



Application for J-2 Dependent Visa Sponsorship

The Educational Commission for Foreign Medical Graduates (ECFMG®) is authorized to sponsor the alien spouse and dependent unmarried minor children of the J-1 exchange visitor physician.

Please complete the following information and certify that you have obtained the required health and accident insurance for each J-2 dependent. Agencies of the U.S. Government require biographic details and spellings of all visa-related documents to match exactly. Attach a copy of the name page from each dependent's passport.

To Be Completed by Applicant J-1 Exchange Visitor Physician
All information is REQUIRED. Please TYPE or PRINT.

J-1 Exchange Visitor Physician

1. USMLE®/ECFMG® Number: _____


2. Name: _____

Federally Mandated Insurance Requirements

Exchange Visitors are required to obtain insurance which provides: (1) medical benefits of \$50,000 per accident or illness, (2) a maximum \$500 deductible per accident or illness, (3) medical evacuation benefits of \$10,000, and (4) repatriation benefits of \$7,500.

ECFMG will purchase on behalf of Exchange Visitors and their dependents under ECFMG sponsorship medical evacuation and repatriation of remains insurance (numbers 3 and 4 listed above) at the prescribed levels as stipulated in the U.S. Code of Federal Regulations governing Exchange Visitor Programs. Exchange Visitors and their dependents are required to obtain health and accident insurance (numbers 1 and 2 listed above) at the prescribed levels of coverage. Exchange Visitors who willfully fail to comply with insurance regulations cannot be sponsored by ECFMG. (22 CFR § 62.14)

3. **Health and Accident Insurance:** I confirm I will maintain required health and accident insurance for myself and all J-2 dependents while sponsored. If the insurance is not a part of my hospital training benefits package, then I will purchase private coverage.

 _____
Name of Insurance Company

Exchange Visitor Certification: I hereby certify that the information in this application is true and accurate to the best of my knowledge. I have attached passport copies.

X _____
Signature of Exchange Visitor Physician Date

E-Mail: _____

Home Tel: _____ Fax: _____

Residential Address: _____

SPOUSE *Verify details with the passport. Attach a copy of the passport name page.*

Family Name: _____

Rest of Name: _____

Gender: M / F Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Place of Birth (City, Province, Country): _____

Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* _____

Country of Most Recent Legal Permanent Residence: _____

Spouse's USMLE/ECFMG Number: ____ - ____ - ____ - ____
(if applicable)

CHILD *Verify details with the passport. Attach a copy of the passport name page.*

Family Name: _____

Rest of Name: _____

Gender: M / F Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Place of Birth (City, Province, Country): _____

Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* _____

Country of Most Recent Legal Permanent Residence: _____

CHILD *Verify details with the passport. Attach a copy of the passport name page.*

Family Name: _____

Rest of Name: _____

Gender: M / F Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Place of Birth (City, Province, Country): _____

Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* _____

Country of Most Recent Legal Permanent Residence: _____

Additional children may be listed on a second form.
ECFMG recommends that you include U.S.-born children to assure coverage of repatriation of remains and medical evacuation insurance.

Submit this form and passport copies
With the Application for J-1 Visa Sponsorship
Or to
ECFMG - Exchange Visitor Sponsorship Program
3624 Market Street, Philadelphia, PA 19104-2685 USA
Tel (215) 823-2121 Fax (215) 386-9766