

**Section I: Physician Information**

LAST/FAMILY NAME

First/Given Name

ECFMG#

**Section II: Program Information**

Training Program

Program Director

Is the physician required to attend orientation prior to the training program start date?:  Yes  No

- If Yes, the start and end dates of orientation are: Start \_\_\_\_\_ End \_\_\_\_\_
- If Yes, the physician will be:  Paid for participation in orientation  Unpaid for participation in orientation

**\*\*Note: The contract or letter of offer must include the start date of orientation if the physician will be paid for participation in orientation. This is required by ECFMG.**

Start Date of Training Program: \_\_\_\_\_  
(MM/DD/YYYY)

The physician will be participating in a (check one):  Residency  Fellowship PGY: \_\_\_\_\_

Is the Training Program ACGME Accredited?:  Yes  No

- If Yes, the ACGME Accredited Program # is: \_\_\_\_\_

Primary Site of Activity:  UT Southwestern Medical Center  William P. Clements Jr. University Hospital  
 Zale Lipshy University Hospital  Parkland Health and Hospital System  
 Children's Health  Dallas VA Medical Center  
 Texas Scottish Rite Hospital for Children

Paid by:  UT Southwestern Medical Center  Parkland Health and Hospital System  
 Children's Health  Texas Scottish Rite Hospital for Children  
 Dallas VA Medical Center Other Fund Source: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

**Section III: Non-Standard Program Information**



Complete this section only if the training program listed in Section II is considered non-standard training. Non-standard training programs are advanced clinical subspecialty disciplines or pathways for which Accreditation Council for Graduate Medical Education (ACGME) accreditation and/or American Board of Medical Specialties (ABMS) member board certification is unavailable.

\_\_\_\_\_  
Name of Accredited Parent Program

\_\_\_\_\_  
Program Director or Accredited Program

**Section IV: Education Coordinator Information**



\_\_\_\_\_  
Name E-mail Address

\_\_\_\_\_  
Phone Mail Code

**Section V: Shipping Information**



ECFMG will review the application submitted by the Office of International Affairs. If the physician and application are approved for J-1 ECFMG sponsorship, a new DS-2019 will be processed and mailed from ECFMG to the Office of International Affairs via FedEx. If the physician is abroad, the DS-2019 must then be mailed by the Office of International Affairs via FedEx to the physician so that he/she can use the document when applying for the J-1 visa at the U.S. Consulate/Embassy. Please note that the DS-2019 cannot be mailed directly from ECFMG to the physician abroad. Please provide the Chart of Accounts information listed below that will be used in order to process the FedEx air bills in eShip Global.

Business Unit: \_\_\_\_\_ Operating Unit: \_\_\_\_\_ Department ID: \_\_\_\_\_

Fund: \_\_\_\_\_ Source: \_\_\_\_\_ Function: \_\_\_\_\_

PC Business Unit: \_\_\_\_\_ Project: \_\_\_\_\_ Activity: \_\_\_\_\_