

University at Buffalo
Office of Graduate Medical Education (OGME)
Procedure for Processing J1 Continuation of Sponsorship

1. Continuation of J1 sponsorship can be obtained as soon as the contract is released by the Program Director. This must happen no later than 3 months prior to DS-2019 expiration date but can be submitted as much as six months prior to the expiration date;
2. Contract is signed by **Resident and Program Director**;
3. Check expiration date on Statement of Need. Some letters are valid for the entire length of training. Some have an expiration date after one year. If a letter is needed, proceed with #4 below. If not, proceed to #10;
4. **Program Director** will write letter on behalf of the resident to the Ministry of Health of the home country embassy requesting that a Statement of Need be issued. See sample letter attached;
5. **Program Administrator** to send contract and Ministry of Health letter to the **OGME** for approval/signature;
6. **OGME** returns original contract and Ministry of Health letter to the **Program Administrator**;
7. **Program Administrator** will scan/email these documents to the resident for quick processing;
8. **Resident** will contact his/her embassy to obtain the Statement of Need;
9. When Statement of Need is received, **resident** will access forms for continuation of J1 sponsorship on the ECFMG website at: <http://www.ecfm.org/evsp/application.html>;
10. **Resident** to complete Section A on the application page and the entire J-2 dependent form if applicable;
11. **Resident** submits all required documentation as noted on the checklist to the **Program Administrator**;
12. **Resident** must access the ECFMG website OASIS to pay the required fee. Continuation of sponsorship requires a \$200 administrative fee payable to ECFMG with submission of the sponsorship application. Note that currently researchers and Canadian graduates cannot pay online but must submit a check or credit card payment form;
13. **Program Administrator** completes Section B, #6, #7 and #8 on the application;
14. **Program Director** to sign off on the J1 certification form. See sample attached;
15. **Program Administrator** assembles the packet in order according to the checklist, ensuring correct and complete information is included;
16. **Program Administrator** copy for file and send to **OGME**. **Program Administrator** to include a pre-paid FED EX air bill addressed to **OGME** if expedited reply is necessary;
17. **OGME** reviews application and signs off as the Training Program Liaison (TPL);
18. **OGME** copy for file and mail to ECFMG;
19. DS-2019 is sent to the **TPL**. **OGME** copy for file and sends original DS-2019 to **Program Administrator**;
20. **Program Administrator** to copy DS-2019 for resident file and distribute original to resident;
21. During the course of training, the program administrator must notify the OGME of any issues that will affect timely completion of training (i.e., leaves, remediation, termination/appeals, etc.). OGME will notify ECFMG;
22. If, during the course of training, the resident plans to travel outside the U.S., the program administrator should advise the resident to review the ECFMG travel website at <http://www.ecfm.org/evsp/travel.html> prior to departure
23. **NOTE: It is the responsibility of the RESIDENT to maintain visa status and notify ECFMG and Department of Homeland Security of all address changes within 10 days of moving.**

SAMPLE – MINISTRY OF HEALTH LETTER FOR STATEMENT OF NEED

Date

Ministry of Health
HOME COUNTRY

To Whom It May Concern:

RE: *Resident's Full Name*
ECFMG #:

This is to certify that **First Name Last Name, DEGREE** has been issued a **PGY X** contract, a copy of which is enclosed, for the **20XX-20XX** academic year in the University at Buffalo sponsored, **Name of Training Program residency training program** in Buffalo, New York.

I am requesting that you please process a Statement of Need /Ministry of Health Certification so that we can process **his/her** J1 Visa request for continuation of sponsorship as soon as possible. **He/She** is expected to graduate from this **XXX-year residency/fellowship** program in **Month, 20XX**.

If you need any further information, please do not hesitate to contact me at (716) XXX-XXXX.

Sincerely,

Name
Program Director

Enclosure – signed contract

**University at Buffalo
Office of Graduate Medical Education**

Program Director Approval for J1 Sponsorship

I, ***NAME OF PROGRAM DIRECTOR***, program director for the UB sponsored ***NAME OF TRAINING PROGRAM*** residency **training program** hereby certify that:

- I have made an offer to ***NAME OF RESIDENT/FELLOW*** as noted in the attached contract;
- I approve that this **resident/fellow** seek J1 visa sponsorship;
- I agree to abide by the terms and conditions of J1 visa sponsorship, the employer and University at Buffalo policies with respect to resident education in the University at Buffalo sponsored ***NAME OF TRAINING PROGRAM***.

SIGNATURE OF PROGRAM DIRECTOR

PRINTED NAME OF PROGRAM DIRECTOR

DATE
