



# J-1 ECFMG Sponsorship at JHMI



## PACKET #8

Use **ONLY** for  
International Physicians Who Are

- (1) Already in the U.S.
- (2) Already in **J-1 ECFMG Status** &
- (3) **Extending** their  
Clinical Training Program  
in your Department

**AND**

(4) Your Clinical Training program is **NOT**  
accredited by the American Council on Graduate  
Medical Education (ACGME)

PHOTOCOPY THE PACKET AS NEEDED FOR ALL APPLICABLE  
INTERNATIONAL PHYSICIANS.

Questions? Contact OIS at 5-3371 or visit us on the 1<sup>st</sup> floor of Reed Hall

# NON-STANDARD CLINICAL TRAINING PROGRAMS

## PLEASE READ CAREFULLY BEFORE PREPARING AN APPLICATION

Non-standard training programs are defined as those subspecialties or training pathways for which neither Accreditation Council for Graduate Medical Education (ACGME) accreditation or American Board of Medical Specialties (ABMS) member board certification is available. The non-standard provision was designed to support advanced training opportunities that have a pre-defined training curriculum and duration. Such programs must be recognized by the respective ABMS-member board and the host institution's Graduate Medical Education Committee.

The checklist of items listed on the following page outlines the **minimum basic** requirements for J-1 visa sponsorship. Application submission requires coordination between the applicant and the Training Program Liaison (TPL) at the host institution. The guidelines listed below will ensure timely review of a non-standard application:

- Include **all** items on the accompanying checklist when submitting an application.
- Identify all documentation with the applicant's USMLE<sup>®</sup>/ECFMG<sup>®</sup> number.
- Submit all requirements in one package and **allow six to eight weeks for processing**. Incomplete submissions will cause delay.
- All application materials **must state** the exact name of the applied for discipline as it was approved by the respective ABMS-member board. For a list of ABMS-member board approved disciplines refer to [www.ecfm.org/evsp/nonstand.html#nonstand](http://www.ecfm.org/evsp/nonstand.html#nonstand).
- **Program Director's (PD) signature must be from the PD of the ACGME-accredited parent program.**

ECFMG will communicate any deficiencies pertaining to submitted applications and/or requests for additional documentation through the Training Program Liaison (TPL). Copied materials are acceptable; however, ECFMG reserves the right to examine the original document. EVSP recommends retaining photocopies of all submitted application materials. Applicants may check the status of their application online through OASIS ([www.ecfm.org](http://www.ecfm.org)) or they may contact their TPL.

# CHECKLIST FOR CONTINUATION OF J-1 VISA SPONSORSHIP IN NON-STANDARD CLINICAL TRAINING PROGRAMS

Please include all items on the checklist with the application to ensure timely review.

**Allow six to eight weeks for processing.**

- AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) MEMBER BOARD RECOGNITION.** The non-standard discipline or 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 board for the purposes of J-1 sponsorship is available at <http://www.ecfm.org/evsp/nonstand.html>. **If the discipline is not on this list the application must include a letter of support from the ABMS-member board.** See <http://www.abms.org> for contact information. ABMS-member board endorsement **does not** guarantee J-1 sponsorship approval.
- GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) ENDORSEMENT AND PROGRAM VERIFICATION FORM.** Representatives of the host institution are required to complete the attached form as directed. **Note: Program Director's (PD) signature must be from the PD of the ACGME-accredited parent program. This form is required annually with each new request for continuation of sponsorship.**
- FELLOWSHIP PROGRAM DESCRIPTION.** The fellowship description must follow attached guidelines. If the program duration exceeds 12 months, please define the training activities for each year.
- 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 hospital official must sign the contract or letter of offer.
- APPLICATION FORM FOR CONTINUATION OF J-1 VISA SPONSORSHIP.** The applicant must complete and sign Section A. The TPL must review Section A and complete and sign Section B.
- STATEMENT OF EDUCATIONAL OBJECTIVES.** In a signed letter, the applicant must outline his/her overall educational objectives as an ECFMG-sponsored exchange visitor physician and how they relate to future professional activities upon return to the home country. This statement must detail the proposed training plan and specify anticipated pathway duration of training in the United States. Applicants are encouraged to disclose both their short term and long term training objectives. **The statement must be renewed annually with each new request.**
- FORM I-644, SUPPLEMENTARY STATEMENT FOR GRADUATE MEDICAL TRAINEES (attached).** The exchange visitor physician 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." Form I-94 may be attached to Form I-797, Notice of Action, issued by the U.S. Immigration and Naturalization Service or the U.S. Department of Homeland Security/U.S. Citizenship and Immigration Services.
- \$275 ADMINISTRATIVE FEE (non-refundable).** Access OASIS on the ECFMG website ([www.ecfm.org](http://www.ecfm.org)) to pay the fee.
- STATEMENT OF NEED (from the federal 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.
- 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) 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 included with the application. Time constraints prevent EVSP staff from addressing airbills.

