

Request for Sponsorship Authorization: Gap in Training for Surgical Trainees

Many U.S. surgical fellowship programs now begin on August 1, rather than the traditional July 1 start date, typically resulting in an approximately 30-day gap between the completion of a residency and entry into fellowship training. This has a direct impact on ECFMG-sponsored surgical trainees as J-1 regulations require full-time participation in a program of graduate medical education (GME). There is currently no regulatory provision to allow ECFMG to extend sponsorship to cover a 30-day gap between training programs. In an effort to address this issue, the U.S. Department of State (DoS) has instructed ECFMG that J-1 surgical trainees can formally seek to maintain J-1 status during the gap between training programs through submission of a formal "sponsorship authorization (SA)" request. The SA request must be filed with DoS through ECFMG and requires the following:

- Completion of this form
- Upload of form in PDF format to the physician's pending application record (program beginning August 1)
- Payment of required \$367 DoS fee through MyIntealth; ECFMG will then submit payment to DoS on behalf of the J-1 physician

IMPORTANT NOTE: If the gap period falls immediately prior to entry into a training program that cannot be completed within the seven-year maximum duration, an "Exceptional Extension" (EE) request is also required. The SA for the gap period and EE will be filed with DoS simultaneously. In these instances, completion of this form and submission of all documentation outlined at www.ecfm.org/evsp/evspeememo.pdf are required. NOTE: DoS considers the SA and EE requests to be separate. Therefore, two \$367 DoS fee payments are required.

APPLICANT INFORMATION

Last Name: _____ Rest of Name: _____

☐ USMLE ID ☐ MyIntealth ID _____ SEVIS ID: _____

(Check the box next to the ID you are entering.)

Proposed Dates of Gap: _____

End Date of Residency: _____

Start Date of Fellowship: _____

CERTIFICATION STATEMENT

As a J-1 physician sponsored by ECFMG, I confirm the following:

1. I understand that the time between programs is to be used to transition from one program to the next and carries no work or training authorization; any work or training pursued during the period identified above would be deemed to be a violation of my J-1 status;
2. As required in 22CFR§62, I and any/all accompanying J-2 dependents will maintain required levels of health insurance during the gap period identified above;
3. I have provided ECFMG with documentation confirming adequate personal finances to support myself and any/all accompanying J-2 dependents for the period identified above;
4. I understand that if the proposed gap results in the need for sponsorship beyond the regulatory maximum duration of seven years, I am required to file a formal exceptional extension (EE) request.

J-1 Physician Signature:

Date:

***A PDF of this completed form should be submitted through MyIntealth by
either the J-1 physician or the Training Program Liaison (TPL).***