March 11, 2009

# Learning Objectives

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- Review the ECFMG Certification Requirements
- Discuss Immigration Options for GME
- Outline ECFMG's J-1 Sponsorship Requirements
- Walk Through ECFMG's Initial Application
- Discuss Visa Processing Options
  - US Consulate Abroad
  - USCIS Regional Service Center in US
- Q&A

# International Medical Graduate (IMG)

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An “IMG” is a physician who received his/her basic medical degree from a medical school outside of the US and Canada, regardless of citizenship

- This includes any US citizen who received a medical degree from a school outside of the US and Canada

# ECFMG Certification Requirements

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- Medical Education Credentials
  - Completion of medical school curriculum of at least 4 years
  - School and graduation year listed in ***The International Medical Education Directory (IMED)*** [www.faimer.org/resources/imed.html](http://www.faimer.org/resources/imed.html)
  - Primary source verification of medical diploma and transcript by ECFMG
- USMLE Exams
  - Step 1 Basic Science
  - Step 2 Clinical Knowledge (CK)
  - Step 2 Clinical Skills (CS)

# IMGs & Entry into US GME

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- Complete ECFMG Certification (if IMG)
- Apply for US Residency Training Position
  - Apply to training programs through ERAS
  - Interview with programs
  - Enroll in the NRMP Match
  - Secure a contract/letter of offer
- Seek Appropriate US Training Visa / Status (if foreign national physician)

# Visa Options for IMGs in US GME

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## Most Common

- **H-1B** “Specialty Occupation Worker”
- **J-1** “Alien Physician”

## Less Common

- **F-1** “Student”- OPT-EAD
- **J-2** “Dependent”- EAD
  - ✓ J-2 is defined as the spouse or minor child of J-1 visa holder
- **O-1** of “Extraordinary Merit”

# Visa Considerations

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- Institutional Policies
  - Does the hospital or program require a specific visa classification? Does the program director or physician decide? When are exceptions made?
- Physician's Credentials, Long-term Goals, Immigration History, Personal / Family Issues

\*Pre-screening is critical in determining best option

# ECFMG J-1 Visa Sponsorship

Sole Sponsor of J-1 Physicians in Clinical Training

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- Temporary, non-immigrant visa
- Full-time educational training (GME program)
  - Not employment
- Two-year home residency obligation, *INA* §212(e)
- Non-immigrant intent, *INA* §214(b)
- Seven-year maximum for progressive training

# ECFMG J-1 Sponsorship Requirements

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## *J-1 Regulations 22CFR§62.27(b)*

- Adequate Prior Education
- ECFMG Certification
- GME Contract or Letter of Offer
- “Statement of Need” from Ministry of Health in Country of Most Recent Legal Permanent Residence

# ECFMG J-1 Sponsorship Application

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## J-1 Physician + TPL = Complete Application

### Sponsorship Available for Participation in:

- ACGME Accredited Residency Training
- ACGME Accredited Subspecialty Training
- Non-Standard Programs (*advanced fellowships*)
- Extension for Board Examinations

Sponsorship Application Materials Available @

<http://www.ecfm.org/evsp/index.html>

On-line Application Payment and Status updates through OASIS @

<http://www.ecfm.org>

# Initial Application

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## A. Applicant Section

- Name *exactly* as reflected in passport
- Date of birth - month/day/year format
- Citizenship vs. most recent legal permanent residence
- Immigration history and current visa status
- Health insurance
- Applicant's complete contact information
- Applicant's dated signature

# Initial Application

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## B. Training Program Liaison (TPL) Section

- ACGME institutional 6-digit ID number
- ACGME program 10-digit ID number
  - ID numbers available at [www.acgme.org](http://www.acgme.org) and [www.ama-assn.org](http://www.ama-assn.org)
- Institutional / program addresses
- TPL's signature, contact information & e-mail

# Passports

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- Consistent biographic information, name, date of birth, place of birth, etc.
  - US Government agencies require an exact match on all visa-related documents
- Copy of passport name page for J-1 applicant and any J-2 dependents
  - Dual citizens must indicate WHICH passport they will use for entry and participation in the J-1 program

# Contract / Letter of Offer

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Must appear on institution letterhead and specify:

- Start and end dates
- Specialty or subspecialty program
- Training level (PGY)
- Stipend
- Signatures of applicant & hospital administrator

# Statement of Need - Ministry of Health

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- Source: country of most recent legal permanent residence
- Issued by central office of the Ministry of Health
- Indicates “need” for specific specialty/subspecialty
- Provides “written assurance” of return home
- English translation (if applicable)

