

Required Notification of a Leave of Absence (LOA)

Federal regulations require that Intealth maintain up-to-date records on the locations and activities of the exchange visitor physicians it sponsors. Therefore, Intealth must be informed in advance of any planned LOA including, but not necessarily limited to, medical, parental, or academic leave, and as soon as possible of any unplanned LOA. Once notified of an LOA, Intealth will review the LOA plan to ensure that eligibility for J-1 visa sponsorship is not impacted and that sponsorship can be maintained for the full duration of the leave. Additional documentation may be requested upon review. Once Intealth has reviewed the plan and any supporting documentation provided, Intealth will follow up with the exchange visitor physician and the Training Program Liaison (TPL) at the host institution.

EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

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

Training Institution Name: _____
(Site of Activity)

LOA SPECIFICS

Reason for LOA:

Please also indicate above whether the leave is paid or unpaid, and whether benefits will continue to be provided.

Proposed LOA Dates: _____

Was the proposed LOA internally approved in accordance with official institutional (GME/HR) policies?

Yes No

Will the proposed LOA delay completion of the training program?

If so, please attach a copy of a new contract or letter of offer reflecting the amended contract end date.

Yes No

Will the EV physician remain in the United States while on the proposed LOA?

Yes No

It is the responsibility of both the EV physician and the TPL to keep Intealth informed of any changes to the information provided on this form, including amendments to dates, duration, or status of the EV physician, and when the physician resumes active participation in the training program.

REQUIRED SIGNATURES

Program Director Name:

Program Director Signature:

Date:

TPL Name:

TPL Signature:

Date:

As an Intealth-sponsored exchange visitor physician, I confirm that I will:

- Continue to maintain the J-1 visa required levels of health and accident insurance for the full duration of the LOA
- Not undertake any unauthorized training and/or employment while on leave
- Work with my TPL to keep Intealth informed of any changes to the information provided above

Exchange Visitor Physician Signature:

Date:

Upload the completed form and any attachments to the exchange visitor physician's current sponsorship record via MyIntealth. The documentation may be uploaded by the TPL or the EV physician.