

Attestation of Supplemental Clinical Activity within the Training Institution

For J-1 Physicians Sponsored by Intealth dba ECFMG (Program Number P-3-04510)

This form must be completed and signed by the J-1 physician's program director and submitted to Intealth by the institution's Training Program Liaison (TPL) prior to the start of any program-authorized supplemental clinical duties. A copy of the form must also be retained by the training program in the physician's file. **This form is valid for one clinical training year only.** A new form is required for each additional year and associated subsequent activity.

J-1 PHYSICIAN INFORMATION

Physician Name: _____ MyIntealth ID or USMLE ID: _____

Specialty / Subspecialty: _____

Type of Program:	<input type="checkbox"/>	<input type="checkbox"/>	Training Year Start Date:	
	ACGME-accredited	Non-standard (NST)	Training Year End Date:	

ACTIVITY DETAILS

Name of site: _____

Description of supplemental clinical duties within the training program site (include clinical setting, responsibilities, and purpose):

Location of supplemental clinical activity:

- Primary clinical site of training program
- Participating clinical site of training program

Note: Supplemental clinical activity must occur at the same institution/primary clinical site or participating clinical site where the physician is engaged in their training program.

Proposed duration of supplemental clinical activity:

Activity Start Date:	
Activity End Date:	

Note: Supplemental clinical activity cannot extend beyond the J-1 physician's current training year end date. **This form is valid for one training year only.**

Funding source: _____

Estimated additional annual income (Intealth must report this on Form DS-2019): \$ _____

Proceed to the next page. This form **will not** be accepted without page 2. →

PROGRAM DIRECTOR ATTESTATION

Responsible Officer Approval Protocol

Intealth's Responsible Officer for the J-1 Exchange Visitor Program accepts the program director's professional judgment in determining whether proposed supplemental clinical activity complies with all applicable requirements, including institutional policies, ACGME duty hour limitations, and the goals of graduate medical education.

By signing this form, the program director affirms that:

- All criteria for the supplemental clinical activity have been reviewed and satisfied;
- The proposed activity does not interfere with the physician's core training responsibilities, duty hour limitations, or overall educational objectives.

The Department of State requires that both the program director and the Responsible Officer approve the activity before it can be authorized. **Submission of this signed form serves as the required prior written approval from both parties.**

By signing below, I confirm and certify that:

1. I have reviewed the proposed supplemental clinical activity and approve the physician's participation.
2. The activity:
 - Complies with institutional policies and ACGME duty hour limitations
 - Does **not** interfere with the physician's core training responsibilities or educational objectives
 - Will **not** extend the duration of the training program
3. The physician remains in good standing within their program.
4. I agree to maintain a copy of this completed form in the physician's program file.

Program Director Name: _____

Title: _____

Institution: _____

Email: _____

Program Director Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

Training Program Liaisons (TPLs) must upload the completed form to the applicant's record. Forms submitted directly by the J-1 physician will not be accepted.

Supplemental Clinical Activity within the Training Institution *Frequently Asked Questions*

Q: After receiving the completed form, will EVSP send an approval notification to the TPL and applicant?

A: No.

Department of State authorization for supplemental clinical activity requires approval by both the program director and Intealth's Responsible Officer (RO).

By signing the form, the program director affirms that all requirements for the supplemental clinical activity have been met and that the activity does not interfere with the physician's training, duty hour limitations, or educational objectives. Intealth's RO accepts the program director's professional judgment in making this determination.

Once the completed form is submitted, no additional approvals or notifications will be issued unless clarification is needed for documentation purposes.

If the supplemental clinical activity results in an increase to the physician's annual compensation of more than \$3,000, an amended Form DS-2019 will be issued.

Q: Can a J-1 physician bill for their services?

A: No.

A J-1 physician may engage only in supervised patient care. They may not bill independently for services or serve as an attending physician.

Q: Does this mean that J-1 physicians can work at other institutions or clinical sites?

A: No.

Authorization is limited to the specific supplemental clinical activity described in the submitted form and is site-specific. The activity must occur at the physician's primary clinical site or an approved participating clinical site associated with the training program. Authorization does not permit work at other institutions or unapproved locations.

Q: Can the funding for the supplemental clinical activity be provided by a different entity?

A: Yes. Please specify the funding source if different from the entity providing the physician's salary/stipend.

Q: For the "estimated additional annual income," what if the anticipated amount changes over the course of the year? Can we put a range?

A: You must provide a specific, estimated amount on page 1 of the form. It is understood that the amount is an estimate and may change; a new form is not required.

Q: What about volunteering?

A: J-1 physicians may volunteer in their free time in a role that is typically a volunteer position and that any member of the general public is able to fulfill. They may not volunteer as a physician unless it is either a required component of the training program or if included on this form as a supplemental clinical activity.

Q: ACGME requirements do not permit PGY-1 trainees to moonlight. Is that applicable here?

A: Yes. All supplemental clinical activities must meet ACGME requirements.

Q: For how long is this form valid? Does it need to be resubmitted?

A: The form is valid for one clinical training year only. **It must be submitted each year.** It must also be resubmitted during the year if there is any change to the activities noted on the form.