*Thank you for your interest in ECFMG's Exchange Visitor Sponsorship Program.  
For additional information, visit the ECFMG website at [www.ecfm.org](http://www.ecfm.org) or contact EVSP at 215-823-2121.*



Application for Continuation of J-1 Visa Sponsorship in Non-Standard Clinical Training Programs

SECTION A--To Be Completed by J-1 Exchange Visitor Physician

USMLE®/ECFMG® Number: \_\_\_\_\_

\*\*Enter all information EXACTLY as it appears on the passport.\*\*

1. Family Name:

2. Rest of Name:

3. Health and Accident Insurance: I confirm I will maintain required health and accident insurance for myself and all J-2 dependents while sponsored.

Name of Insurance Company

4. Answer both of the following questions. Have you applied for either:

- a. U.S. Permanent Resident Status ("Green Card")? Y / N
b. Waiver of the two-year home residence requirement? Y / N

5. Statement of Educational Objectives. Enter your specialty/subspecialty and duration of training.

Exchange Visitor Certification: I hereby certify that the information in this application is true and accurate to the best of my knowledge.

X Signature of Exchange Visitor Physician

Date

E-Mail: (Must maintain active e-mail on ECFMG's OASIS.)

Tel: Fax:

Residential Address:

USMLE®/ECFMG® Number: \_\_\_\_\_

SECTION B--To Be Completed by Training Program Liaison

All information is REQUIRED. Please TYPE or PRINT.

6. Host Institution: THE JOHNS HOPKINS SCHOOL OF MEDICINE

ACGME Institution ID: 23-0703

Institution Name: THE JOHNS HOPKINS SCHOOL OF MEDICINE

Institution City, State: BALTIMORE, MARYLAND

Medical School Affiliation: THE JOHNS HOPKINS SCHOOL OF MEDICINE

7. Non-Standard Training Program:

Specialty/Subspecialty:

Program Address. Federal regulations require ECFMG to report the Exchange Visitor's site of training activity to the U.S. Government.

8. ACGME-Accredited "Parent" Program: The non-standard training program must operate in direct association with an ACGME-accredited program.

"Parent" ACGME Program ID: \_\_\_\_\_

"Parent" Program Specialty/Subspecialty:

9. Training Detail from Annual GME Contract:

Start Date / End Date (mm/dd/yyyy)

Training Level Hospital Stipend \$

Other Funding Source and Amount, if applicable: Submit documentation from the funding source confirming amount in U.S. dollars.

Training Program Liaison Certification: I hereby certify that the information I have provided is true and accurate to the best of my knowledge.

X Signature of Training Program Liaison (TPL)

Date \*\* SEE NOTE BELOW\*\*

TPL Name:

TPL Title: JHMI INTERNATIONAL SERVICES, ECFMG LIAISON

E-Mail:

Tel: (410) 955 - 3371 Fax: (410) 955 - 0871

TPL Mailing Address: C/O OIS 1620 MCELDERRY ST. BALTIMORE, MD. 21205

\*\*THIS SECTION MUST BE COMPLETED BY FLORENCE DAMIBA, GINA VACHINO, OR JENNIFER KERILLA\*\*



**Application for J-2 Dependent Visa Sponsorship**

The Educational Commission for Foreign Medical Graduates (ECFMG®) is authorized to sponsor the alien spouse and dependent unmarried minor children of the J-1 exchange visitor physician.

Please complete the following information and certify that you have obtained the required health and accident insurance for each J-2 dependent. Agencies of the U.S. Government require biographic details and spellings of all visa-related documents to match exactly. Attach a copy of the name page from each dependent's passport.

**To Be Completed by Applicant J-1 Exchange Visitor Physician**  
*All information is REQUIRED. Please TYPE or PRINT.*

**J-1 Exchange Visitor Physician**  
1. USMLE®/ECFMG® Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_

**Federally Mandated Insurance Requirements**  
Exchange Visitors are required to obtain insurance which provides: (1) medical benefits of \$50,000 per accident or illness, (2) a maximum \$500 deductible per accident or illness, (3) medical evacuation benefits of \$10,000, and (4) repatriation benefits of \$7,500.  
ECFMG will purchase on behalf of Exchange Visitors and their dependents under ECFMG sponsorship medical evacuation and repatriation of remains insurance (numbers 3 and 4 listed above) at the prescribed levels as stipulated in the U.S. Code of Federal Regulations governing Exchange Visitor Programs. Exchange Visitors and their dependents are required to obtain health and accident insurance (numbers 1 and 2 listed above) at the prescribed levels of coverage. Exchange Visitors who willfully fail to comply with insurance regulations cannot be sponsored by ECFMG. (22 CFR § 62.14)  
3. **Health and Accident Insurance:** I confirm I will maintain required health and accident insurance for myself and all J-2 dependents while sponsored. If the insurance is not a part of my hospital training benefits package, then I will purchase private coverage.  
☞ \_\_\_\_\_  
*Name of Insurance Company*

