ECFMG

Required Notification of J-1 Physician Resignation

Federal regulations require that ECFMG maintain up-to-date records on the locations and activities of the J-1 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. **J-1 physicians who resign are federally required to depart the United States within 30 days of an amended SEVIS end date.**

J-1 PHYSICIAN INFORMATION	
J-1 Physician Name	GEORGE LOMINADZE
USMLE/ECFMG ID	0 6 7 4 . 5 5 2 . 5
Training Institution Name *(Site of Activity)*	Montefiore Medical Center
Specialty/Subspecialty	Pathology, anatomic and clinical

RESIGNATION DETAILS	
Reason for Resignation *(i.e., personal, academic, medical)*	Family health
Last Date of Program Participation	11. 19. 17

Provide a brief description of J-1 physician's immediate plans following exit from the program.

Return to the home country, Georgia, on 11. 27. 17

Provide J-1 physician's forwarding mailing address, e-mail address, and phone number.

11 Valentin Topuridze street, Tbilisi, Georgia 0159,
glominadze@gmail.com 917 826 0299, 995 595 927708

Were there any issues related to performance/professionalism that factored into the J-1's resignation?	☒ Yes ☐ No
Did the J-1 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.	5 Months

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

REQUIRED SIGNATURES	
Program Director Name Jacob J. Steinberg, MD	
Program Director Signature Jacob J. Steinberg, MD jacob j steinberg md Digitally signed by jacob j steinberg md DN: cn=jacob j steinberg md, o=Montefiore Medical Center, ou=Pathology, email=jjsteinb@montefiore.org, c=US Date: 2017.11.22 09:59:25 -05'00'	**Date** 11-22-17
TPL Name ARIANA S. ROWE	
TPL Signature	**Date** 11/22/17
J-1 Physician Signature G. Glominadze	**Date** 11. 21. 17

SCAN AND UPLOAD THE COMPLETED FORM AND ANY ATTACHMENTS TO THE J-1 PHYSICIAN'S CURRENT SPONSORSHIP RECORD VIA EVNET (TPL) OR OASIS (J-1 PHYSICIAN).