

Responsible Officer / Alternate Responsible Officer Change of Category Acknowledgement

Applicant Surname: _____

Applicant First Name: _____

USMLE ID MyIntealth ID: _____

(Check the box next to the ID you are entering.)

SEVIS ID: _____

As the Responsible Officer (RO) or Alternate Responsible Officer (ARO) of the program currently sponsoring the physician referenced above, I confirm my understanding of the following:

1. The physician referenced above is seeking a change in J-1 category to J-1 alien physician through the U.S. Department of State (DOS) to engage in a program of clinical graduate medical education in the United States sponsored by Intealth. More information on this process can be found here: <https://www.ecfm.org/evsp/evspcocmemo.pdf>
2. The physician referenced above is required to maintain his/her current J-1 status while the DOS is reviewing this matter. In order for a SEVIS record to be transferred, it must be in ACTIVE status.
3. As the RO/ARO of the “research scholar” program, I confirm that the Exchange Visitor’s record will be transferred to Intealth dba ECFMG if they are approved for the requested change of category by the DOS.

RO / ARO Name: _____

(Check one)

Institution: _____

SEVIS Program Number: _____

E-mail Address: _____

Telephone Number: _____

Signature:

Date:

An electronic copy of this completed form should be uploaded to MyIntealth at the time of initial application submission by either the applicant or the TPL at the proposed *clinical* training institution. Questions about the information requested on this form can be directed to Jprogram@intealth.org.