**Exchange Visitor Certification:** I hereby certify that the information in this application is true and accurate to the best of my knowledge. I have attached passport copies.  
**X** \_\_\_\_\_  
Signature of Exchange Visitor Physician Date  
E-Mail: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE** *Verify details with the passport. Attach a copy of the passport name page.*  
Family Name: \_\_\_\_\_  
Rest of Name: \_\_\_\_\_  
Gender: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
Place of Birth (City, Province, Country): \_\_\_\_\_  
Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* \_\_\_\_\_  
Country of Most Recent Legal Permanent Residence: \_\_\_\_\_  
Spouse's USMLE/ECFMG Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ (if applicable)

**CHILD** *Verify details with the passport. Attach a copy of the passport name page.*  
Family Name: \_\_\_\_\_  
Rest of Name: \_\_\_\_\_  
Gender: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
Place of Birth (City, Province, Country): \_\_\_\_\_  
Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* \_\_\_\_\_  
Country of Most Recent Legal Permanent Residence: \_\_\_\_\_

**CHILD** *Verify details with the passport. Attach a copy of the passport name page.*  
Family Name: \_\_\_\_\_  
Rest of Name: \_\_\_\_\_  
Gender: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
Place of Birth (City, Province, Country): \_\_\_\_\_  
Country of Citizenship: *Dual citizens must specify which passport will be used when traveling.* \_\_\_\_\_  
Country of Most Recent Legal Permanent Residence: \_\_\_\_\_

**Additional children may be listed on a second form.**  
ECFMG recommends that you include U.S.-born children to assure coverage of repatriation of remains and medical evacuation insurance.

**Submit this form and passport copies**  
With the Application for J-1 Visa Sponsorship  
**Or to**  
ECFMG - Exchange Visitor Sponsorship Program  
3624 Market Street, Philadelphia, PA 19104-2685 USA  
Tel (215) 823-2121 Fax (215) 386-9766

# FORM I-644: SUPPLEMENTARY STATEMENT FOR GRADUATE MEDICAL TRAINEES

U.S. Department of Justice  
Immigration and Naturalization Service

Supplementary Statement For  
Graduate Medical Trainees

OMB No. 1115-0108  
Approval expires 9/85

Affidavit for Exchange Visitor who seeks an extension  
of stay in order to complete a program of graduate  
medical education and training.

This form must be completed and submitted to the Immigration and Naturalization Service every year for each Foreign Exchange Visitor seeking an extension of stay in order to complete a program of graduate medical education and/or training. The collection of this information is required by Public Law 97-116.

## PART 1 To be Completed by Exchange Visitor

I certify that I am in good standing in a program of graduate medical education or training, under the exchange visitor program number indicated below, and that I will return to my country of nationality or last foreign residence upon completion or termination of my participation in the program. I also understand that I must reside in that country for at least two (2) years before I can qualify for an immigrant visa to the United States or for classification as an "H" or "L" nonimmigrant temporary worker.

My name is (please print) \_\_\_\_\_ ECFMG No: \_\_\_\_\_  
I am in the Exchange Visitor Program No: P-3-4510  
My field of study is \_\_\_\_\_  
My country of nationality is \_\_\_\_\_  
My country of last foreign residence is (OTHER THAN THE U.S.A.) \_\_\_\_\_  
I intend to work in the activity or medical specialty of \_\_\_\_\_  
My residential address is \_\_\_\_\_

I declare and certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (Date) \_\_\_\_\_ Signature \_\_\_\_\_

## PART 2 To be Completed by Institutional Director of Graduate Medical Education or Training Program

I certify that the graduate medical student or trainee named in Part 1 is in good standing in the Exchange Visitor Program identified and that the information he or she provided is true and correct to the best of my knowledge.

Name of program director (please print) \_\_\_\_\_

Exact title of program director \_\_\_\_\_

Name of institution \_\_\_\_\_

Address of institution \_\_\_\_\_  
Street Name and Number City and State Zip

Executed on (Date) \_\_\_\_\_ Signature \_\_\_\_\_

**Form I-644 is an attestation of the exchange visitor physician's good standing in the Exchange Visitor Program as of his/her participation in his/her most recent host program. It must, therefore, be completed by the program director or the director of graduate medical education at the current, or most recent (not proposed) host institution.**

## Guidelines for Fellowship Program Description

One requirement for ECFMG sponsorship in subspecialty training is submission of a detailed program description. ECFMG created the following as a guide for developing the program description to meet this sponsorship requirement. This outline is modeled after the format used in the American Medical Association's *Graduate Medical Education Directory* (the "Green Book"). Although there are no specific length requirements, program descriptions are typically 2-3 pages. All program descriptions must be prepared on official institutional letterhead, be signed by the program director, and *must* include the following information.

### A. Program Demographics

1. Name of Host Institution
2. Program Specialty/Subspecialty
3. Program Address (Mailing)
4. Program Address (Physical location, if different from mailing)
5. Program Phone Number
6. Program Fax Number
7. Program E-mail
8. Program Director
9. Alternate Program Contact

### B. Introduction

1. History. Identify how long the program has been in existence and include the number of individuals who have completed the training program since its inception.
2. Duration. Define an exact duration for the training program.
3. Prerequisite Training/Selection Criteria. Identify prerequisite training requirements and other selection criteria used in appointing candidate(s).
4. Goals and Objectives for Training. Define the educational purpose of the training program and intended goals of the training program.
5. Program Certifications. List any additional certifications or recognitions that the program may hold.

