



**ECFMG<sup>®</sup>**

**Arrival and Reporting  
of Initial J-1s**

# What is Validation of Initial Arrival?

- ECFMG, as a J-1 program sponsor, is required to notify the U.S. Department of State of the arrival of all newly sponsored J-1 Exchange Visitors
- ECFMG confirms the J-1's arrival in SEVIS (Student and Exchange Visitor Information System)
- Specific documents evidencing arrival in J-1 visa status are required before SEVIS record can be validated

# Who Needs to be Validated?

- All foreign national physicians who have *newly* acquired J-1 visa status under ECFMG sponsorship must have their records validated in SEVIS
- Foreign national physicians who are continuing under ECFMG sponsorship at the same or a different training program do NOT need to have their SEVIS records validated

# Validation of Arrival

Upon arrival to the training program, the foreign national physician must present the Training Program Liaison (TPL) with evidence of approved J-1 visa status in order to begin the GME program.

Acceptable documentation includes copies of:

- J-1 visa stamp in passport
- J-1 D/S (Duration of Status) on I-94 Arrival/Departure Record
- Form DS-2019 – date stamped upon entry to United States

# Copy of Visa

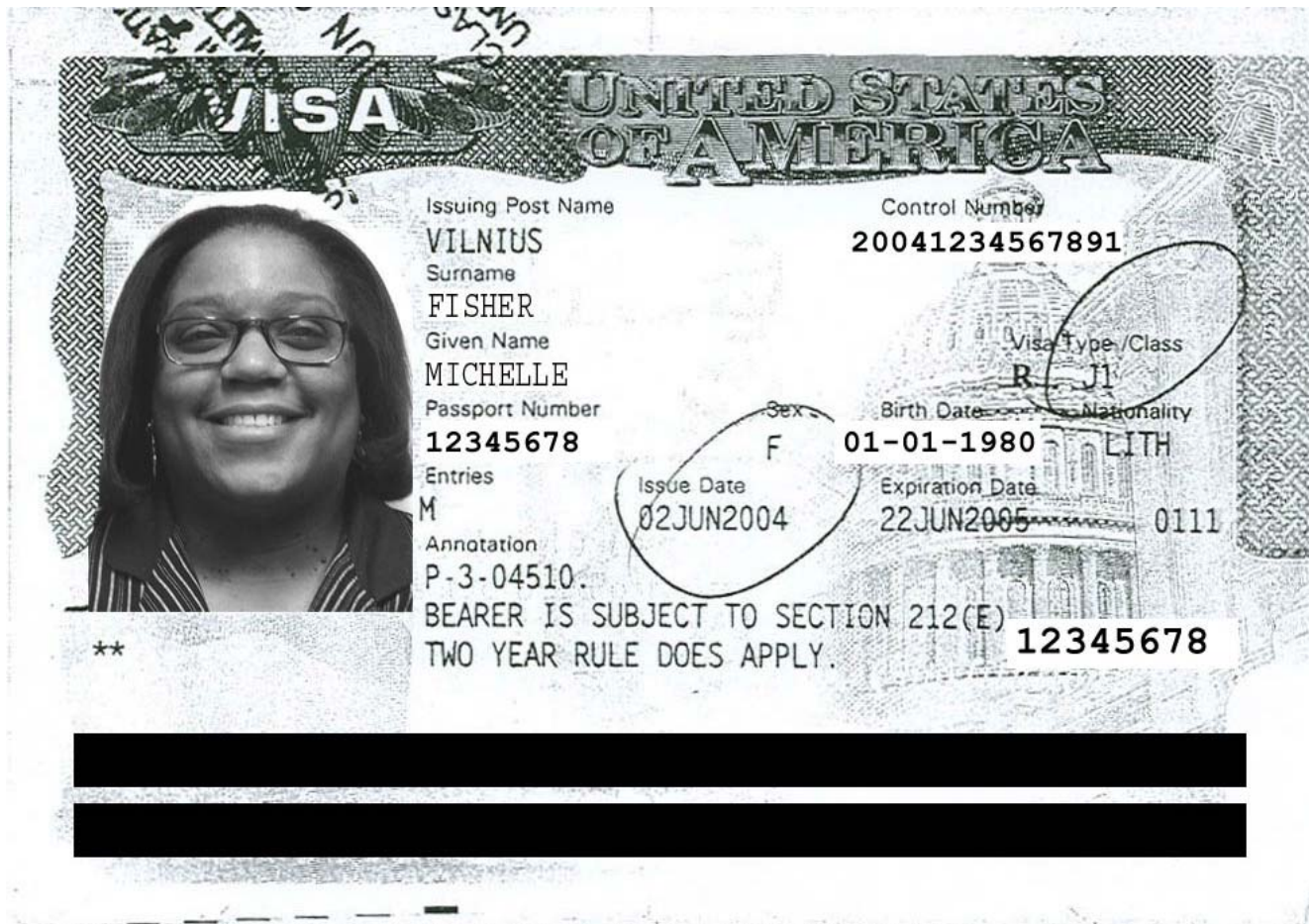
**VISA** **UNITED STATES OF AMERICA**

Issuing Post Name: VILNIUS  
Surname: FISHER  
Given Name: MICHELLE  
Passport Number: 12345678  
Entries: M  
Annotation: P-3-04510.  
BEARER IS SUBJECT TO SECTION 212(E)  
TWO YEAR RULE DOES APPLY.

Control Number: 20041234567891  
Visa Type/Class: R-1  
Sex: F  
Birth Date: 01-01-1980  
Nationality: LITH  
Issue Date: 02JUN2004  
Expiration Date: 22JUN2005  
0111

12345678

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# Form DS-2019

U.S. Department of State CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS					ONE APPROVAL NO. PER OFFICE EXPIRES: 06-28-2004 ESTIMATED BLACKEN TIME: 45 min View Page 2
1. Family Name: <b>PIEDRA</b>	First Name: <b>MICHELLE</b>	Middle Name:	Gender: <b>FEMALE</b>	H0001234567	
Date of Birth (mm-dd-yyyy): <b>01-01-1980</b>	City of Birth: <b>WILMINGTON</b>	Country of Birth: <b>LITHUANIA</b>	Counting Country Code: <b>LW</b>	Citizenship Country: <b>LITHUANIA</b>	
Legal Permanent Residence Country Code: <b>LW</b>		Legal Permanent Residence Country: <b>LITHUANIA</b>	Position Code: <b>218</b>	Position: <b>UNIVERSITY POST GRAD MEDICAL TRAINEE</b>	
U.S. Address: <b>3424 MARKET STREET PHILADELPHIA PA 19104</b>					
2. Program Sponsor: <b>EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES</b>			Exchange Visitor Program Number: <b>P-3-04519</b>		
Participating Program Officer Description: <b>ALLEN PHYSICIAN; RESEARCH SCHOLAR</b>					
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>					
