

Required Notification of Exchange Visitor Physician Remediation

EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

EV Physician Name: _____ USMLE ID _____ MyIntealth ID _____
(Check the box next to the ID you are entering.)

Training Institution Name: _____
(Site of Activity)

REMEDICATION 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). *If additional space is needed, please include in a separate document.*

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:** _____

UPLOAD THE COMPLETED FORM AND, IF APPLICABLE, A REVISED CONTRACT TO THE EXCHANGE VISITOR PHYSICIAN'S CURRENT SPONSORSHIP RECORD VIA MYINTEALTH. ADDITIONALLY, PLEASE INCLUDE A COPY OF THE REMEDIATION PLAN FOR THIS PHYSICIAN. THE DOCUMENTATION MAY BE UPLOADED BY THE TPL OR THE EV PHYSICIAN.