Sample letter on EVSP website at

<http://www.ecfm.org/evsp/snletter.html>

# Curriculum Vitae (C.V.)

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- All medical education credentials
- Up-to-date chronology of professional activities, employment and location
- Current residential address and contact information

# Dependents - Family Members

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## **J-2 Visa Eligibility**

- The spouse and unmarried children under age 21 may seek J-2 visa status to accompany the J-1 physician.
- J-2 family are subject to the two-year home residence requirement.
- Employment authorization from USCIS available

# EVSP Administrative Fee: \$200


Method of Payment	Application Mailing Address
<b>PAY ON-LINE: OASIS</b> Credit card or on-line check <a href="https://oasis2.ecfmfg.org/">https://oasis2.ecfmfg.org/</a>	ECFMG-EVSP 3624 Market St. Philadelphia, PA 19104
Check or Money Order Payable to ECFMG	<u>Via US Postal Service</u> ECFMG-EVSP PO Box 48087 Newark, NJ 07101
Check or Money Order Payable to ECFMG	<u>Via Courier Service</u> ECFMG; C/O Image Remit 205 North Center Dr. Commerce Center North Brunswick, NJ 08902

# Form DS-2019

- Certificate of Eligibility for Exchange Visitor (J) Status
- Legal document needed to apply for “J” visa and/or J-1 visa status
- Tracks immigration activity of J-1 physician
- Separate form issued for dependents

U.S. Department of State  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS**

OMB APPROVAL NO. 1405-0119  
 EXPIRES: 02-28-2005  
 ESTIMATED BURDEN TIME: 45 min  
 \*See Page 2

1. Family Name: <b>FISHER</b>		First Name: <b>MICHELLE</b>		Middle Name:		Gender: <b>FEMALE</b>		ID Number: <b>N0001234567</b>	
Date of Birth (mm-dd-yyyy): <b>01-01-1980</b>		City of Birth: <b>VILNIUS</b>		Country of Birth: <b>LITHUANIA</b>		Citizenship Country Code: <b>LM</b>		Citizenship Country: <b>LITHUANIA</b>	
Legal Permanent Residence Country Code: <b>LM</b>		Legal Permanent Residence Country: <b>LITHUANIA</b>		Position Code: <b>218</b>		Position: <b>UNIVERSITY POST GRAD MEDICAL TRAINEE</b>			
U.S. Address: <b>3624 MARKET STREET PHILADELPHIA PA 19104</b>									
2. Program Sponsor: <b>Educational Commission for Foreign Medical Graduates</b>								Exchange Visitor Program Number: <b>P-3-04510</b>	
Participating Program Official Description: <b>ALIEN PHYSICIAN; RESEARCH SCHOLAR</b>									
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>									
3. Form Covers Period:				4. Exchange Visitor Category:					
From (mm-dd-yyyy): <b>06-23-2004</b>				<b>ALIEN PHYSICIAN</b>					
To (mm-dd-yyyy): <b>06-22-2005</b>				Subject Field Code: <b>60.0228</b>		Subject Field Code Description: <b>Internal Medicine</b>			
5. During the period covered by this form, the total estimated financial support (U.S. \$) to be provided to the exchange visitor by: All other organizations providing support : <b>\$39,142.00</b> Total : <b>\$39,142.00</b>									
4. U.S. DEPARTMENTAL NOTATION OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN RECEIVED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE ADMITTED)						7. Michelle Fisher		Alternate Responsible Officer	
						Name of Official Preparing Form		Title	
						3624 Market Street Philadelphia, PA 19104		215-823-2121	
						Address of Responsible Officer or Alternate Responsible Officer		Telephone Number	
						<i>Michelle Fisher</i>		05-06-2004	
						Signature of Responsible Officer or Alternate Responsible Officer		Date (mm-dd-yyyy)	
								05-06-2004	
8. Statement by Responsible Officer (Exchange Sponsor (FOR TRANSFER OF PROGRAM)) Effective date (mm-dd-yyyy): <b>05</b> Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 of this form is highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm-dd-yyyy) of Signature: _____									
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(g) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*)			
The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input checked="" type="checkbox"/> PL 94-484 as amended.						<b>02-02-2005</b> Date (mm-dd-yyyy) <i>Michelle Fisher</i> Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time.			
(ALL USAID PARTICIPANTS G-2-9263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4119 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Signature of Consular or Immigration Officer: _____ Title: _____ Date (mm-dd-yyyy): <b>6-2-04</b>									
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(G).									
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.									
Signature of Applicant: <i>Nilovius</i>						Place: _____		Date (mm-dd-yyyy): <b>06 02 2004</b>	

DS-2019 (formerly DSF-66) 10-2001 Page 1 of 2

# Visa Processing Options

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1. Apply at a US Consulate Abroad

