

NON-STANDARD CLINICAL TRAINING PROGRAMS

PLEASE READ CAREFULLY BEFORE PREPARING AN APPLICATION

Non-standard training programs are defined as those subspecialties or training pathways for which neither Accreditation Council for Graduate Medical Education (ACGME) accreditation or American Board of Medical Specialties (ABMS) member board certification is available. The non-standard provision was designed to support advanced training opportunities that have a pre-defined training curriculum and duration. Such programs must be recognized by the respective ABMS-member board and the host institution's Graduate Medical Education Committee.

The checklist of items listed on the following page outlines the **minimum basic** requirements for J-1 visa sponsorship. Application submission requires coordination between the applicant and the Training Program Liaison (TPL) at the host institution. The guidelines listed below will ensure timely review of a non-standard application:

- Include **all** items on the accompanying checklist when submitting an application.
- Identify all documentation with the applicant's USMLE[®]/ECFMG[®] number.
- Submit all requirements in one package and **allow six to eight weeks for processing**. Incomplete submissions will cause delay.
- All application materials **must state** the exact name of the applied for discipline as it was approved by the respective ABMS-member board. For a list of ABMS-member board approved disciplines refer to www.ecfm.org/evsp/nonstand.html#nonstand.
- **Program Director's (PD) signature must be from the PD of the ACGME-accredited parent program.**

ECFMG will communicate any deficiencies pertaining to submitted applications and/or requests for additional documentation through the Training Program Liaison (TPL). Copied materials are acceptable; however, ECFMG reserves the right to examine the original document. EVSP recommends retaining photocopies of all submitted application materials. Applicants may check the status of their application online through OASIS (www.ecfm.org) or they may contact their TPL.

CHECKLIST FOR CONTINUATION OF J-1 VISA SPONSORSHIP IN NON-STANDARD CLINICAL TRAINING PROGRAMS

Please include all items on the checklist with the application to ensure timely review.

Allow six to eight weeks for processing.

- AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) MEMBER BOARD RECOGNITION.** The non-standard discipline or pathway must be recognized by the appropriate ABMS-member board as documented in writing by the CEO of that board. A listing of non-standard disciplines currently recognized by ABMS board for the purposes of J-1 sponsorship is available at <http://www.ecfm.org/evsp/nonstand.html>. **If the discipline is not on this list the application must include a letter of support from the ABMS-member board.** See <http://www.abms.org> for contact information. ABMS-member board endorsement **does not** guarantee J-1 sponsorship approval.
- GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) ENDORSEMENT AND PROGRAM VERIFICATION FORM.** Representatives of the host institution are required to complete the attached form as directed. **Note: Program Director's (PD) signature must be from the PD of the ACGME-accredited parent program. This form is required annually with each new request for continuation of sponsorship.**
- FELLOWSHIP PROGRAM DESCRIPTION.** The fellowship description must follow attached guidelines. If the program duration exceeds 12 months, please define the training activities for each year.
- CONTRACT OR LETTER OF OFFER.** The contract or letter of offer must specify start and end dates of the training year, specialty and subspecialty of the training program/pathway, training level, and stipend. The applicant and an appropriate hospital official must sign the contract or letter of offer.
- APPLICATION FORM FOR CONTINUATION OF J-1 VISA SPONSORSHIP.** The applicant must complete and sign Section A. The TPL must review Section A and complete and sign Section B.
- STATEMENT OF EDUCATIONAL OBJECTIVES. In a signed letter,** the applicant must outline his/her overall educational objectives as an ECFMG-sponsored exchange visitor physician and how they relate to future professional activities upon return to the home country. This statement must detail the proposed training plan and specify anticipated pathway duration of training in the United States. Applicants are encouraged to disclose both their short term and long term training objectives. **The statement must be renewed annually with each new request.**
- FORM I-644, SUPPLEMENTARY STATEMENT FOR GRADUATE MEDICAL TRAINEES (attached).** The exchange visitor physician 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 attached form.
- FORM I-94, ARRIVAL/DEPARTURE RECORD.** The Exchange Visitor must submit a photocopy of the front and back of the most recent Form I-94 documenting admission to the United States in J-1 status valid for "Duration of Status – D/S." Form I-94 may be attached to Form I-797, Notice of Action, issued by the U.S. Immigration and Naturalization Service or the U.S. Department of Homeland Security/U.S. Citizenship and Immigration Services.
- \$200.00 ADMINISTRATIVE FEE (non-refundable).** Payment by credit card via OASIS is preferable (<https://oasis2.ecfm.org/>) Include USMLE/ECFMG number on the check or money order payable to ECFMG. Form of application payment will determine mailing address for application.
- STATEMENT OF NEED (from the federal office of the Ministry of Health in the applicant's country of most recent legal permanent residence.)** See the [EVSP Reference Guide](#) on the ECFMG website for required format and wording. A certified, word-for-word English translation must accompany a non-English document.
- RETURN AIRBILL FOR EXPEDITED DELIVERY TO THE TPL (optional, but recommended).** If the application is approved, ECFMG will issue Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) 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 included with the application. Time constraints prevent EVSP staff from addressing airbills.

