

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

NOTE: Applications should be submitted to OGME as soon as possible (as early as six months prior to the anticipated start date) but no less than 8 – 10 weeks prior to the anticipated start date.

1. Match day: **Resident** is notified that they have matched into the training program and the decision has been made that J1 sponsorship will be required;
2. Contract is signed by **resident and program director**;
3. **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;
4. **Program Administrator** to send contract and Ministry of Health letter to the **OGME** for approval/signature;
5. **OGME** returns original contract and Ministry of Health letter to the **Program Administrator**;
6. **Program Administrator** will scan/email these documents to the resident for quick processing;
7. **Resident** will contact his/her embassy to obtain the Statement of Need;
8. When Statement of Need is received, **resident** will access forms for initial J1 sponsorship on the ECFMG website at: <http://www.ecfm.org/evsp/application.html>;
9. **Resident** to complete Section A on the application page and the entire J-2 dependent form if applicable;
10. **Resident** submits all required documentation as noted on the checklist to the **Program Administrator**;
11. **Resident** must access the ECFMG website OASIS to pay the required fees. Initial sponsorship requires a \$200 administrative fee payable to ECFMG with submission of the sponsorship application. After issuance of the DS-2019, a fee of \$180 must be paid to SEVIS. Note that currently researchers and Canadian graduates cannot pay online but must submit a check or credit card payment form;
12. **Program Administrator** completes Section B, #12, #13 and #14 on the application;
13. **Program Director** to sign off on the J1 certification form. See sample attached;
14. **Program Administrator** assembles the packet in order according to the checklist, ensuring correct and complete information is included;
15. **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;
16. **OGME** reviews application and signs off as the Training Program Liaison (TPL);
17. **OGME** copy for file and mail to ECFMG;
18. DS-2019 is sent to the **TPL**. **OGME** copy for file and sends original DS-2019 to **Program Administrator**;
19. **Program Administrator** to copy DS-2019 for resident file and distribute original to resident;
20. **SEVIS Validation**: In order to avoid a delay in issuance of a social security card, residents should NOT apply for a social security card until after:
 - a. they have been in the United States for 10 days and
 - b. the SEVIS record has been validated by ECFMG which includes faxing an initial validation form (located at this link: <http://www.ecfm.org/cvs/index.html>) and copies of immigration

documents to ECFMG. **Program Administrator** is responsible for faxing this validation to ECFMG;

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 initial 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