*or*

2. Request change of visa status through USCIS Regional Service Center in the US

- ✓ Must obtain “**J-1 Visa status**” to begin GME
- ✓ ECFMG J-1 sponsorship approval and issuance of Form DS-2019 does not grant status

# J-1 Visa Application at US Consulate (Plan Ahead!)

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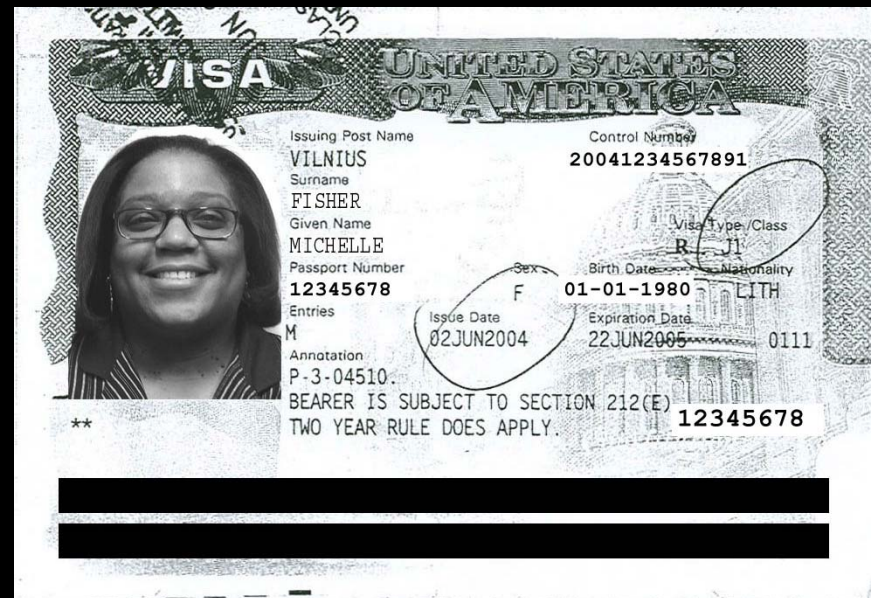
- Visas are only issued at US Consulates abroad
  - Personal interviews and fingerprinting are required
    - Pre-scheduling is available on-line @ [www.state.gov](http://www.state.gov)
  - J-1 must prove **STRONG TIES** to home country §214(B)
  - Security clearances often delay visa issuance
  - \$180 SEVIS fee for initial J-1s; does not apply for J-2s
  - Other visa application fees may apply
- \* Canadian *citizens* are not required to have visas, but must present immigration documentation confirming nationality & J-1 sponsorship to enter the US in J-1 status.

# Visa Stamp Issued by US Consulate

**\*Entry Document Only\***

## Confirms:

- Visa type/class
- Number of entries
  - (single or multiple)
- Issue date
- Expiration date for entry



*May expire while in the US in valid visa status*

# Arrival to US

## I-94 Arrival / Departure Record

Stamp Issued at Port-of-Entry

Departure Number  
**12345678912**

U.S. IMMIGRATION  
PHI 7071  
ADMITTED  
JUN 15 2004  
CLASS UNTIL D/S

Immigration and Naturalization Service  
I-94  
Departure Record

14. Family Name  
**FISHER**

15. First (Given) Name  
**MICHELLE**

Birth Date (Day/Mo/Yr)  
**010180**

Country of Citizenship  
**LITHUANIA**

See Other Side STAPLE HERE

Confirms:

- Date of US arrival
- Visa status (classification)
- Duration of legal stay
- Duration of Status (D/S)

# Requesting a Change of Visa Status within the US

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- **Request change of status through application to USCIS Service Center**
  - Available only to individuals in US with valid status
  - No training/employment authorized until change of status approved unless physician has alternate non-immigrant status that will allow training (i.e., F-1 OPT)
- **Departure from US while change of status pending voids application**

# Form I-797 Approval Notice Change of Status to J-1

U.S. Department of Justice  
Immigration and Naturalization Service

## Notice of Action

Mail Id: 156959

RECEIPT NUMBER <b>EAC-01-234-56789</b>		CASE TYPE I539
RECEIPT DATE May 28, 2004	PRIORITY DATE	APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
NOTICE DATE August 27, 2004	PAGE 1 of 1	APPLICANT FISHER, MICHELLE
		BENEFICIARY FISHER, MICHELLE
		Notice Type: Approval Notice Class: J1 Valid from 08/27/2004 Valid for Duration of Status
<p>The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. A copy of Form I-94 issued by the sponsor has also been notated to show the present status of the exchange visitor and the new authorized period of stay. Each applicant must turn in his or her Form I-94 when leaving the United States.</p> <p>If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the classification before returning to the U.S.</p> <p>The information submitted with this application indicated that the exchange problem involves graduate medical training or education. As a result, the applicant is subject to the 2-year foreign residency requirement of section 213(e) of Immigration and Nationality Act.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