3. Term Cover Period: From (mm-dd-yyyy): <b>06-23-2004</b> To (mm-dd-yyyy): <b>06-23-2005</b>		4. Exchange Visitor Category: <b>ALLEN PHYSICIAN</b> Subclassification Code: <b>40-0218</b> Subject Field Code Description: <b>Internal Medicine</b>			
5. During the period covered by this form, the total estimated financial support (U.S. \$) to be provided to the exchange visitor by: All other organizations providing support : <b>\$10,143.00</b> Total : <b>\$10,143.00</b>					
6. U.S. DEPARTMENT OF STATE OR CERTIFICATION BY DEPARTMENT OF STATE IS ONLY A REGISTRATION COPY OF THIS FORM AND DOES NOT PROVIDE TO THE U.S. DEPARTMENT OF STATE AN INDIVIDUAL'S ADMITTANCE		7. Michelle Fisher Name of Official Preparing Form 3424 Market Street Philadelphia, PA 19104 Address of Responsible Official or Alternate Responsible Officer <i>Michelle Fisher</i> Signature of Responsible Official or Alternate Responsible Officer		Alternate Responsible OFFICER Title <b>218-823-2121</b> Telephone Number <b>06-26-2004</b> Date (mm-dd-yyyy)	
8. There is a <b>TRANSFER OF PROGRAM</b> (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): <b>06-23-04</b> Transfer of this exchange visitor from program number _____      Reasoned by in the program specified in Item 2, the _____ is/are highly desirable and is/are consistent with the objectives of the Mutual Educational and Cultural Exchange Act of 1946, as amended. Signature of Responsible Official or Alternate Responsible Officer _____      Date (mm-dd-yyyy) of Signature _____					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 101(a)(9) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see new Form DS-2019) The Exchange Visitor is in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: a. <input type="checkbox"/> Governmental sponsorship. b. <input type="checkbox"/> The Exchange Visitor Skills List under: c. <input checked="" type="checkbox"/> PL 94-484 as amended. <b>EXCLUDED PARTICIPANTS (C-300) AND ALL ALLEN PHYSICIANS (PHYSICIAN BY P-3) ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT.)</b>			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Certain Consultants and Summer Travelers. (1) Exchange Visitor is in good standing at the present time. <b>02-02-2005</b> Date (mm-dd-yyyy) <i>Michelle Fisher</i> Signature of Responsible Official or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time. Date (mm-dd-yyyy)		
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING (1) (a).			Signature of Responsible Official or Alternate Responsible Officer _____ Date (mm-dd-yyyy) <b>6-2-04</b>		
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on Item 2 on page 2 of this document. Signature of Applicant <i>Nilsius</i> Date (mm-dd-yyyy) <b>06-02-2004</b>					

