

# ECFMG Ministry of Health (MOH) Information Sheet



**ECFMG®**

Exchange Visitor Sponsorship  
Program (EVSP)

Foreign national physicians seeking ECFMG J-1 visa sponsorship to engage in clinical programs of graduate medical education (GME) in the United States are required by law to secure a letter of need ("Statement of Need") from the Ministry of Health of the country of their most recent legal permanent residence. Please see the following for more information: <https://www.gpo.gov/fdsys/pkg/STATUTE-90/pdf/STATUTE-90-Pg2243.pdf>

To ensure ECFMG's records contain current and accurate information for your Ministry of Health and the individual(s) responsible for issuing J-1 Statements of Need for your country's government, we are requesting that this form be completed, signed and returned to ECFMG by e-mail to the following address: [MOH@ecfm.org](mailto:MOH@ecfm.org)

**Your immediate response is requested.**

## SECTION 1: COUNTRY INFORMATION

Country: Georgia

MOH Office / Department

Responsible for Statement of Need Issuance: Analytics, HR Management and Int. Relations Department/Health Care Dep.

Address: 144 Tsereteli ave., 0159, Tbilisi Georgia

Telephone Number: +995 32 2510034

E-mail Address: info@moh.gov.ge

## SECTION 2A: AUTHORIZED SIGNED(S) INFORMATION (MOH personnel authorized to issue / sign Statement of Need)

Name: Mr. Zaza Bokhua

Title: First Deputy Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia

Department: N/A

Telephone Number: +995 32 2510011(0500)

E-mail Address: zbokhua@moh.gov.ge

Signature:

*Continued on reverse*

## SECTION 2B: ADDITIONAL AUTHORIZED SIGNEE(S) INFORMATION

If there are additional individuals who are authorized to sign the Statement of Need, please include their information below.

Name: Mrs. Tamar Gabunia Title: Deputy Minister  
Department: N/A Telephone Number: +995 32 2510011(0502)  
E-mail Address: tgabunia@moh.gov.ge Signature: 

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_

## SECTION 3: OFFICIAL STAMP OR GOVERNMENT SEAL

Please place a copy of the Ministry of Health's office stamp or seal in the box at right. If the Ministry of Health does not include a stamp or seal on a Statement of Need, or does not have a stamp or seal, please indicate that in the box at right.



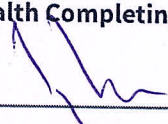
Place stamp here.

## SECTION 4: ATTACH LETTERHEAD EXAMPLE

 With this completed form, please attach and submit via e-mail a color copy of the letterhead used when issuing a Statement of Need.

## SECTION 5: MINISTRY OF HEALTH ATTESTATION *(Must be signed by the Minister of Health)*

Name of Minister of Health Completing Form: Mr. David Sergeenko  
(Please print)

Signature: 

Date Completed: March 22, 2019  
(Month/Day/Year)