DOCUMENTATION CHECKLIST FOR
INITIAL ECFMG SPONSORSHIP IN A NON-STANDARD CLINICAL TRAINING PROGRAM

This checklist outlines the basic documentation and fee required to apply for initial ECFMG sponsorship to participate in a non-standard clinical training program. Such programs must be recognized by the appropriate American Board of Medical Specialties (ABMS) member board and the host institution’s Graduate Medical Education Committee (GMEC). ECFMG reserves the right to request the original documents and/or additional documentation. Submission of a complete on-line application requires close coordination between each applicant and the Training Program Liaison (TPL) at the teaching hospital.

ECFMG reserves six to eight weeks from the time all required documentation is received for review and processing. Any deficiencies and/or requests for additional documentation will be communicated directly by ECFMG to the TPL. It is recommended that applicants and/or TPLs retain a copy of all uploaded materials.

STEPS IN THE APPLICATION PROCESS

The application process requires completion of the following steps in the order that they are listed:

1. Through EVNet, TPL submits an on-line appointment profile through EVNet
2. Through EVNet, TPL uploads the necessary supporting documents for each applicant (Exception: Statement of Need (SoN) must be an original; see below for details).
3. Through OASIS, applicant accepts on-line appointment profile, pays the $325 administrative/application fee, completes the electronic application and uploads any documentation (not already submitted by the TPL) needed to complete application
4. By mail or courier service, Ministry of Health official or applicant submits original SoN (see below for details)

NOTE: All uploaded documents must be in PDF format and must be uploaded one document at a time.

DOCUMENTATION REQUIRED OF ALL INITIAL APPLICANTS (NON-STANDARD PROGRAMS)

- **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, and must be signed by both the applicant and an appropriate hospital official.

- **STATEMENT OF NEED**
  In all cases, ECFMG must receive the original, official Statement of Need (SON) issued by the Ministry of Health. To be accepted by ECFMG, the original SoN must be received in the original sealed envelope of the Ministry of Health. In addition, the Ministry of Health official issuing the letter must place it in a Ministry of Health envelope and stamp the outside flap with the issuing government seal. The document should be forwarded directly to ECFMG; if the sealed envelope is opened, ECFMG will not accept the SoN. **Electronic or scanned copies of the SoN will not be accepted by ECFMG.**

  Sealed Ministry of Health envelopes may either be mailed directly to ECFMG by the Ministry of Health OR the applicant may place the sealed envelope containing the SoN in an air courier envelope and send to: EVSP/ECFMG 3624 Market Street, Philadelphia, PA 19104 USA

  Additionally, The SoN must:

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• Be issued by the federal / central office of the applicant’s country of most recent legal permanent residence; uploaded copies, scanned or electronic versions, will NOT be accepted by ECFMG
• Be issued on official Ministry of Health letterhead and addressed to ECFMG
• Exactly follow prescribed wording outlined in the U.S. Code of Federal Regulations (CFR) §62.27
• Align with the training specialty / subspecialty being pursued
• Contain the official stamp or seal of the issuing government and dated signature of issuing official on the SoN
• Be issued in English; if not issued in English, a certified word-for-word English translation is required (again, please note that the SoN and any translation must follow regulatory prescribed language)

See the EVSP website at [http://www.ecfmg.org/evsp/snletter.htm](http://www.ecfmg.org/evsp/snletter.htm) for additional information on required SON format and wording. It is important to note that the source country for the SON cannot be changed once an applicant acquires J-1 status. Any/all subsequent SONs must be issued from the same source country.

Any SON that does not meet all of the above-specified requirements will not be accepted by ECFMG.

• TRAINING PROGRAM DESCRIPTION (if entering subspecialty training)
The training program description must follow the guidelines description, available on the EVSP website at [http://www.ecfmg.org/evsp/evspgfpd.pdf](http://www.ecfmg.org/evsp/evspgfpd.pdf). If the program duration exceeds 12 months, please define the training activities for each year.

• AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) MEMBER BOARD RECOGNITION
The non-standard discipline/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 J-1 sponsorship is available at [http://www.ecfmg.org/evsp/nonstandard-subspecialty-disciplines.html](http://www.ecfmg.org/evsp/nonstandard-subspecialty-disciplines.html). If the applied-for discipline is not on this list, the application must include a letter of support from the ABMS member board. See [http://www.abms.org](http://www.abms.org) for contact information. ABMS member board endorsement does not guarantee J-1 sponsorship approval.

• GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) ENDORSEMENT & PROGRAM VERIFICATION FORM
Representatives of the host institution are required to complete the form as directed. The form is available at [http://www.ecfmg.org/evsp/evsvergmec.pdf](http://www.ecfmg.org/evsp/evsvergmec.pdf). Note: Program Director’s (PD) signature must be from the PD of the ACGME-accredited parent program.

• APPLICANT STATEMENT OF EDUCATIONAL OBJECTIVES
The applicant must outline his/her overall educational objectives as an ECFMG-sponsored J-1 physician and how they relate to future professional activities upon return to his/her home country. This statement must be signed and must detail the proposed training plan and anticipated duration of U.S. training. Applicants are encouraged to disclose both their short-term and long-term training objectives. The statement must be updated with each new sponsorship request.

• CURRENT CURRICULUM VITAE (C.V.)
The C.V. must detail the applicant’s education and professional history to date in a month/year to month/year format.
• COPY OF PASSPORT NAME PAGE(S)
  Submit a copy of the passport name page for the applicant and each dependent.

ADDITIONAL DOCUMENTATION (required if applicable)
• COPIES OF FORM(S) IAP-66 AND/OR DS-2019
  Required if the applicant previously held J-1 visa status.

• PROOF OF COUNTRY OF MOST RECENT LEGAL PERMANENT RESIDENCE (LPR)
  Required if LPR differs from country of citizenship.

• COPY OF FORM I-94 (ARRIVAL/DEPARTURE RECORD)
  Required if applicant is in the United States at the time of application to ECFMG. Copies of electronically issued Form I-94 can be downloaded at www.cbp.gov/I94. Note that Form I-94 also may be attached to Form I-797, Notice of Action, issued by the U.S. Department of Homeland Security.

• OFFICIAL DOCUMENTATION OF FUNDING SOURCE*
  Provides proof of funding by the organization paying the trainee directly or confirmation of the applicant’s personal funds if the source of funding is other than, or in addition to, the salary provided by the teaching hospital where the training will take place.

  • Outside Organization: A signed letter from an official of the organization providing direct funding to the applicant. The letter must include the terms and conditions, dates, and amount in U.S. dollars.

  • Personal Funds: Submission of a letter signed by a bank official or a copy of a bank statement confirming the (self) funding amount specified in the on-line application. Foreign currency amounts must also include U.S. dollar equivalent. IMPORTANT: Letters and/or statements issued by a bank should not show personal account information such as account number or other personal identifier.

*(Minimum funding levels are $1,600 per month for the J-1 physician, $600 per month for a J-2 spouse, and $400 per month per child (any status)).

• EVIDENCE OF FAMILY RELATIONSHIP (Marriage/Birth/Adoption Certificate)
  Required if requesting J-2 dependent sponsorship for a spouse and/or an unmarried minor child. If not in English, the certificate(s) must include a certified, word-for-word English translation(s).

• 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) Visa 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 printed from an on-line source and uploaded with all other required documentation. Time constraints typically prevent EVSP staff from addressing airbills.

• REQUIREMENTS FOR GRADUATES OF LCME-ACCREDITED U.S. OR CANADIAN MEDICAL SCHOOL PROGRAMS
• COPY OF MEDICAL SCHOOL DIPLOMA
  A certified, word-for-word English translation must accompany a non-English document.

• ENGLISH LANGUAGE ATTESTATION FORM
  Required if the applicant is a graduate of a LCME-accredited Canadian medical school and is not ECFMG certified http://www.ecfmg.org/evsp/attestation.pdf

• FULL-FACE PASSPORT-SIZED PHOTOGRAPH
  Uploaded as JPG

• CHANGE OF CATEGORY AND PROGRAM TRANSFER REQUEST DOCUMENTATION.
  Required if the applicant is currently in J-1 status (e.g., J-1 “research scholar) and plans to seek a change of category and program transfer through the U.S. Department of State (DoS). Detailed information and documentation requirements for applicants seeking a change of category are available on the EVSP website at http://www.ecfmg.org/evsp/evspcocmemo.pdf.