



**Educational Commission for Foreign Medical Graduates**

**ECFMG Basics 2014  
The Requirement for IMGs & J-1 Physicians**

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Exchange Visitor Sponsorship Program

# Learning Objectives

Review the basics on ECFMG and its role & services related to international medical graduates (IMGs) in U.S. GME

- ECFMG Certification
- CVS on-line
- ERAS
- **Exchange Visitor Sponsorship Program (EVSP)**
  - Exchange Visitor Network (EVNet) / on-line application

# ECFMG *(Established in 1956)*

## Private, Nonprofit Organization

### Current Organizational Members

- American Board of Medical Specialties® (ABMS)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Association for Hospital Medical Education (AHME)
- Federation of State Medical Boards of United States, Inc. (FSMB)
- National Medical Association (NMA)

# IMGs & Entry into U.S. GME

## General Path for IMGs:

1. ECFMG Certification
2. Apply for U.S. Residency Training Position
  - Apply via ERAS
  - Interview with programs
  - Enroll in the NRMP Match
  - Secure a contract/letter of offer
3. Seek Appropriate U.S. Training Visa / Status  
*(if foreign national physician)*

# ECFMG Certification

Assures residency program directors and the U.S. public that the IMG has met the minimum standards of eligibility to enter U.S. residency training.

## **ECFMG Certification is required for:**

- IMG entry into ACGME-accredited GME
- Taking USMLE Step 3
- State licensure
- J-1 visa sponsorship / ECFMG

# ECFMG Certification Requirements

## ○ Medical Education Credentials

- Completion of a medical school curriculum of at least 4 years
- School and graduation year listed in *The International Medical Education Directory (IMED)*  
[www.faimer.org/resources.imded](http://www.faimer.org/resources.imded)
- Primary-source verification of medical diploma and transcript(s) by ECFMG

## ○ USMLE Exams

- Step 1 Basic Science
- Step 2 Clinical Knowledge (CK)
- Step 2 Clinical Skills (CS)

# ECFMG Certification Resources

- General Certification Information @  
<http://www.ecfm.org/cert/index.html>
- ECFMG Certification Fact Sheet @  
<http://www.ecfm.org/cert/certfact.html>
- E-Newsletter: *The ECFMG Reporter*
  - ✓ Latest information delivered via e-mail
  - ✓ Subscribe on the ECFMG website

# CVS Online\*

*\*Free for GME Programs*

- Web-based requests for confirmation of ECFMG Certification status
- Report sent by e-mail
- Establish an account for your program by sending e-mail to [cvsonline@ecfm.org](mailto:cvsonline@ecfm.org)
- <http://www.ecfm.org/cvs>



# ERAS Support Services

- ECFMG serves as the designated Dean's Office for IMGs applying to U.S. GME programs
- ECFMG's ERAS Support Services collects and transmits applicant documents to the ERAS Post Office:
  - Photograph
  - Letters of recommendation
  - Medical student performance evaluations (MSPEs)
  - Medical school transcripts
  - ECFMG certification status
  - USMLE transcripts (at the request of the applicant)
- **ECFMG Medical School Web Portal (EMSWP)** allows international medical schools to send official documents electronically directly to ECFMG on behalf of students/graduates applying to ERAS <http://www.ecfm.org/eras/index.html>

# Immigration

All **foreign national** physicians need an appropriate **visas / visa status** for GME (includes both U.S. graduates and IMGs)

