ECFMG Initial 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 Initial Sponsorship of J-1 Visa
The applicant must complete and sign Section A. The program coordinator must complete Section B.

☐ 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.

☐ Current Curriculum Vitae
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.

☐ $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 by check or money order, make the payments payable to ECFMG. Indicate your USMLE/ECFMG Identification Number, if applicable, on the check or money order.

☐ $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.

☐ Additional Documentation
  o Copies of Form(s) I-66 and/or DS-2019 if the applicant has previously held J-1 visa status.
  o Proof of country of most recent legal permanent residence if this differs from country of citizenship.
  o Official documentation of funding source, terms, amount, and U.S. dollar equivalent if other than or in addition to the hospital training stipend.