

Required Notification of Exchange Visitor Physician Resignation



Federal regulations require that ECFMG maintain up-to-date records on the locations and activities of the exchange visitor physicians it sponsors. This includes amending a physician's Student and Exchange Visitor Information System (SEVIS) record upon a physician's resignation from his/her training program. Therefore, ECFMG must be informed *immediately* of a physician's plans to leave his/her training program in advance of the program end date listed on Form DS-2019. Once notified of a resignation, ECFMG will adjust the individual's SEVIS record to reflect the new program end date and an e-mail will be sent to the physician notifying him/her of the action taken by ECFMG. **Exchange visitor physicians who resign are federally required to depart the United States within 30 days of an amended SEVIS end date.**

EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

EV Physician Name: _____ USMLE/ECFMG ID: _____

Training Institution Name: _____ (Site of Activity) Specialty / Subspecialty: _____

RESIGNATION DETAILS

Reason for Resignation _____ (i.e., personal, academic, medical) Last Date of Program Participation: _____

Provide a brief description of the EV physician's immediate plans following exit from the program:

Provide EV physician's forwarding mailing address, e-mail address, and phone number:

Were there any issues related to performance/ professionalism that factored into the EV's resignation?

Yes No

Did the EV physician complete all requirements of the specialty or subspecialty training program identified above (i.e., is he/she board eligible in the identified specialty/subspecialty)?

Yes No

If training program requirements have not been met, please identify the months of credit, if any, that will be given for the current training year.

_____ Months

If available, please upload a copy of the summative performance evaluation issued by the program.

REQUIRED SIGNATURES

Program Director Name:

Program Director Signature:

Date:

TPL Name:

TPL Signature:

Date:

Exchange Visitor Physician Signature:

Date: