

Required Notification of Exchange Visitor Physician Remediation



EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

EV Physician Name: _____ USMLE/ECFMG ID: _____

Training Institution Name: _____
(Site of Activity)

REMEDIATION SPECIFICS

Name of Specialty: _____ Anticipated Remediation Dates: _____

Is the remediation being implemented in accordance with standard graduate medical education (GME) policy at your institution?

Yes No

Is it anticipated that the remediation period/plan will result in an extension of the current training year and/or overall training program?

Yes No

Briefly describe the educational lapse or performance issue(s) related to the need for remediation. If applicable, identify any deficiencies in the EV physician's performance related to one or more of the six ACGME core competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice). *Please use an additional sheet of paper if necessary.*

It is the responsibility of both the J-1 physician and the TPL to keep ECFMG informed of any changes to the information provided on this form, including potential amendments to dates, duration or status of the J-1 physician in the training program.

REQUIRED SIGNATURES

Program Director Name: _____

Program Director Signature: _____

Date: _____

TPL Name: _____

TPL Signature: _____

Date: _____

As an ECFMG-sponsored exchange visitor physician, I confirm that I will:

- Continue to maintain the J-1 visa required levels of health and accident insurance at all times
- Not undertake any unauthorized training and/or employment outside of my training program
- Work with my TPL to keep ECFMG informed of any changes to the information provided above

Exchange Visitor Physician Signature: _____

Date: _____