

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 to the applicant’s record via MyIntealth.

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

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| 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: | |

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| <i>For ECFMG Internal Use Only:</i> |
| SEVIS Program ID: |
| Name of Responsible Officer or Alternate Responsible Officer: |
| Signature of Responsible Officer or Alternate Responsible Officer: |
| Date: |