

## Application Form for a Statement of Need To Support Medical Students and Graduates Applying for a J-1 Visa to Enter the United States to Participate in Postgraduate Medical Education

Warning: Any false or misleading statement with respect to this application and any supporting document, including the concealment of any material fact, may result in the refusal to issue a Statement of Need. Your application will not be processed if you fail to complete all sections of this form, including submission of supporting documents, and/or refuse to consent to the exchange or disclosure of any personal information required for the delivery of Statement of Need to the Educational Commission for Foreign Medical Graduates in the United States.

Type or print in **CAPITAL LETTERS** using black or dark blue ink.

View [Instructions for Completing a Statement of Need Application](#) prior to completing this form.

<b>Part A: Personal Information</b>			
<b>Is this your first application?</b>	<b>Yes</b>	<b>No</b>	<b>Year of previous application:</b>
<b>Under which category are you applying?</b>		<b>A</b>	<b>B</b>
<b>Full Name</b>			
<b>ECFMG Number</b>		Applicants must provide a notarized copy of one of the following (see instructions for details): <b>Canadian Citizen</b>  <b>Permanent Resident of Canada</b>	

<b>Contact Information</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Permanent Address in Canada</b>	
<b>Mailing Address (in Canada or U.S.)</b>	

<b>Part B: Medical Degree</b>		
<b>Name of University/School of Medicine/Osteopathic Medicine</b>	<b>Country</b>	<b>Year</b>

<b>Part C: Completed Postgraduate Training – Canada and / or the United States</b>		
<b>Field of Medicine</b>	<b>Name of University or Hospital</b>	<b>Year</b>

<b>Part D: Proposed Postgraduate Training (provide precise name of training)</b>	
<b>Start Date</b>	<b>Duration</b> (In months)
<b>Name of University or Hospital</b>	
<b>Department and mailing address</b>	

<b>Part E: Agreement to Return to Canada to Practice Medicine</b>	
<b>Initials</b>	<b>I hereby state with sincerity that:</b>
	I intend to return to Canada upon completion of my postgraduate medical specialty training in the United States to practice of medicine in the medical specialty for which I will have received training.
	On my return to Canada, I intend to obtain a medical license and I intend to enter the practice of
	I understand that it is my responsibility to be completely informed of the requirements of medical licensure and specialty certification in Canada.
	I understand that the medical specialty training I will receive in the United States may not meet the specifications of Canadian licensure or certification bodies and I agree to take all necessary steps to meet Canadian medical licensure and certification requirements.
	I understand that receipt of a Statement of Need from Health Canada does not constitute a guarantee of employment including employment in the practice of medicine in the specialty or subspecialty for which I will have received training.
I understand that Health Canada releases personal information about Statement of Need recipients to The Canadian Post M.D. Education Registry (CAPER) on an annual basis for the purpose of research on physician resources. I agree / I disagree to the release of information to CAPER for this purpose.	
I have read and I understand the purpose of the "Consent to the Disclosure of Personal Information to Provincial and Territorial Governments for Recruitment Purposes" and I have signed the form and included it with my application, or I have not signed the form.	

<b>Part F: Supporting Documents</b> (See instructions for Completing a Statement of Need Application for details)
Submit the following document with your applications form: Proof of Canadian Citizenship or Permanent Residency (Notarized/ Certified copy) Proof of Training: submit one of the following: 1) US Match Page 2) Contract or 3) Letter of Offer Disclosure of Personal Information for Recruitment (Optional)

<b>Part G: Signatures of Both Applicant and Witness</b>	
<b>APPLICANT Declaration</b> – I solemnly declare that I am a Canadian citizen or Permanent Resident of Canada and that the information contained in this application and supporting documents, are true. I declare that I have read and understood the Warning at the top of the application form and statements outlined under section E. I consent to the collection, use and disclosure of my personal information by the Statement of Need Program to the Educational Commission for Foreign Medical Graduates in the United States.	<b>Applicant's Signature:</b>
	<b>Date (YYYY/MM/DD):</b>

<b>WITNESS Declaration</b> – I solemnly declare that I have read and understood the Warning at the top of this application and that the information within this application, is true.	<b>Witness Signature (print and sign):</b>
	<b>Date (YYYY/MM/DD):</b>