

Required Notification of a Leave of Absence (LOA)

Federal regulations require that ECFMG maintain up-to-date records on the locations and activities of the exchange visitor physicians it sponsors. Therefore, ECFMG must be informed *in advance* of any planned LOA including, but not necessarily limited to, medical, parental, or academic leave. Once notified of a planned LOA, ECFMG will review the plan to ensure that eligibility for J-1 visa sponsorship is not impacted and that sponsorship can be maintained for the full duration of the leave. Additional documentation may be requested upon review. Once ECFMG has fully evaluated the plan and any supporting documentation provided, ECFMG will follow-up with the exchange visitor physician and the Training Program Liaison (TPL) at the host institution.

EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

EV Physician Name: _____ USMLE/ECFMG ID: _____

Training Institution Name: _____
(Site of Activity)

LOA SPECIFICS

Reason for LOA:

Proposed LOA Dates: _____

Was the proposed LOA internally approved in accordance with official institutional (GME/HR) policies?

Yes No

Will the proposed LOA delay completion of the training program?

If so, please attach a copy of a new contract or letter of offer reflecting the amended contract end date.

Yes No

Will the EV physician remain in the United States while on the proposed LOA?

Yes No

It is the responsibility of both the EV 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 EV 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 for the full duration of the planned LOA
- Not undertake any unauthorized training and/or employment while on leave
- Work with my TPL to keep ECFMG informed of any changes to the information provided above

Exchange Visitor Physician Signature: _____ **Date:** _____

Upload the completed form and any attachments to the exchange visitor physician's current sponsorship record via EVNet (TPL) or OASIS (EV physician).