

# Request for Duplicate Form DS-2019 for Travel

**This form is intended for sponsored physicians currently participating in ECFMG approved training.**

*Allow 7-10 business days to process this request and include additional time for mailing.*

\_\_\_\_\_  
Name \_\_\_\_\_  
USMLE/ECFMG Number

Destination Country: \_\_\_\_\_

Departure Date: \_\_\_\_\_ (approximate date, if not yet determined)

- J-1 only
- J-2 Dependent(s) only
- Both J-1 and J-2 Dependents

Visa information for J-1 Physicians

- I currently hold a valid J-1 visa stamp in my passport
- I will require a new visa prior to reentry to the United States and will apply for a new J-1 visa at the U.S. embassy/consulate in \_\_\_\_\_ (country)

Please mail the DS-2019 Form(s) to the following address:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- *Because eligibility and timeframes for visa issuance cannot be guaranteed, international travel during the training program is discouraged. Requirements of the Department of Homeland Security and U.S. embassies and consulates regarding the issuance of a visa and travel to and from the United States are subject to change at any time. Please consult individual consulate websites for instructions on scheduling visa appointments and processing times: [http://travel.state.gov/travel/tips/embassies/embassies\\_1214.html](http://travel.state.gov/travel/tips/embassies/embassies_1214.html)*
- A detailed discussion of travel issues for J-1 physicians and their families is available on the ECFMG website.

***I certify that I have read the above and understand my responsibilities and obligations regarding foreign travel:***

\_\_\_\_\_  
Physician's Signature \_\_\_\_\_  
Date

***I certify that I have read the above and am aware of the physician's foreign travel plans:***

\_\_\_\_\_  
TPL's or Program Director's Signature \_\_\_\_\_  
Date

**Fax completed form to (215) 386-9766. Form(s) DS-2019 will be sent by regular U.S. postal service. If express mail service is requested, please mail (or express mail) this completed form along with a pre-addressed, pre-paid airbill to: ECFMG, 3624 Market Street, Philadelphia, PA 19104. To pre-pay your airbill, you must include an account number for the express mail service. ECFMG cannot accept credit card numbers for this purpose. Do not enter a credit card number on the airbill or provide credit card information with your request.**