# Exceptions

- Citizens of Canada are not required to have a visa stamp
- J-1 Exchange Visitors who change status within the United States through U.S. Citizenship and Immigration Services will have a Form I-797, “Notice of Action” (not a J-1 visa stamp in passport)

# Form I-797 Notice of Action (Change of Status within United States)

U.S. Department of Justice  
Immigration and Naturalization Service

## Notice of Action

Mail Id: 156959

RECEIPT NUMBER <b>EAC-01-234-56789</b>		CASE TYPE IS39
RELEASE DATE May 28, 2004	PRIORITY DATE	APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
NOTICE DATE August 27, 2004	PAGE 1 of 1	APPLICANT FISHER, MICHELLE
		BENEFICIARY FISHER, MICHELLE
		Notice Type: Approval Notice Class: J1 Valid from 08/27/2004 Valid for Duration of Status

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. A copy of Form IAR-90 issued by the sponsor has also been notated to show the present status of the exchange visitor and the new authorized period of stay. Each applicant must turn in his or her Form I-94 when leaving the United States.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the classification before returning to the U.S.

The information submitted with this application indicates that the exchange program involves graduate medical training or education. As a result, the applicant is subject to the 2-year foreign residency requirement of section 213(e) of Immigration and Nationality Act.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
SAINT ALBANS VT 05479-0001  
Customer Service Telephone: (800) 375-5283  
Form I797A (Rev. 09/07/93)N

PLEASE TEAR OFF PDAM LHM PRINTED BELOW, AND STAPLE TO ORIGINAL LHM IF AVAILABLE

Detach This Half for Personal Records  
Receipt # **EAC-01-234-56789**  
I-94# **12345678900**  
NAME FISHER, MICHELLE  
CLASS J1  
VALID FROM 08/27/2004  
Valid for Duration of Status  
PETITIONER: MICHELLE FISHER  
3624 MARKET STREET  
PHILADELPHIA PA 19104

**12345678900**  
Receipt Number **EAC-01-234-56789**  
Immigration and  
Naturalization Service  
I-94  
Departure Record      Petitioner:

14. Family Name FISHER	15. Date of Birth
16. First Given Name MICHELLE	<b>01-01-1980</b>
17. Country of Citizenship LEBANON	

# What to Send to ECFMG for SEVIS Validation

- Completed and signed *Initial Validation Form*  
<http://www.ecfm.org/evsp/arrival.pdf>
- Copy of I-94 Arrival/Departure Record
- Processed Form DS-2019
- Copy of J-1 Visa (n/a for Canadian citizens or change of status applicants)

**FAX ALL DOCUMENTS TO (215) 386-9766**

# Initial Applicants Facing Delays

- Communicate with ECFMG Advisor
  - Is contract still valid? Willing to wait? How long?
  - Visa delayed? Denied?
  - ECFMG must update SEVIS record
    - Without amendment or validation, SEVIS will **automatically invalidate a Form DS-2019 30 days after the start date**
    - ECFMG must immediately report any contract amendments or withdrawals to SEVIS

# Applying for a Social Security Number

- J-1s should wait to apply for a Social Security Number 10 days after entering United States **and** SEVIS validation
- Applying for a Social Security Number prior to this may cause significant delays in issuance of the Social Security Number

# IMGs and Required Reporting

- Any Change in the Approved Training
  - Remediation
  - Leave of absence / maternity leave
  - Licensure delays
  - Proposed off-site rotations
  - Proposed early advancements
  - Resignation
  - Contract termination
  - Legal allegations
  - Grievance process

# International Travel Issues for IMGs

- **Consider the Time and the Risk**
  - If the IMG resident departs the United States with an expired visa stamp in his/her passport, visa renewal is required to re-enter
  - The visa application process may involve lengthy security clearances, etc., and visa issuance/renewal cannot be guaranteed
- **If the IMG Resident Must Travel**
  - Discuss contract conditions - delay, failure to return, etc.
  - Prior to departure, J-1s should contact ECFMG and refer to: <http://www.ecfm.org/evsp/travel.html>

# Questions?

Exchange Visitor Sponsorship Program

Tel: (215) 823-2121

Fax: (215) 386-9766

<http://www.ecfmg.org/evsp/index.html>