

Research Scholar “No Patient Contact” Certification Statement

Applicants for ECFMG sponsorship as J-1 “research scholars,” in order to participate in programs of observation, consultation, teaching, or research with **no patient contact**, must provide ECFMG with this completed form signed by the mentor/program director of the proposed research program certifying the level of patient contact. All completed forms and documents must be uploaded in PDF format to the applicant’s record via EVNet (by the TPL) or OASIS (by the applicant).

Applicant Name: <i>(Please print)</i>	
USMLE/ECFMG ID:	__ - ____ - ____ - __
Title of Research Fellowship:	
Intended Dates of Participation:	

Research Mentor/Program Director Certification of No Patient Contact:	
“This certifies that the program in which Dr. _____ is to be engaged is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved.”	
Research Mentor/ Program Director Name: <i>(Please print)</i>	
Research Mentor/ Program Director Signature:	
Date:	

For ECFMG Internal Use Only:
SEVIS Program ID:
Name of Responsible Officer or Alternate Responsible Officer:
Signature of Responsible Officer or Alternate Responsible Officer:
Date: