

HIGH PRIORITY

Required Reporting of Incidents or Allegations to ECFMG

For Training Program Liaisons (TPLs)

As an exchange visitor program sponsor, ECFMG must monitor the well-being of exchange visitor program participants and report incidents involving exchange visitor physicians and/or their accompanying J-2 dependent(s) to the U.S. Department of State (DoS). Therefore, ECFMG must be notified of any serious matter involving an exchange visitor physician or accompanying J-2 dependent. The DoS has indicated that any incident or event that impacts the health, safety, or welfare of J visa holders or that could bring the DoS exchange visitor program “notoriety or disrepute” is reportable.

GENERAL GUIDELINES FOR REPORTABLE INCIDENTS OR ALLEGATIONS INVOLVING AN EXCHANGE VISITOR PHYSICIAN OR J-2 DEPENDENT

- | | |
|--|--|
| <ul style="list-style-type: none"> • Death • Missing • Sustains a serious illness or injury • Litigation • Incident involving the criminal justice system | <ul style="list-style-type: none"> • Sexually related incidents or abuse • Negative press • Foreign government involvement • Other situations impacting safety (i.e., natural disaster, civil unrest, outbreaks of violence) |
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How to Report a Serious Incident or Allegation to ECFMG

Exchange visitor physicians and/or J-2 dependents must report any serious incident or allegation to their TPL *immediately*. The TPL and/or exchange visitor physician must then report the matter to ECFMG. **All reporting is expected to take place within one business day of incident occurrence.** Failure to do so may be considered to be a violation of the physician’s J-1 visa status. If you are a TPL reporting an incident, please use the form on page 2 of this document. If you are an exchange visitor physician reporting an incident, please use the form available at <http://www.ecfm.org/evsp/incident-report-physician.pdf>.

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TPL INFORMATION

TPL Name: _____ Host Institution: _____

Telephone: _____ E-mail: _____

EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

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

OTHER PARTIES INVOLVED (IF APPLICABLE)

If more than one party is involved, please provide in a separate document.

Name: _____ Relationship to EV physician: _____

Phone: _____ E-mail: _____

DESCRIPTION OF INCIDENT

If more than one party is involved, please provide in a separate document.

Date of Incident: _____ Date First Reported to TPL: _____

INSTITUTIONAL POLICY

If there is an institutional policy related to this issue (i.e., remediation, termination, professionalism, etc.), please provide.

ACTION TAKEN

REQUIRED SIGNATURES

Program Director Name:	Program Director Signature:	Date:
_____	_____	_____
TPL Signature:		Date:
_____		_____
Exchange Visitor Physician Signature: (if available)		Date:
_____		_____

E-mail the completed form and any relevant attachments to EVNetAdmin@ecfm.org. Once your report has been reviewed, you will receive a follow-up phone call. However, do not hesitate to contact EVSP with any questions at (215) 823-2121.