

Request to Add a New Training Program Liaison (TPL)

This form is to be used by a Designated Institutional Official (DIO) to authorize a new Training Program Liaison (TPL) to access the Exchange Visitor Network (EVNet), ECFMG's web-based system for on-line submission of applicant and appointment information for exchange visitor (J-1) physicians. Access to EVNet is limited to authorized TPLs at ACGME-accredited teaching hospitals and research institutions. DIOs must read, complete, and submit this three-page form to EVNetadmin@ecfm.org.

Once a request to add a new TPL is reviewed by ECFMG, the prospective TPL will be notified by e-mail to review a PowerPoint tutorial. The TPL must then sign a form indicating acknowledgement and understanding of the TPL role and responsibilities before EVNet access is granted.

A. NEW TPL INFORMATION

Name: _____

Title: _____

Name of Institution: _____

ACGME Sponsoring Institution ID Number: _____

Mailing Address:
(Street, City, State, Zip Code)

Telephone: _____ E-mail Address: _____

B. CURRENT / PREVIOUS TPL INFORMATION

If the new TPL is **replacing** a current TPL of record, provide information below about the TPL to be removed from EVNet:

TPL Name: _____ E-mail Address: _____

Please enter the date on which the current TPL should be removed from EVNet: _____

Will the new TPL require access to the same programs as the TPL who is being removed? Yes No

If the new TPL is being **added** to the current TPL roster, not replacing a TPL, does he/she require access to the same complement of programs as a current TPL? If so, please provide information about the current TPL:

TPL Name: _____ E-mail Address: _____

Please see next page to list additional programs.

Complete Section C only if the new TPL will need EVNet access to different or additional programs from those indicated on the previous page.

C. NEW TPL EVNET PROGRAM ACCESS

Primary Site of Training Activity* 6-digit ACGME Sponsoring Institution ID Number	Name of Program (e.g., Internal Medicine)	10-digit ACGME Program ID Number (No number required for Non-standard programs or for Chief Resident programs)

*ACGME Sponsoring Institution ID should reflect the training site where the training program is primarily conducted and where the exchange visitor physician will be located.

(Copy this sheet, if needed, to list additional programs.)

D. REQUIRED DIO ACKNOWLEDGMENT AND AGREEMENT

Our Institution agrees to host exchange visitor (EV) physicians participating in an educational exchange program in the United States. ECFMG administers its Exchange Visitor Sponsorship Program (EVSP) in accordance with the U.S. Code of Federal Regulations (*22CFR Part 62*) and U.S. Department of State (DoS) directives. Before adding a new Training Program Liaison (TPL), the Designated Institutional Official (DIO) must acknowledge the roles and responsibilities of the Host Institution and the designated TPL(s). As such, please review the following information and sign and return this Acknowledgment and Agreement to ECFMG, along with the form requesting access for the new TPL (pages 1-2 of this form).

I acknowledge that the Host Institution will:

1. Issue a binding contract to the EV physician and include complete details on terms and conditions of employment, including duties, work hours, salary, and benefits. Prospective EV physicians must also be provided with an itemized listing of insurance benefits offered through the Host Institution.
2. Offer opportunities for cross-cultural exchanges, which is a core component of EVSP.
3. Inform ECFMG on or before the next business day of any investigations of any serious problem or controversy related to an EV physician that could be expected to generate negative publicity concerning the EV physician, EVSP, DoS, ECFMG or the Host Institution, including any potential litigation or newsworthy event or allegation.
4. Accommodate any on-site visits by either ECFMG or DoS.
5. Not offer or make available any activity that falls outside of the scope of the training program and associated compensation (i.e., moonlighting) as listed on Form DS-2019.
6. Follow Internal Revenue Service rules regarding salaries paid to EV physicians, as applicable, and abide by all federal and state health, safety, and employment laws.
7. Notify ECFMG of any changes to TPL appointments.

I acknowledge that the TPL is responsible for serving as the official teaching hospital representative who facilitates direct communication between the training program, the EV physician, and ECFMG. The TPL is required to:

1. Input, verify, and manage accurate program and EV physician information in EVNet, ECFMG's on-line portal for TPLs.
2. Complete ECFMG's mandatory training and standard milestones set by ECFMG with respect to EVSP and/or EV physicians.
3. Provide ECFMG with up-to-date contact information.
4. Submit initial and continuation sponsorship applications.
5. Monitor and provide reporting on the arrival and on-going participation of EV physicians, including: arrival/delay in training start date and/or change in approved training plan and/or contract (remediation, leave of absence, resignation, termination, etc.).
6. Complete and submit an incident report no later than the next business day of any serious problems, including any incidents impacting the health, safety, or welfare of EV physicians or their J-2 dependents or any controversy involving an EV physician that may generate negative publicity concerning the EV physician, EVSP, DoS, ECFMG, or the Host Institution, including any potential litigation or newsworthy event or allegations.
7. Provide timely reporting to ECFMG of EV physician complaints or concerns.
8. Provide timely reporting to ECFMG of any change in the status of the Host Institution or training program that may impact the training of EV physicians.
9. Comply with all reporting and survey requests initiated by DoS or ECFMG.
10. Receive and distribute original form DS-2019 to the EV physician, and retain a copy.

Name of DIO: _____
(Type or print)

Institution Name: _____

DIO Address:
(Street, City, State, Zip Code)

DIO E-mail Address: _____ DIO Telephone: _____

**The undersigned DIO, being duly authorized to legally bind the Host Institution,
has duly executed this Acknowledgment and Agreement as of the date set forth below.**

DIO Signature:

Date:
