

Request for a Training History Report

ECFMG is not permitted to issue backdated copies of Form DS-2019. However, a *Training History Report* detailing dates of sponsorship and each associated training activity, level, and stipend is available from ECFMG upon request. To request the report, complete this form and upload it to your current application record via MyIntealth.

NOTE: Both a U.S. mailing address and e-mail address are requested below. An original *Training History Report* will be mailed to the address provided and a copy sent via e-mail.

J-1 PHYSICIAN INFORMATION

(Please type or print)

J-1 Physician Name: _____

USMLE ID MyIntealth ID: _____

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

Current E-mail Address: _____

U.S. Mailing Address:

REQUIRED SIGNATURE

J-1 Physician Signature:

Date:

UPLOAD THE COMPLETED FORM TO YOUR CURRENT APPLICATION RECORD VIA MYINTEALTH.

If you no longer have access to MyIntealth, please send the completed form to EVSP-Support@ecfm.org.