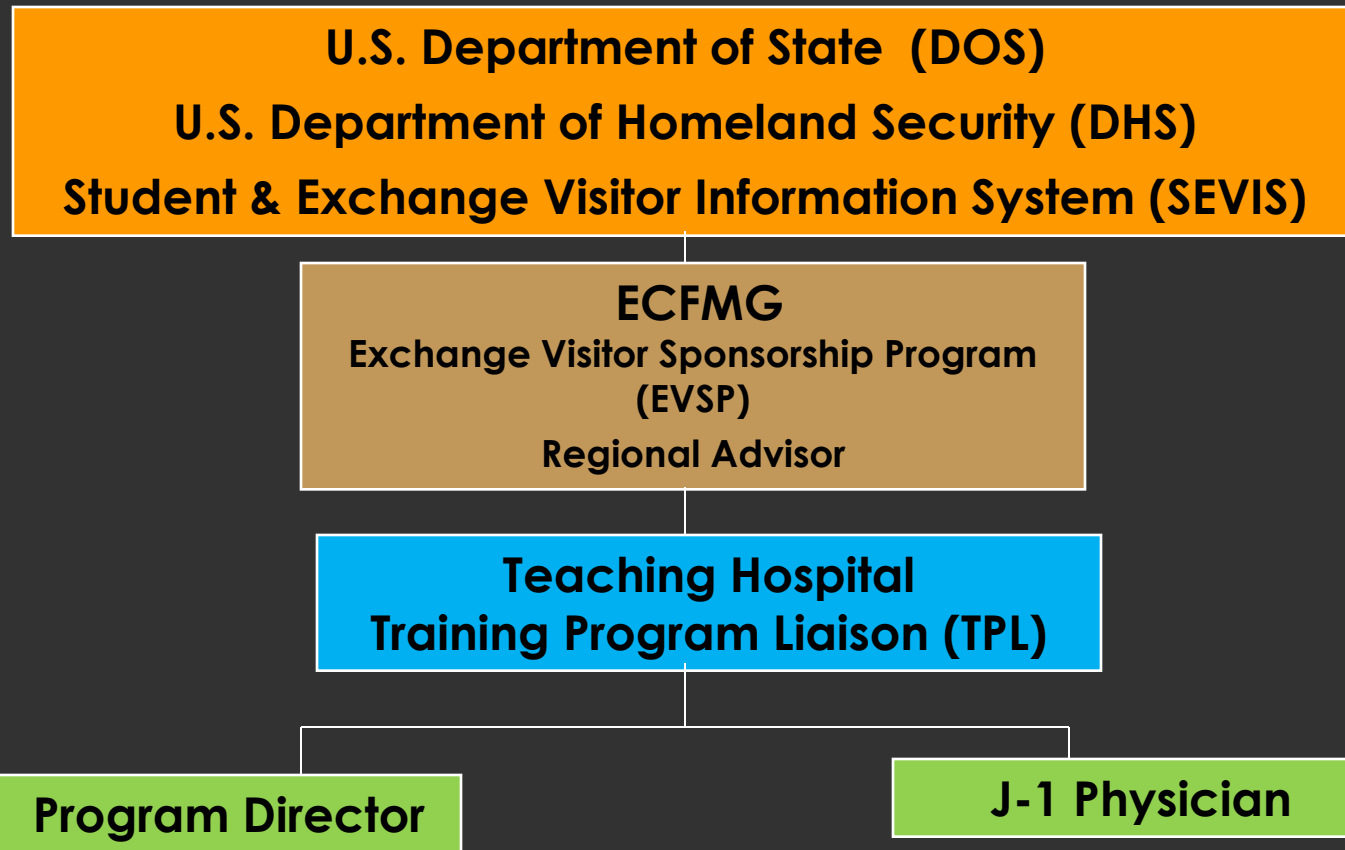
## ◎ Most Common Visas for GME

- J-1 “Exchange Visitor Physician” - **ECFMG**
- H-1B “Specialty Occupation Worker” – Employer

## ◎ Less Common

- F-1 “Student” Optional Practical Training -OPT
- J-2 “Dependent”- EAD

# J-1 Visa Sponsorship: Roles and Responsibilities



# ECFMG: Visa Sponsor for J-1 Physicians in Clinical Training

*22CFR§62.27(b)*

- ⦿ J-1 visa
  - Temporary, non-immigrant visa
  - Full-time educational training/GME ~ not employment
- ⦿ Requires evidence of strong ties to the home country
- ⦿ Imposes 2-year home residency obligation
- ⦿ Duration = 7 years maximum for progressive training
- ⦿ Tracked in SEVIS

