



TO: J-1 Exchange Visitor Physicians
ECFMG Training Program Liaisons (TPLs)

FROM: Exchange Visitor Sponsorship Program (EVSP)

DATE: October 27, 2008

RE: DHS SEVIS Fee

Effective October 27, 2008, the non-refundable fee charged by the US Department of Homeland Security (DHS) to initial J-1 applicants will increase to \$180. The fee is also required for applicants changing status to J-1 and applicants seeking J-1 reinstatement. J-2 dependents are exempt from this fee. The US government collects this fee to cover its cost of implementing the Student and Exchange Visitor Information System (SEVIS) database for monitoring students and exchange visitors in the United States.

The SEVIS fee may be paid through the Internet at www.FMJfee.com by completing the electronic version of Form I-901 and submitting a credit card payment. Payment confirmation will be available immediately and should be printed for use as a receipt when applying for J-1 status. Additionally, a receipt will be sent by postal mail to the address indicated on the payment form.

The SEVIS fee must be paid in full before appearing for a visa interview. For those initial applicants who do not need a J-1 visa to enter the US, the fee must be paid in full before arriving at the US port-of-entry. Applicants will be expected to present a SEVIS fee payment receipt for the visa interview at the embassy, or at the US port-of-entry. If, for some reason, the printed or mailed receipt is not available to the applicant before the interview at the embassy or port-of entry, the applicant can appear for the interview as long as the SEVIS payment has been processed by DHS. For information on the SEVIS fee and detailed payment instructions, visit www.FMJfee.com.

Please note the DHS fee (\$180) is separate from and in addition to the ECFMG-EVSP administrative fee. The SEVIS fee must be paid directly to DHS.

Please contact the ECFMG-EVSP office with any questions regarding the SEVIS fee.

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 INITIAL 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 boards for the purposes of J-1 sponsorship is available at <http://www.ecfmg.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.**
- 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 INITIAL SPONSORSHIP.** The applicant must complete and sign Section A. The TPL must review Section A and complete and sign Section B.
- 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.
- CURRENT CURRICULUM VITAE (C.V.).** The C.V. must detail the applicant's education and professional history to date.
- COPY OF PASSPORT NAME PAGE(S).** Submit a copy of the passport name page for the applicant and each dependent.
- 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 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.**
- \$200.00 ADMINISTRATIVE FEE (non-refundable).** Payment by credit card via OASIS is preferable (<https://oasis2.ecfmg.org/>). Include USMLE/ECFMG number on the check or money order payable to ECFMG. Form of application payment will determine mailing address for application.
- 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 *pre-paid, pre-addressed courier service airbill* be included with the application. Time constraints prevent EVSP staff from addressing airbills.
- ADDITIONAL DOCUMENTATION (if applicable)**
 - Copies of Form(s) IAP-66/DS-2019 if the applicant has previously held J-1 visa status.
 - Proof of country of most recent legal permanent residence if this differs from country of citizenship
 - Official documentation of funding source, terms, amount, and U.S. dollar equivalent if other than or in addition to hospital training stipend

GRADUATES OF LCME-ACCREDITED U.S. OR CANADIAN MEDICAL SCHOOLS MUST SUBMIT ADDITIONAL REQUIREMENTS

- COPY OF MEDICAL SCHOOL DIPLOMA.** A certified, word-for-word English translation must accompany a non-English document.
- FULL-FACE PASSPORT-SIZE PHOTOGRAPH.** Original photo required, no faxes or photocopies.

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

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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

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