



# J-1 ECFMG Sponsorship at JHMI



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## PACKET #4

Use **ONLY** for  
International Physicians  
Who Are  
**COMPLETING**  
their Hopkins Programs  
and **DEPARTING**  
the U.S.  
(Or otherwise ending their J Status)

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

**NOTIFICATION OF TERMINATION AS AN ECFMG EXCHANGE VISITOR IN THE UNITED STATES**

*(Complete this form only if the exchange visitor no longer requires ECFMG Sponsorship in the United States. )*

Check the statement(s) that apply to:

Dr. \_\_\_\_\_ ECFMG# 0-\_\_-\_\_-\_\_-\_\_

- Leaving or left the United States on \_\_\_\_\_
- Has been granted an adjustment of visa status; adjusted to \_\_\_\_\_ granted on \_\_\_\_\_  
*visa status* *date*
- Has been terminated from program on \_\_\_\_\_
- Has resigned from program on \_\_\_\_\_
- Has been absent without leave since \_\_\_\_\_
- Deceased on \_\_\_\_\_
- Has informed program, will not participate as planned
- Did not report by the start date and no word has been received from the exchange visitor
- Does not appear in our records.
- Other (please give reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forwarding or last known address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is true and accurate:

\_\_\_\_\_  
*Signature of Exchange Visitor, Training Program Liaison, or Hospital Official*

\_\_\_\_\_  
*Date*