### C. Resources

1. Teaching Staff. List the teaching staff involved in providing the educational experience and their supervisory responsibilities over the participant(s). It is not necessary to send a faculty member's Curriculum Vitae (C.V.).
2. Facilities. List all training sites where rotations are conducted.

### D. Educational Program - Basic Curriculum

Describe the following elements of the training program:

1. Clinical and research components.
2. Participant's supervisory and patient care responsibilities.
3. Procedural requirements.
4. Didactic components.
5. If the program is more than 12 months in duration, please describe the progression in responsibilities by PGY level.

### E. Evaluation

Describe the formal evaluation process used to assess the educational performance of program participants.

**J-1 Sponsorship in a Non-Standard Training Program**

**Verification Statement**

**Graduate Medical Education Committee (GMEC) & Parent Program**

The following institution and program seek approval to consider J-1 physician applicants for participation in a non-standard training program that operates in direct association with an ACGME-accredited parent program.

Name of Non-Standard Program \_\_\_\_\_

Name of Non-Standard Program Director \_\_\_\_\_ Telephone \_\_\_\_\_  
(please print)

Address of Non-Standard Program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved Program Length \_\_\_\_\_ yr(s) Training Duration Offered to Trainee \_\_\_\_\_ yr(s)

Name of Teaching Hospital \_\_\_\_\_

ACGME Institution ID Number \_\_\_\_\_ - \_\_\_\_\_

Name of Parent Program Specialty or Subspecialty \_\_\_\_\_

Parent Program ACGME Program ID Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Graduate Medical Education Committee (GMEC) Chair/Director, Program Director of the ACGME-accredited parent program, and ECFMG Training Program Liaison confirm the following:

1. The GMEC approved the above mentioned non-standard training program/pathway and curriculum. (Please attach the approved program description.)
2. The teaching hospital is in full compliance with ACGME requirements as evidenced by a "Favorable" action on its most recent institutional review.
3. All accreditable programs within the teaching hospital are in good standing with the ACGME.
4. The non-standard training program/pathway is directly associated with the ACGME-accredited parent program referenced above.
5. The non-standard training program and institution understand that J-1 physicians are prohibited from billing directly for services rendered.

\_\_\_\_\_  
Chair, Graduate Medical Education Committee (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Office of Graduate Medical Education (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director, ACGME-accredited Parent Program (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ECFMG Training Program Liaison (Print Name and Sign)

\_\_\_\_\_  
Date

**Example only. Do not print.**

## **Example of Statement of Need Letter**

The following is the exact wording that has been approved by the U.S. Secretary of Health and Human Services for the *Statement of Need*:

**Name of Applicant for Visa:** \_\_\_\_\_

*There currently exists in (country) a need for qualified medical practitioners in the specialty of \_\_\_\_\_.*

*(Name of Applicant for visa) has filed a written assurance with the government of this country that he/she will return to his/her country upon completion of training in the United States and intends to enter the practice of medicine in the specialty being sought.*

**Include Stamp (or Seal and Signature) of issuing official of named country.**

**Include Date and Signature of Official of named country.**

The Statement of Need must:

- Specify the **exact** specialty and/or subspecialty pursued.
- Be issued on government letterhead by the **central office** of the Ministry of Health in country of most recent legal permanent residence.
- Be accompanied by a certified English translation if letter is written in a foreign language.

The Statement of Need is required for all INITIAL applicants to ECFMG or if any of the following apply:

- The applicant is entering a new specialty or subspecialty
- The letter on file with EVSP will expire
- The letter on file with EVSP is institution-specific and a change in host institution is proposed

The Johns Hopkins University  
School of Medicine**REQUEST FOR CERTIFICATION FOR EXCHANGE VISITOR STATUS**

In order to comply with the provisions of the U.S. Mutual Educational & Cultural Exchange Acts, the Responsible Officer, designated by the United States Department of State for the administration of the Johns Hopkins University (JHU) Exchange Visitor Program P-1-04644, is required to make certain determinations regarding the alien's eligibility for certification for Exchange Visitor Status prior to issuing the Form DS 2019. The attached form is the official process by which the JHU Medical Institutions (JHMI) determines an alien's suitability for participation in JHMI's J-1 Exchange Visitor Program (P-1-04644).

While the JHU School of Medicine wishes to maintain its international prominence in the postgraduate education, there is genuine confusion concerning the appropriate visa status for candidates applying for postgraduate degree programs, clinical and non-clinical training positions, employee positions, observer positions and faculty positions at the JHU School of Medicine. The local and federal regulations governing visa sponsorship have been subject to broad and often inappropriate interpretation. Therefore, please contact the Office of International Student, Faculty & Staff Services (OIS) with any questions you may have concerning a visa status for an incoming international visitor.