# SEVIS

## Student and Exchange Visitor Information System

- ⦿ Data exchange between DHS / DOS
  - Immigration tracking of the activities of non-immigrant (J, F & M) visa holders and dependents
- ⦿ Accessed by consulates, embassies, ports-of-entry, and other DHS agencies
- ⦿ ECFMG creates and updates SEVIS records for all J-1 “alien physicians” and J-2 dependents

# ECFMG J-1 Sponsorship

J-1 Physician + TPL = Complete Application

Sponsorship Available for Participation in:

- ACGME-accredited residency training
- ACGME-accredited subspecialty training
- Non-Standard programs (i.e., *advanced cutting edge fellowships*)
- Extension for board examinations

Sponsorship application materials available @

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

On-line application payment and status updates through OASIS @

<http://www.ecfm.org>

# EVNet

## Exchange Visitor Network

Web-based system developed by ECFMG for submission of J-1 sponsorship applications by GME programs

- EVNet access limited to authorized TPLs
- Replaces paper application forms
- Applicants notified via email once TPL initiates a sponsorship application on his/her behalf
  - Applicant must accept appointment, provide biographical data and submits fee payment through **OASIS**
- All supporting documentation mailed or faxed to ECFMG

# EVNet Flow

- ◎ Two portals
  - **EVNet (TPL)**
  - **OASIS (J-1 Applicant)**
- ◎ “Appointment profile” or GME contract summary submitted by TPL through EVNet
  - Multiple applicants can be tied to one “appointment profile”




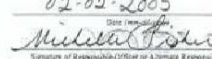
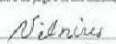


# J-1 Sponsorship Application Process

- ⦿ J-1 physician + TPL = complete application
- ⦿ 4 - 6 weeks to review applications
- ⦿ Regional Advisor evaluates for eligibility
- ⦿ If approved, SEVIS record is created
- ⦿ ECFMG issues Form DS-2019

ECFMG notifies applicant via e-mail, provides instructions for obtaining J-1 visa status

