UTSouthwestern Medical Center

OIA Trainee Check-In Form

Last/Family Name:

First/Given Name:

MyIntealth ID:

UTSW ID (if available):

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Legal Permanent Residence:

Job Title:

Department Name:

By signing below, I acknowledge that I understand and agree to the following:

1. I understand that I am responsible for the maintenance of my J-1 status, and the status of my J-2 dependents, if applicable.
2. I understand that ECFMG, not UTSW, is the sponsor of my J-1 status, and that I should follow all directions given to me by ECFMG.
3. I understand that information provided to me by the UTSW OIA may not be all-inclusive or up to date, and that I am encouraged to review J-1 regulations, the ECFMG website, and official U.S. government resources to understand my requirements as a J-1 physician.

Printed Name:	
Signature:	
Date:	

Please note that typed out signatures will not be accepted. We will accept wet ink signatures, signatures drawn with a mouse/touch screen or a digital/electronic signature generated from a software program. Wet ink signatures are preferred.