The Responsible Officer for all immigration-related matters is ultimately the Dean of the School of Medicine or his/her designee. The Dean of the School of Medicine has officially delegated this responsibility to the Director and other staff members of OIS. Faculty or administrators are not authorized to sign visa petitions or visa forms (such as the DS-2019). All interactions with private attorneys representing an employee, student, observer, trainee, visitor, faculty, etc. should be immediately referred to OIS at 410.955.3371.

**PROCEDURES**

- Complete the Request for Certification for Exchange Visitor Status, including the SEVIS fee payment section (see below). Be sure to include all financial information/proof and FedEx account number, as requested, on page 2.
- Obtain all required signatures on the request form.
- For initial certification and transfer applications only*, submit the entire information packet for approval to the School of Medicine, Office of Postdoctoral Programs, 733 N. Broadway (Broadway Research Building), Suite 147. (Phone: 410-955-3191)
- Upon approval, the Office of Postdoctoral Programs will forward the request form and this cover sheet concerning SEVIS fee payment to the OIS.

*[Extension requests should be submitted directly to the OIS as they do not require Office of Postdoctoral Programs approval.]*

**THIS J-1 Request Sheet is for ECFMG Applications ONLY!**

**The Johns Hopkins University School of Medicine**  
**REQUEST FOR CERTIFICATION FOR EXCHANGE VISITOR STATUS**

This is a request for (check one):  Initial Certification  Program Extension\*  Transfer\*  Amendent

\*Please be advised that certain J-1 categories may remain in the U.S. for strictly limited periods of time which will vary according to specific circumstances. The Office of International Services will advise on a case by case basis.

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**SECTION A:** \*PLEASE ATTACH COPIES OF APPLICANTS PASSPORT I.D. PAGE

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female  Single  Married

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ Date of Birth      /      /       
mm dd yyyy

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Occupation in Home Country: \_\_\_\_\_ Company/Institution Name: \_\_\_\_\_

Address in Home Country: Number and street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

U. S. Address: Number and street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

Address to which DS2019 Form is to be sent: (Note: can NOT be a post office box.) Number and Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

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**SECTION B:**

If the Exchange Visitor is currently in the United States, please complete the following:

Current Visa Status: \_\_\_\_\_ Current Sponsor/School: \_\_\_\_\_ Date of Initial Entry into U.S.: \_\_\_\_\_

(NOTE: If the Exchange Visitor is transferring to the JHMI from another institution, you must attach copies of all previous DS2019 Forms issued to him/her.)

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**SECTION C:**

Doctoral/MD Degree Awarded by: \_\_\_\_\_ on \_\_\_\_\_  
Name of School month/day/year

Date of Hopkins Appointment: From \_\_\_\_\_ to \_\_\_\_\_

Do anticipated activities include patient responsibility or direct patient contact?  Yes  No

Provide percentage of each year devoted to the following:

Teaching \_\_\_\_\_ Research \_\_\_\_\_ Coursework \_\_\_\_\_ Patient contact/care \_\_\_\_\_

**School of Medicine Appointment Status(check one only):**

Research Fellow  Research Trainee  Student (Degree Program: \_\_\_\_\_)  Clinical Fellow (ECFMG# \_\_\_\_\_)

Faculty  Resident/House Staff (ECFMG# \_\_\_\_\_)  Observer  Clinical & Research Fellow (ECFMG# \_\_\_\_\_)

Other (specify title): \_\_\_\_\_

**(This Section MUST include a detailed description)**

Describe the anticipated role of the Exchange Visitor including specific field of study (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Source of financial support:**

Johns Hopkins (specify source & include budget number) \_\_\_\_\_ \$ \_\_\_\_\_  
U.S. Government Agency (direct or indirect payment)\* \_\_\_\_\_ \$ \_\_\_\_\_  
The Exchange Visitor's Government (agency/branch name)\* \_\_\_\_\_ \$ \_\_\_\_\_  
International Organization (agency/organization name)\* \_\_\_\_\_ \$ \_\_\_\_\_  
Personal Funds (give donor's name if not self-supported)\* \_\_\_\_\_ \$ \_\_\_\_\_  
All other organizations providing support\* \_\_\_\_\_ \$ \_\_\_\_\_

\*If funding is a non-Hopkins source, you MUST attach appropriate documentation of funding sources (e.g., bank statements, copies of donor/sponsor letters, etc.).

