



Responsible Officer / Alternate Responsible Officer Change of Category Acknowledgement

Applicant Surname: _____

Applicant First Name: _____

USMLE ID: _____

SEVIS ID: _____

As the Responsible Officer (RO) or Alternate Responsible Officer (ARO) of the program currently sponsoring the physician referenced above, I confirm my understanding that he/she is seeking a change in J-1 category through the U.S. Department of State (DOS). The change of category is being requested so that he/she may engage in a program of clinical graduate medical education in the United States sponsored by ECFMG. I further confirm that, if approved by the DOS for the requested category change, I will transfer his/her SEVIS record to ECFMG, SEVIS Program P-3-04510.

RO/ARO Name: _____

Institution: _____

SEVIS Program Number: _____

E-mail Address: _____

Telephone Number: _____

Fax Number: _____

Signature: _____ **Date:** _____

Please fax a copy of the completed form to ECFMG at (215) 386-9766. Questions about the information requested on this form can be directed to Tracy Wallowicz, ECFMG Senior Advisor and DOS Case Manager, at twallowicz@ecfmq.org.