*Thank you for your interest in ECFMG's Exchange Visitor Sponsorship Program.
For additional information, visit the ECFMG website at www.ecfm.org or contact EVSP at 215-823-2121.*



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

FORM I-644: SUPPLEMENTARY STATEMENT FOR GRADUATE MEDICAL TRAINEES

U.S. Department of Justice
Immigration and Naturalization Service

Supplementary Statement For
Graduate Medical Trainees

OMB No. 1115-0108
Approval expires 9/85

Affidavit for Exchange Visitor who seeks an extension
of stay in order to complete a program of graduate
medical education and training.

This form must be completed and submitted to the Immigration and Naturalization Service every year for each Foreign Exchange Visitor seeking an extension of stay in order to complete a program of graduate medical education and/or training. The collection of this information is required by Public Law 97-116.

PART 1 To be Completed by Exchange Visitor

I certify that I am in good standing in a program of graduate medical education or training, under the exchange visitor program number indicated below, and that I will return to my country of nationality or last foreign residence upon completion or termination of my participation in the program. I also understand that I must reside in that country for at least two (2) years before I can qualify for an immigrant visa to the United States or for classification as an "H" or "L" nonimmigrant temporary worker.

My name is (please print) _____ ECFMG No: _____
I am in the Exchange Visitor Program No: P-3-4510
My field of study is _____
My country of nationality is _____
My country of last foreign residence is (OTHER THAN THE U.S.A.) _____
I intend to work in the activity or medical specialty of _____
My residential address is _____

I declare and certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (Date) _____ Signature _____

PART 2 To be Completed by Institutional Director of Graduate Medical Education or Training Program

I certify that the graduate medical student or trainee named in Part 1 is in good standing in the Exchange Visitor Program identified and that the information he or she provided is true and correct to the best of my knowledge.

Name of program director (please print) _____

Exact title of program director _____

Name of institution _____

Address of institution _____
Street Name and Number City and State Zip

Executed on (Date) _____ Signature _____

Form I-644 is an attestation of the exchange visitor physician's good standing in the Exchange Visitor Program as of his/her participation in his/her most recent host program. It must, therefore, be completed by the program director or the director of graduate medical education at the current, or most recent (not proposed) host institution.

Guidelines for Fellowship Program Description

One requirement for ECFMG sponsorship in subspecialty training is submission of a detailed program description. ECFMG developed the following as a guide for development of the program description to meet this sponsorship requirement. This outline is modeled after the format described in the American Medical Association's *Graduate Medical Education Directory* (the "Green Book"). Although there are no specific length requirements, program descriptions are typically 2-3 pages. All program descriptions must be prepared on official institutional letterhead, be signed by the program director, and *must* include the following information.

A. Program Demographics

1. Name of Host Institution
2. Program Specialty/Subspecialty
3. Program Address (Mailing)
4. Program Address (Physical location, if different from mailing)
5. Program Phone Number
6. Program Fax Number
7. Program E-mail
8. Program Director
9. Alternate Program Contact

B. Introduction

1. History. Identify how long the program has been in existence and include the number of individuals who have completed the training program since its inception.
2. Duration. Define an exact duration for the training program.
3. Prerequisite Training/Selection Criteria. Identify prerequisite training requirements and other selection criteria used in appointing candidate(s).
4. Goals and Objectives for Training. Define the educational purpose of the training program and intended goals of the training program.
5. Program Certifications. List any additional certifications or recognitions that the program may hold.

C. Resources

1. Teaching Staff. List the teaching staff involved in providing the educational experience and their supervisory responsibilities over the participant(s). It is not necessary to send a faculty member's Curriculum Vitae (C.V.).
2. Facilities. List all training sites where rotations are conducted.

D. Educational Program - Basic Curriculum

Describe the following elements of the training program:

1. Clinical and research components.
2. Participant's supervisory and patient care responsibilities.
3. Procedural requirements.
4. Didactic components.
5. If the program is more than twelve months in duration, please describe the progression in responsibilities by PGY level.

E. Evaluation

Describe the formal evaluation process used to assess the educational performance of program participants.

J-1 Sponsorship in a Non-Standard Training Program

Verification Statement

Graduate Medical Education Committee (GMEC) & Parent Program

The following institution and program seek approval to consider J-1 physician applicants for participation in a non-standard training program that operates in direct association with an ACGME-accredited parent program.

Name of Non-Standard Subspecialty Training _____

Name of Non-Standard Program Director _____ **Telephone** _____
(please print)

Address of Non-Standard Program _____

Program Length – years offered _____

Name of Host Institution _____

ACGME Institution ID Number ___ - ___ - ___ - ___

Name of Parent Program Specialty/Subspecialty _____

Parent Program ACGME Program ID Number ___ - ___ - ___ - ___

The Graduate Medical Education Committee (GMEC) Chair/Director, Program Director of the ACGME-accredited parent program, and ECFMG Training Program Liaison confirm the following:

1. The GMEC approved the above mentioned non-standard training program/pathway and curriculum. (Please attach the approved program description.)
2. The institution is in full compliance with ACGME requirements as evidenced by a “Favorable” action on its most recent institutional review.
3. All accreditable programs within the institution are in good standing with the ACGME.
4. The non-standard training program/pathway is directly associated with the ACGME-accredited parent program referenced above.

Chair, Graduate Medical Education Committee *(Print Name and Sign)*

 Date

Director, Office of Graduate Medical Education *(Print Name and Sign)*

 Date

Program Director, ACGME-accredited Parent Program *(Print Name and Sign)*

 Date

ECFMG Training Program Liaison *(Print Name and Sign)*

 Date