**SECTION D:**

Number of Accompanying Family Members: \_\_\_\_\_ For each family member, please provide the following information:

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Residence: \_\_\_\_\_

**SECTION E:**

Department & Division Requesting Sponsorship (e.g., Department of Medicine, Department of Neurology):

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Department Administrative Contact: Name \_\_\_\_\_ Address: Number and street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_

Preceptor / Advisor Contact: Name \_\_\_\_\_ Address: Number and street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_

To ensure prompt and accurate delivery of visa documents, you must provide your **FED EX ACCT #** : \_\_\_\_\_

**Required Signatures**

Preceptor / Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Postdoctoral Office: \_\_\_\_\_ Date: \_\_\_\_\_

## NON-STANDARD SUBSPECIALTY DISCIPLINES

### Anesthesiology

[www.theaba.org](http://www.theaba.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
Anesthesia for Out-patient Surgery
Neuroanesthesia
Obstetric Anesthesia
Recovery Room Care
Regional Anesthesia

### Dermatology

[www.abderm.org](http://www.abderm.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
Applications of Laser to Dermatology & Cutaneous Biology
Clinical Educator in Dermatology
Cosmetic Dermatology
Cutaneous Oncology
Cutaneous Photobiology
Dermatologic Surgery
Dermatology Investigative/Academic Research Training Track
Dermatopharmacology
Epidemiology
Immunodermatology
Mohs Micrographic Surgery

### Family Medicine

[www.theabfm.org](http://www.theabfm.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
Chief Residency (View <a href="#">additional information.</a> )
Hospital Care
Obstetrics
Rural Health
Women's Health

## Internal Medicine

[www.abim.org](http://www.abim.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
<b>Cardiovascular Disease</b>
Advanced Cardiac Electrophysiology
Advanced Cardiovascular Disease (Academic/Research Track)
Advanced Catheterization (Academic/Research Track)
*Advanced Heart Failure Transplant
Cardiac Arrhythmia
Cardiac Critical Care
Cardiac Imaging (including Cardiac CT/MRI)
Cardiac Pacemakers & Pacing
Cardiac Rehabilitation
Congenital Heart Disease in Adults
Diagnostic Cardiovascular Disease
Echocardiography
Geriatric Cardiology
Heart Failure
Non-invasive Cardiology
Nuclear Cardiology
Preventive Cardiology
Transplantation Cardiology
Vascular Brachytherapy
Vascular Diagnostic and Interventional
<b>Endocrinology, Diabetes, and Metabolism</b>
Advanced Endocrinology, Diabetes, & Metabolism (Academic/Research Track)
Clinical Nutrition
Diabetes Mellitus
Geriatric Endocrinology
Hypertension
Nutrition & Metabolic Disease
Osteoporosis
Pituitary Diseases

Polycystic Ovarian Syndrome
Pre-diabetes (Metabolic Syndrome)
Reproductive Endocrinology
<b>Gastroenterology</b>
Advanced Gastroenterology (Academic/Research Track)
Endoscopic Ultrasonography (EUS)
Endoscopy (ERCP)
Esophageal Diseases
Gastrointestinal Motility
Gastrointestinal Nutrition
Geriatric Gastroenterology
Hepatology
Inflammatory Bowel Disease
Transplantation Gastroenterology
Transplant Hepatology (Training undertaken 7/1/11 and thereafter must take place at an ACGME-accredited program)
<b>General Internal Medicine</b>
Academic General Internal Medicine
Advanced Training in Hospital Medicine
Ambulatory Care
Chief Residency (View <a href="#">additional information.</a> )
Clinical Education
Clinical Epidemiology
Clinical Pharmacology
Consultation Medicine in Pregnancy
Evidence-based Medicine
Genetics in Internal Medicine
Geographic Medicine
Health Services (Outcome) Research
Primary Care Medicine
Psychosocial Medicine
<b>Geriatric Medicine</b>
Advanced Geriatric Medicine (Academic/Research Track)
Dementia
Geriatric Neurology
Osteoporosis
Rehabilitation Geriatrics

<b>Hematology &amp; Oncology</b>
Advanced Hematology & Oncology (Academic/Research Track)
Blood & Marrow Transplantation
Bone Marrow Transplantation
Cancer Genetics
Coagulation Medicine
Genito-urinary Oncology
Geriatric Hematology & Oncology
Interdisciplinary Breast Cancer
Leukemia
Oncology in Gastroenterology
Oncology in Pulmonary Medicine
Sickle Cell Disease
Stem Cell Replacement
Transplantation Hematology - Oncology
<b>Infectious Diseases</b>
Advanced Infectious Diseases (Academic/Research Track)
Clinical Epidemiology
Clinical Microbiology
Geriatric Infectious Diseases
HIV & AIDS
Immunotherapy
Transplantation Infectious Disease
Tuberculosis & Pulmonary Infections
<b>Nephrology</b>
Advanced Nephrology (Academic/Research Track)
Geriatric Nephrology
Hypertension Nephrology
Interventional Nephrology
Renal Genetics
Renal Imaging
Transplantation Nephrology
<b>Pulmonary Disease</b>
Advanced Pulmonary Disease & Critical Care Medicine (Academic/Research Track)
Genetic Pulmonary Disease
Geriatric Pulmonary Disease
Heart-lung Transplantation

Interventional Pulmonology
Lung Transplantation
Neurocritical Care & Stroke
Pulmonary Vascular Disease
Vascular Medicine
<b>Rheumatology</b>
Advanced Rheumatology (Academic/Research Track)
Genetic Musculoskeletal Disease
Geriatric Rheumatology
Inflammatory Muscle Disease
Rheumatology/Allergy & Immunology
Spinal Disease
Systemic Lupus Erythematosus

\*ECFMG will follow [ABIM training pathway regulations](#).

