

**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 through the U.S. Department of State (DOS).
2. The physician referenced above is required to maintain his/her current J-1 status while the DOS is reviewing this matter.
3. The change of category is being requested so that the physician referenced above may engage in a program of clinical graduate medical education in the United States sponsored by ECFMG, and, if approved, I will transfer his/her SEVIS record to ECFMG, SEVIS Program P-3-04510.

☐ 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 EVSP-support@ecfm.org.