

# Required Reporting of Incidents or Allegations to ECFMG

## For Exchange Visitor Physicians

As an exchange visitor program sponsor, ECFMG must monitor the well-being of exchange visitor program participants and report incidents involving exchange visitor physicians and/or their accompanying J-2 dependent(s) to the U.S. Department of State (DoS). Therefore, ECFMG must be notified of any serious matter involving an exchange visitor physician or accompanying J-2 dependent. The DoS has indicated that any incident or event that impacts the health, safety, or welfare of J visa holders or that could bring the DoS exchange visitor program “notoriety or disrepute” is reportable.

### GENERAL GUIDELINES FOR REPORTABLE INCIDENTS OR ALLEGATIONS INVOLVING AN EXCHANGE VISITOR PHYSICIAN OR J-2 DEPENDENT

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| <ul style="list-style-type: none"><li>• Death</li><li>• Missing</li><li>• Sustains a serious illness or injury</li><li>• Litigation</li><li>• Incident involving the criminal justice system</li></ul> | <ul style="list-style-type: none"><li>• Sexually-related incidents or abuse</li><li>• Negative press</li><li>• Foreign government involvement</li><li>• Other situations impacting safety (i.e., natural disaster, civil unrest, outbreaks of violence)</li></ul> |
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#### How to Report a Serious Incident or Allegation to ECFMG

Exchange visitor physicians and/or J-2 dependents must report any serious incident or allegation to their TPL *immediately*. The TPL and/or exchange visitor physician must then report the matter to ECFMG. **All reporting is expected to take place within one business day of incident occurrence.** Failure to do so may be considered to be a violation of the physician’s J-1 visa status. If you are an exchange visitor physician reporting an incident, please use the form on page 2 of this document. If you are a TPL reporting an incident, please use the form available at <http://www.ecfm.org/evsp/incident-report-tpl.pdf>.

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## EXCHANGE VISITOR (EV) PHYSICIAN INFORMATION

EV Physician Name: \_\_\_\_\_ USMLE/ECFMG ID: \_\_\_\_\_

## OTHER PARTIES INVOLVED (IF APPLICABLE)

*Use a separate piece of paper if more than one party is involved.*

Name: \_\_\_\_\_ Relationship (to you): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## DESCRIPTION OF INCIDENT

*Use a separate piece of paper if additional space is needed.*

Date of incident: \_\_\_\_\_

## HAS THE INCIDENT BEEN REPORTED TO THE PROGRAM DIRECTOR / TPL?

Yes  No If "Yes" provide the date the incident was reported: \_\_\_\_\_

## ACTION TAKEN BY HOST INSTITUTION (IF APPLICABLE)

## REQUIRED SIGNATURES

I certify that the above information is true and correct to the best of my knowledge. I understand that any false statements may be a violation of my J-1 visa status and could result in cancellation of my sponsorship.

**Exchange Visitor Physician Signature:**

**Date:**

\_\_\_\_\_

**E-mail the completed form and any relevant attachments to [EVSP-Support@ecfm.org](mailto:EVSP-Support@ecfm.org).**  
*Once your report has been reviewed, you will receive a follow-up phone call. However, do not hesitate to contact EVSP with any questions at (215) 823-2121.*