### **Nuclear Medicine**

[www.abnm.org](http://www.abnm.org)

For further information regarding non-standard training programs, please visit the ABNM website.

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
Nuclear Oncology
Pediatric Nuclear Medicine
PET
Renal Nuclear Medicine

### **Obstetrics and Gynecology**

[www.abog.org](http://www.abog.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
Family Planning	2 years
Gynecologic Endoscopy	
Minimally Invasive GYN Surgery	
Pediatric Adolescent Gynecology	

## Ophthalmology

[www.abop.org](http://www.abop.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
Cornea	1-2 years
Glaucoma	1-2 years
Neuro-ophthalmology	1-2 years
Ocular Oncology	1-2 years
Oculoplastics	1-2 years
Ophthalmic Pathology	1-2 years
Pediatric/Strabismus	1-2 years
Retina/Vitreous	1-2 years
Uveitis	1-2 years

## Otolaryngology

[www.aboto.org](http://www.aboto.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
Craniomaxillofacial
Facial Plastic and Reconstructive Surgery
Head and Neck Oncologic Surgery
Head and Neck Surgery
Laryngology
Microvascular Surgery
Otology
Rhinology
Thyroid and Parathyroid Surgery

## Pathology

[www.abpath.org](http://www.abpath.org)

The American Board of Pathology is willing to endorse a J-1 visa applicant for advanced study in the fields of Pathology listed below only if the J-1 visa candidate has completed the prerequisites for primary certification and has applied for certification or is a diplomate of The American Board of Pathology. Please contact the board if there are additional questions.

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>
Autopsy Pathology
<b>Clinical Pathology:</b>

Informatics
Laboratory management
Surgical Pathology (with concentrated study in Renal Pathology, Gynecology Pathology, etc.)

## Pediatrics

[www.abp.org](http://www.abp.org)

Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship	Length of Program
<b>General Pediatrics</b>	
Academic General Pediatrics	1-3 years
Academic Research Track (applicable to all Pediatric sub-specialties)	1-2 years
Chief Residency (View <a href="#">additional information.</a> )	1 year
Clinical Pharmacology	1-2 years
Community Pediatrics	1 year
ECMO	1 year
Health Services Fellowship	1-2 years
Hospital Medicine	1-2 years
<b>Cardiology</b>	
Adult/Pediatric Congenital Heart Disease	1-2 years
Advanced Cardiac Imaging	1 year
Cardiac Critical Care	1-2 years
Echocardiography	1 year
Electrophysiology	1-2 years
Heart Failure Transplantation	1 year
Interventional Cardiology	1-2 years
<b>Endocrinology</b>	
Neuroendocrinology	1-2 years
<b>Gastroenterology</b>	
Interventional Endoscopy	1 year
Motility	1 year
Nutrition	1 year
<b>Hematology - Oncology</b>	
Advanced Training in Coagulation	1 year
Hematopoietic Stem Cell Reconstitution (Bone Marrow Transplant)	1 year
Neuro-oncology	1 year
Sickle Cell Disease	1 year

Solid Tumor Oncology	1 year
<b>Infectious Diseases</b>	
HIV/AIDS	1 year
Vaccinology & Vaccine Preventable Diseases	1-2 years
<b>Pulmonology</b>	
Lung Transplantation	1 year

### Physical Medicine & Rehabilitation

[www.abpmr.org](http://www.abpmr.org)

The American Board of Physical Medicine & Rehabilitation will consider recognition of non-standard programs on a case-by-case basis.

### Plastic Surgery

[www.abplsurg.org](http://www.abplsurg.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
Aesthetic Surgery	1 year
Breast Surgery	1 year
Burn Reconstructive Surgery	1 year
Burn Surgery	1 year
Craniofacial and Maxillofacial Surgery	1 year
General Reconstructive Surgery	2 years
Laser and Vascular Malformation Surgery	1 year
Microvascular Reconstructive Surgery	1 year
Pediatric Craniofacial Surgery	1 year
Pediatric Plastic Surgery	2 years

### Psychiatry & Neurology

[www.abpn.com](http://www.abpn.com)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
<b>Psychiatry</b>	
Administrative Psychiatry	1-2 years
AIDS	1-2 years
Community Psychiatry	1-2 years
Developmental Disabilities	1-2 years
Emergency Psychiatry	1-2 years

Infant Psychiatry	1-2 years
Mood Disorders	1-2 years
Neuropsychiatry	1-2 years
Post Traumatic Stress Disorders (PTSD)	1-2 years
Psychopharmacology	1-2 years
Psychotherapy	1-4 years
Psychotic Disorders	1-3 years
Public Psychiatry and Public Policy	1-2 years
Women's Mental Health	1-2 years