Please see the additional information on the back. You will be notified separately about any other cases you filed.  
IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
SAINT ALBANS VT 05479-0001  
Customer Service Telephone: (800) 375-5283  
Form I797A (Rev. 09/07/93)N

PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # **EAC-01-234-56789**  
I-94# **12345678900**

NAME FISHER, MICHELLE

CLASS J1

VALID FROM 08/27/2004  
Valid for Duration of Status

PETITIONER: MICHELLE FISHER  
3624 MARKET STREET  
PHILADELPHIA PA 19104

**12345678900**

Receipt Number **EAC-01-234-56789**

Immigration and  
Naturalization Service

I-94

Departure Record      Petitioner:

14. Family Name FISHER	
15. First (Given) Name MICHELLE	16. Date of Birth 01-01-1980
17. Country of Citizenship LEBANON	

# 7 Steps of the J-1 Visa Sponsorship Process

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1. TPL and Physician Complete Application, Submit to ECFMG
2. ECFMG Regional Advisor Evaluates Application
  - TPL is notified of application deficiencies
  - If all requirements are met, application is approved
    - Electronic SEVIS record is created; SEVIS Form DS-2019 is issued
    - Physician receives e-mail notification of approval
3. SEVIS Form DS-2019 is Mailed to TPL who Forwards it to Physician
4. Physician Applies for J-1 Visa Status

# 7 Steps of the J-1 Visa Sponsorship Process

(continued)

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## 5. J-1 Physician Reports for Training

- The foreign national physician must present the TPL with evidence of approved J-1 visa status in order to begin the GME program. Documentation includes:
  - J-1 Visa Stamp in Passport; J-1 D/S (Duration of Status) on I-94 Arrival/Departure Record

## 6. TPL Must Report Arrival / Delay to ECFMG within Thirty Days of the Training Start Date

- Failure to report *inactivates* the SEVIS record

## 7. Physician Should Wait to Apply for a Social Security Number Ten Days after Entering US and SEVIS validation

# Initial Applicants Facing Delays

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- Communicate with Advisor
  - Is contract still valid? Willing to wait? How long?
  - Visa delayed? Denied?
  - ECFMG must update SEVIS record
    - Without amendment or validation SEVIS will **automatically invalidate a Form DS-2019 thirty days after the start date**
    - ECFMG must immediately report any contract amendments or withdrawals to SEVIS

# TPL Communication with ECFMG

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- **Report Arrival of All Initial J-1 physicians**
- **Notification of Visa Delays**
- **Notification of Termination**
  - Program completion, early ending
- **Leaves of Absence (e.g., medical, family)**
  - Requires immediate consultation with ECFMG
- **Amendment to Contract**
  - Training level (e.g., acceleration, remediation)
  - Start date (e.g., late arrival to the US, licensure delay)

# Maintaining J-1 Visa Status

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- **Strict Adherence to J-1 Regulations** (*22CFR§62*)  
<http://www.exchanges.state.gov/education/jexchanges>
- **Compliance With All US Immigration Laws**  
<http://www.uscis.gov>
- **Reporting of US Address**  
<http://travel.state.gov/visa>
- **Valid Documentation**
  - ✓ Uninterrupted ECFMG Sponsorship / Valid SEVIS Form DS-2019 *and* Valid Form I-94  
<http://www.ecfm.org/evsp/index.html>

# EVSP Resources Review

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- **EVSP Homepage** @ <http://www.ecfmg.org/evsp/index.html> for access to:
  - *EVSP Reference Guide*
  - *EVSP Fact Sheet*
  - Application Materials
  - Updates and Memoranda
- **US Department of State Exchange Visitor Program** @ <http://exchanges.state.gov/education/jexchanges>
- **US Citizenship and Immigration Services** @ [www.uscis.gov](http://www.uscis.gov)
- **US Department of Homeland Security** @ [www.dhs.gov](http://www.dhs.gov)

# Final Tips

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- Determine appropriate visa classification
- Submit complete sponsorship applications
- Submit Department of State cases early
- Inform ECFMG of any changes/delays in training start dates
- Contact ECFMG with any questions @ (215) 823-2121

# Upcoming Webinars

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- Department of State Cases

March 25

- Non-standard Training Programs

April 8

- Arriving and Reporting of Initial J-1s

May 20

# We Want to Hear From You!

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- Recommendations for Future Webinar Topics
- Recommended Speakers
- Contact Your Regional Advisor with Suggestions