UTHealth Houston

Office of International Affairs

J-1 ECFMG Travel Acknowledgement Form

J-1Alien Physicians sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) at UTHealth Houston must complete this form and secure acknowledgement from the Program Coordinator and Program Director before departing the U.S.

All J-1 Physicians must carefully review the travel information provided by ECFMG at https://www.ecfmg.org/evsp/during-travel.html before completing this form. Please note that ECFMG has stated:

"J-1 physicians should continue to exercise caution and flexibility when planning international travel, as it comes with some inherent risk. International travel restrictions, security and background checks, along with other security-based initiatives can result in delays in visa issuance at U.S. consulates. These delays can compromise a physician's timely return to the United States. If travel is absolutely necessary, it is important that ECFMG-sponsored physicians are aware of the documents they and their dependents must have in order to reenter the United States in J-1 or J-2 status prior to departing the United States."

In order to request admission to the U.S., J-1 Physicians must present specific documents to an immigration officer at the U.S. port of entry. Failure to have the recommended documents could result in an inability to granted admission to the U.S. in J-1 visa status and could cause an interruption in your clinical training.

1. Original Form DS-2019 endorsed for travel by ECFMG
   a. The travel endorsement cannot be older than 12 months on the date you request admission to the U.S.
   b. Please note: Only ECFMG is authorized to endorse the Form DS2019 for travel as the J-1 sponsor
2. Passport (valid at least 6 months into the future)
3. Valid J-1 visa stamp (unless exempt from visa stamp requirements)

If you require a new J visa stamp in your passport to request admission to the U.S., you must apply for and secure the J visa stamp at a U.S. embassy or consulate abroad before you attempt to return to the U.S. You must thoroughly review "Applying for a Visa at a U.S. Consulate" on the ECFMG website: https://www.ecfmg.org/evsp/during-travel.html#apply

PERSONAL INFORMATION	
FAMILY NAME:	GIVEN NAME:
DATE OF BIRTH:	
U.S. RESIDENTIAL ADDRESS [Street/APT, City, State, Zip Code]:	
PERMANENT EMAIL ADDRESS (not UTH):	PERSONAL PHONE NUMBER:

TRAVEL PLANS	
DEPARTURE DATE FROM U.S.:	RETURN DATE TO U.S.:
DESTINATIONS [City and Country]:	

WILL YOU BE APPLYING FOR A U.S. VISA STAMP? ☐ Yes ☐ No

*If YES, you must review "Applying for a Visa at a U.S. Consulate" on the ECFMG website: https://www.ecfmg.org/evsp/during-travel.html#apply

WHAT IS THE PURPOSE OF TRAVEL? (SELECT ALL THAT APPLY)

☐ BUSINESS TRAVEL
☐ PERSONAL TRAVEL
☐ MEDICAL/FAMILY EMERGENCY
☐ OTHER _____

If you have been recommended for the waiver of the two-year home residency requirement by the U.S. Department of State, traveling abroad and re-entering the U.S. in J status may subject you to the two-year home residency requirement again and/or may be grounds to deny admission to the U.S. in J status. ***If this applies to you, you must discuss travel outside the U.S. with ECFMG before departure.***

UNIVERSITY RELATED TRAVEL

HOOP Policy 13 – Employee, students, and other trainees planning to travel outside of the United States on university related business or activities must meet additional requirements, including registration with On Call International. Detailed information on international travel can be found on the Auxiliary Enterprises, University Travel Website.

J-1 PHYSICIAN ATTESTATION

- I certify that I have read and understand the travel information provided by ECFMG on their website.
- I confirm that I have followed all UTHealth Houston guidelines and requirements for international travel, including travel restrictions and exemptions.
- I fully understand my travel obligations require that I provide OIA with legible copies of the new Form I-94, new J visa stamp (if applicable), and new passport (if applicable) immediately upon return to the U.S.
- In the event of an emergency, I authorize the OIA staff to retrieve the Form I-94
- I fully understand that should I be delayed in returning to the U.S. on my scheduled return date, I am required to notify OIA, my Program Director, and my Program Coordinator immediately
- **I fully understand that failing to return to the U.S. promptly to resume my training may necessitate UTHealth Houston to report my absence to the Texas Medical Board. Such absence could potentially impede my promotion, completion of the program, or eligibility for board certification. Moreover, in the event that I exhaust my vacation time or do not qualify for a protected leave of absence, UTHealth Houston may be required to terminate my employment. If I have questions or concerns about this attestation, I will address them with my Program Director, Program Coordinator, and the Office of Graduate Medical Education.**

SIGNATURE:	DATE:

As the program director or the program coordinator, I certify that I am aware that the listed J-1 Physician is traveling abroad for the dates indicated on this form. I have discussed this travel with the J-1 Physician and understand the possible delays and risks associated with the J-1 Physician traveling outside the U.S. I understand that I must immediately notify OIA if the J-1 Physician is delayed beyond the stated return date on this form.

PROGRAM COORDINATOR SIGNATURE:	DATE:

PROGRAM DIRECTOR SIGNATURE:	DATE: