

Exchange Visitor Sponsorship Program (EVSP)

Request for Duplicate Form DS-2019

This form is for currently sponsored J-1 physicians. Allow	up to 5 business days for processing (not including mailing time).
Name:	USMLE ID MyIntealth ID
	(Check the box next to the ID you are entering.)
Purpose of request: Replace lost fo	rm(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	g:
Destination Country:	
Departure Date:	(approximate date, if not yet determined)
Address:	
is discouraged. Requirements of the Department issuance of a visa and travel to and from the Unite	oce cannot be guaranteed, international travel during the training program of Homeland Security and U.S. embassies and consulates regarding the ed States are subject to change at any time. Please consult individual visa appointments and processing times: https://www.usembassy.gov/
► A detailed summary of travel issues for J-1 physic	ians and their families is available on the <u>ECFMG website</u> .
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 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 sent via the U.S. postal service. If <u>express mail service</u> is desired, please upload a pre-addressed, pre-paid shipping label at the time of form submission. EVSP cannot match shipping labels and Request for Duplicate Form DS-2019 forms that are not received at the same time.