

Request for Duplicate Form DS-2019

This form is for currently sponsored J-1 physicians. Allow up to 5 business days for processing (not including mailing time).

Name:		USMLE/ECFMG ID:	
	place lost form(s)	Replace damaged form(s) J-2 Dependent(s) only	Travel validation Both J-1 and J-2 Dependent(s)
If the request is for travel, please complete	the following:		
Destination Country:			
Departure Date:		(approximate date, if r	not yet determined)
Please mail the DS-2019 Form(s) to the follow	wing address (may be applica	nt or Training Program Liaiso	on [TPL]):
Name:			
Address:			
Because eligibility and time frames for visa issuance cannot be guaranteed, international travel during the training program is discouraged. Requirements of the Department of Homeland Security and U.S. embassies and consulates regarding the issuance of a visa and travel to and from the United States are subject to change at any time. Please consult individual consulate websites for instructions on scheduling visa appointments and processing times: <u>https://www.usembassy.gov/</u>			
A detailed summary of travel issues for J-1 physicians and their families is available on the <u>ECFMG website</u> .			
I certify that I have read the above and understand my responsibilities and obligations as a J-1 Exchange Visitor:			
J-1 Physician Signature:			Date:
I certify that I have read the above and am aware of the physician's foreign travel plans (if applicable):			
TPL's or Program Director's Signature:			Date:
A PDF of this completed form should be sub will be sent via the U.S. postal service. If <u>ex</u> at the time of form submission. EVSP canno	press mail service is desired	, please upload a pre-addre	essed, pre-paid shipping label

received at the same time.