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
<b>Neurology</b>	
AIDS	1-2 years
Alzheimer's Disease	1-2 years
Autoimmune Neurology	1-2 years
Autonomic Disorders	1-2 years
Behavioral Neurology	1-2 years
Dementia	1-2 years
EEG	1-2 years
EMG	1-2 years
Epilepsy (Adult or Pediatric)	1-2 years
Geriatric Neurology	1-2 years
International Endovascular	1-2 years
Headache (Adult & Pediatric)	1-2 years
Interventional Neurology	1-2 years
Interventional Neuroradiology and Endovascular Neurosurgery	1-2 years
Memory Disorders	1-2 years
Movement Disorders	1-2 years
Multiple Sclerosis	1-2 years
Neonatal Neurology	1-2 years
Neuroepidemiology	1-2 years
Neurogenetics	1-2 years
Neuroimaging	1-2 years
Neuroimmunology to include Multiple Sclerosis	1-2 years
Neurologic Critical Care	1-2 years
*Neuromuscular Disorders	1-2 years

Neuro-oncology	1-3 years
Neuro-ophthalmology	1-3 years
Neuro-otology	1-2 years
Neuropathology	1-2 years
Neuropharmacology	1-2 years
Neurorehabilitation	1-2 years
Neurovirology & Other Infections of the Nervous System	1-2 years
Pediatric Epilepsy	1-2 years
Peripheral Nerve Disorders	1-2 years

\*ECFMG will follow the certification grandfather clause set by ABPN. After the 2012 examination, ECFMG will no longer consider this discipline to be non-standard training.

### **Radiology**

[www.theabr.org](http://www.theabr.org)

The American Board of Radiology will consider recognition of non-standard programs on a case-by-case basis.

### **Surgery**

[www.absurgery.org](http://www.absurgery.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
<b>Recognized Advanced GI Surgical Disciplines:</b>	
Foregut Surgery	1 year
Hepatic Surgery	1 year
Hepatobiliary Surgery	1 year
<b>Recognized Endocrine Surgical Disciplines:</b>	
Endocrine Surgery	1 year
<b>Recognized Laparoscopic Surgical Disciplines:</b>	
Advanced Laparoscopic Surgery	1 year
Bariatric Surgery	1 year
Endoscopic Surgery	1 year
Laparoscopic Surgery	1 year
Minimally Invasive Surgery	1 year
Videoendoscopic Surgery	1 year
<b>Recognized Oncological Fellowships:</b>	
Breast Oncology	1 year

Endocrine Oncology	1 year
Head & Neck Surgical Oncology	1-2 years
Pediatric Surgical Oncology	1 year
Surgical Oncology	1-2 years
<b>Recognized Reconstructive Surgical Disciplines:</b>	
Microsurgery	1 year
<b>Recognized Transplantation Disciplines:</b>	
Abdominal Multi-organ Transplantation	2 years
<b>Recognized Trauma Disciplines:</b>	
Burn Surgery	1 year
Pediatric Trauma Surgery	1 year
Trauma Surgery	1 year

### Thoracic Surgery

[www.abts.org](http://www.abts.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
Adult Cardiac Surgery	1-2 years
Cardiac Valve Surgery	1 year
Cardiothoracic Transplantation Surgery	
Endovascular Thoracic Surgery	1-2 years
General Thoracic Surgery	
Lung Transplantation	1-2 years
Mechanical Cardiac Support & Cardiac Transplantation	1-2 years
Minimally Invasive C-T Surgery	1-2 years
Thoracic Oncology	1-2 years

### Urology

[www.abu.org](http://www.abu.org)

<b>Non-Standard Subspecialty Disciplines Recognized for Purpose of J-1 Sponsorship</b>	<b>Length of Program</b>
Calculus Disease	1-2 years
Endourology	1-2 years
Endourology & Laparoscopy	1-2 years
Erectile Dysfunction	1-2 years
Erectile Dysfunction & Infertility (Andrology)	1-2 years
Female Urology	1-2 years

Female Urology & Pelvic Reconstruction	1-2 years
Female Urology & Urodynamics	1-2 years
Geriatric Urology	1-2 years
Infertility	1-2 years
Laparoscopic Urology	1-2 years
Minimally Invasive Urologic Surgery	1-2 years
Neurourology & Urodynamics	1-2 years
Pediatric Urology	1-2 years
Reconstructive Genital Surgery	1-2 years
Renal Transplantation	1-2 years
Sexual Medicine	1-2 years
Urologic Oncology	1-2 years
Urologic Trauma	1-2 years

**To date, no specific guidelines or list of non-standard disciplines have been provided by the following boards. Contact the boards directly with any questions regarding non-standard programs.**

<b>Allergy &amp; Immunology</b>	<a href="http://www.abai.org">www.abai.org</a>
<b>Colon &amp; Rectal Surgery</b>	<a href="http://www.abcrs.org">www.abcrs.org</a>
<b>Emergency Medicine</b>	<a href="http://www.abem.org">www.abem.org</a>
<b>Medical Genetics</b>	<a href="http://www.abmg.org">www.abmg.org</a>
<b>Neurological Surgery</b>	<a href="http://www.abns.org">www.abns.org</a>
<b>Orthopaedic Surgery</b>	<a href="http://www.abos.org">www.abos.org</a>
<b>Preventive Medicine</b>	<a href="http://www.abprevmed.org">www.abprevmed.org</a>