

## **Responsible Officer / Alternate Responsible Officer Change of Category Acknowledgement**

Applicant Surname: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

USMLE ID: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_

As the Responsible Officer (RO) or Alternate Responsible Officer (ARO) of the program currently sponsoring the physician referenced above, I confirm my understanding of the following:

1. The physician referenced above is seeking a change in J-1 category through the U.S. Department of State (DOS).
2. The physician referenced above is required to maintain his/her current J-1 status while the DOS is reviewing this matter.
3. The change of category is being requested so that the physician referenced above may engage in a program of clinical graduate medical education in the United States sponsored by ECFMG, and, if approved, I will transfer his/her SEVIS record to ECFMG, SEVIS Program P-3-04510.

RO /  ARO Name: \_\_\_\_\_

*(Check one)*

Institution: \_\_\_\_\_

SEVIS Program Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An electronic copy of this completed form should be uploaded to the ECFMG/EVSP application system at the time of initial application submission by either the applicant (through OASIS) or the TPL (through EVNet) at the proposed *clinical* training institution. Questions about the information requested on this form can be directed to Michelle Fisher, DOS Case Manager & Technical Coordinator, at [mfisher@ecfmg.org](mailto:mfisher@ecfmg.org).

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