

Request for Duplicate Form DS-2019

This form is for currently sponsored J-1 physicians. Please allow up to 5 business days for processing.

Name: _____ USMLE ID MyIntealth ID _____
(Check the box next to the ID you are entering.)

Purpose of request: Replace lost form(s) Replace damaged form(s) Travel validation

Duplicate form(s) requested for: J-1 only J-2 Dependent(s) only Both J-1 and J-2 Dependent(s)

If the request is for travel, please complete the following:

Destination Country: _____

Departure Date: _____ (approximate date, if not yet determined)

- ▶ Because eligibility and timeframes for visa issuance cannot be guaranteed, international travel during the training program is discouraged. Requirements of the Department of Homeland Security and U.S. embassies and consulates regarding the issuance of a visa and travel to and from the United States are subject to change at any time. Please consult individual consulate websites for instructions on scheduling visa appointments and processing times: <https://www.usembassy.gov/>
- ▶ Further information on travel and the required documents for J-1 physicians and their families is available on [our website](#).

I certify that I have read the above and understand my responsibilities and obligations as a J-1 Exchange Visitor:

J-1 Physician Signature:

Date:

I certify that I have read the above and am aware of the physician's foreign travel plans (if applicable):

TPL's or Program Director's Name:

TPL's or Program Director's Signature:

Date:

A PDF of this completed form should be submitted through MyIntealth by either the J-1 physician or the TPL. Once issued, the duplicate Form(s) DS-2019 will be available in MyIntealth for six months from date of issuance. The form must be printed as a single-page, double-sided document and signed in ink by the physician.