# Form DS-2019

U.S. Department of State				CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS		OMB APPROVAL NO.1405-0119 EXPIRES 02-28-2005 ESTIMATED BUREAU TIME: 45 min *See Page 2	
1. Family Name: <b>FISHER</b>		First Name: <b>NICHELLE</b>		Middle Name:		Gender: <b>FEMALE</b>	R0001234567
Date of Birth (mm-dd-yyyy): <b>01-01-1980</b>		City of Birth: <b>VILNIUS</b>		Country of Birth: <b>LITHUANIA</b>		Citizenship Country Code: <b>LT</b>	Citizenship Country: <b>LITHUANIA</b>
Legal Permanent Resident Country Code: <b>LT</b>		Legal Permanent Resident Country: <b>LITHUANIA</b>		Position Code: <b>219</b>		Position: <b>UNIVERSITY POST GRAD MEDICAL TRAINEE</b>	
U.S. Address: <b>3624 MCKEE STREET PHILADELPHIA PA 19104</b>							
2. Program Sponsor: <b>Educational Commission for Foreign Medical Graduates</b>						Exchange Visitor Program Number: <b>P-3-04510</b>	
Participating Program Official Description: <b>ALIEN PHYSICIAN; RESEARCH SCHOLAR</b>							
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>							
3. Birth Covers Period:				4. Exchange Visitor Category:			
From (mm-dd-yyyy): <b>06-23-2004</b>				<b>ALIEN PHYSICIAN</b>			
To (mm-dd-yyyy): <b>06-22-2005</b>				Subject Field Code: <b>00.0228</b>			
				Subject Field Code Description: <b>Internal Medicine</b>			
5. During the period covered by this form, the total estimated financial support (U.S. \$) is to be provided to the exchange visitor by: All other organizations providing support : <b>210,143.00</b> TOTAL : <b>210,143.00</b>							
6. U.S. DEPARTMENT OF STATE DETERMINATION OR CERTIFICATION BY THE U.S. DEPARTMENT OF STATE THAT A NOTIFICATION COPY OF THIS FORM WAS SENT TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE ADMITTED)						7. Michelle Fisher	
<p style="text-align: center;">JUN 15 2004</p> <p style="text-align: center;">CLASS</p>						Name of Official Preparing Form	
						3524 MCKEE STREET Philadelphia, PA 19104	
8. Signature of Responsible Officer (Sponsoring Sponsor) FOR TRANSFER OF PROGRAM						Address of Responsible Official or Alternate Responsible Officer	
						 Signature of Responsible Officer or Alternate Responsible Officer	
Effective (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 of this form is hereby approved and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.						Alternate Responsible Officer	
Signature of Responsible Officer or Alternate Responsible Officer: _____						Date (mm-dd-yyyy) of Signature: _____	
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(a) OF THE IMMIGRATION AND NATURALIZATION ACT AND FE 94-40, AS AMENDED (See item 1(a) of page 2).						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*)	
The Exchange Visitor in the above program:						*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travelers.	
1. <input type="checkbox"/> Not subject to the two-year residence requirement.						(1) Exchange Visitor is in good standing at the present time	
2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on:						<p style="text-align: center;">02-02-2005</p> <p style="text-align: center;">Date (mm-dd-yyyy)</p> <p style="text-align: center;"></p> <p style="text-align: center;">Signature of Responsible Officer or Alternate Responsible Officer</p>	
A. <input type="checkbox"/> Government financing under						(2) Exchange Visitor is in good standing at the present time	
B. <input type="checkbox"/> The Exchange Visitor Skills List under						Date (mm-dd-yyyy): _____	
C. <input checked="" type="checkbox"/> PL 96-488 as amended						Signature of Responsible Officer or Alternate Responsible Officer	
Signature of Consul or Immigration Official: _____						Date (mm-dd-yyyy) of Signature: _____	
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(b).						Signature of Responsible Officer or Alternate Responsible Officer	
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statements on item 2 on page 2 of this document.							
Signature of Applicant: 						Date (mm-dd-yyyy): <b>06 02 2004</b>	
						Date (mm-dd-yyyy): _____	

# Required Immigration Reporting

- Initial Arrival to the program = “**Validation**”
- Timely renewal according to annual GME contract
- Any change in the approved training plan
  - Visa delays
  - Remediation
  - Leave of absence
  - Licensure delay
  - Proposed off-site rotations
  - Proposed early advancements
  - Resignation
  - Contract termination
- Legal concerns / allegations, internal hearings, etc.

# Critical Issues for Initial J-1s

## Credentials

- Final medical school diploma, USMLE scores
- Issuance of ECFMG Certificate, medical license

## Immigration

- Approval of visa sponsorship
- Consular interview abroad, security clearance or change of status if in the United States
- Secure J-1 “visa status” document

## Program Start

- Report to program for orientation
- Obtain Social Security Number (**10 day wait after U.S. entry**)
- I-9 verification of legal employment by hospital

# Critical Issues for Continuing J-1s

## Maintaining J-1 Visa Status

- ⦿ Continued full-time participation in GME
  - Contract to progress in training
  - Licensure – Step 3, if required
  - Timely renewal of ECFMG J-1 visa sponsorship
- ⦿ Required reporting of any change in approved training plan
- ⦿ J-1s **do not need** to renew visa stamp annually

# Maintaining J-1 Visa Status

- ◉ Strict Adherence to J-1 Regulations (22CFR§62)  
<http://exchanges.state.gov/jexchanges>
- ◉ Compliance With All U.S. Immigration Laws  
<http://www.uscis.gov>
- ◉ Reporting of U.S. Address  
<http://www.uscis.gov>
- ◉ Valid Documentation
  - Uninterrupted ECFMG Sponsorship / Valid SEVIS Form DS-2019
  - Valid Form I-94<http://www.ecfm.org/evsp/index.html>

# Questions/Discussion

- ① Share “best practices”
- ① Questions/concerns/needs
- ① Can ECFMG help?

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