

J-1 Exchange Visitor English Language Proficiency Attestation Form

This form must be completed, signed, and dated by an inviting faculty member (program director or research mentor) for any physician who seeks to be sponsored by ECFMG and does not hold an ECFMG Certificate.

In accordance with 22CFR§62.10, a J-1 exchange visitor must “possess sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, to successfully participate in his or her program and to function on a day-to-day basis.” Therefore, any physician applying to ECFMG for sponsorship who does not hold an ECFMG Certificate must document English proficiency by having his/her inviting program director or research mentor complete this form. Once signed and dated, the original form and any required supporting documentation must be uploaded to the physician’s ECFMG applicant record via either EVNet [by the Training Program Liaison (TPL)] or OASIS [by the applicant].

Applicant’s Full Name:	
Dates of Appointment:	
Program Director’s or Research Mentor’s Name: <i>(Person Completing this Form)</i>	

I attest that I have determined the English proficiency of the foreign national physician/applicant named above and will submit appropriate documentation with this form, as identified below. Please check any/all that apply.

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Evidence of earning a minimum score of 550 (paper-based test), 213 (computer-based test), or 80 (internet-based test) on the Test of English as a Foreign Language (TOEFL)

If applicable, submit copy of official TOEFL score report

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Proof of undergraduate or graduate degree earned at an institution where the curriculum is taught in English

If applicable, submit copy of degree / diploma

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A documented interview with the applicant conducted in English by the person completing and signing this form; interview may be in-person or by videoconferencing

Interview Date: _____

Interview Type:

☐

In-person

☐

Videoconferencing

Assessment of Potential J-1 Exchange Visitor English Proficiency Level:

☐

Proficient

☐

Not Proficient

Program Director/Research Mentor Signature:

Date: