ECFMG Continuation of J-1 Visa Sponsorship in ACGME-Accredited Clinical Training 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. The applicant and an appropriate university official must sign the contract or letter of offer.

☐ Fellowship Program Description (if entering subspecialty training)
There are specific guidelines available on the ECFMG website for the fellowship description. (www.ecfmg.org)

☐ Application Form for Continuation of J-1 Visa Sponsorship
The applicant must complete and sign Section A. The program coordinator must complete Section B.

☐ Form I-644, Supplementary Statement for Graduate Medical Trainees
The exchange visitor 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”.

☐ $275 Administrative Fee (non-refundable)
DO NOT PAY ONLINE UNTIL YOU RECEIVE EMAIL THAT OIS TPL HAS COMPLETED THE FIRST PART OF THE APPOINTMENT PROCESS. To pay online, access OASIS on the ECFMG website. If you pay be check or money order, make the check or money order payable to ECFMG. Include your USMLE/ECFMG identification Number, if applicable, on the check or money order.

☐ Statement of Need (from the central 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.

☐ $100 OIS Processing Fee from the Department
The OIS office manager will complete the bottom portion of the IDT, please leave blank.

☐ EVNET Attestation
Attestation form must be completed and signed by the departmental/division coordinator and the chair.