

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

Your immediate response is requested.

SECTION 1: COUNTRY INFORMATION

Country: _____

MOH Office / Department
Responsible for Statement of Need Issuance: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

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

Name: _____

Title: _____

Department: _____

Telephone Number: _____

E-mail Address: _____

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: _____ Title: _____

Department: _____ Telephone Number: _____

E-mail Address: _____ 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: _____

(Please print)

Signature: _____

Date Completed: _____

(Month/Day/Year)