

## Request for a Training History Report

ECFMG is not permitted to issue backdated copies of Form DS-2019. However, a *Training History Report* detailing dates of sponsorship and each associated training activity, level, and stipend is available from ECFMG upon request. To request the report, complete this form and upload it to your current application record via ECFMG's On-line Applicant Status and Information System (OASIS).

**NOTE:** Both a U.S. mailing address and e-mail address are requested below. An original *Training History Report* will be mailed to the address provided and a copy sent via e-mail.

### J-1 PHYSICIAN INFORMATION

*(Please type or print)*

J-1 Physician Name: \_\_\_\_\_

USMLE/ECFMG ID: \_\_\_\_\_

Current E-mail Address: \_\_\_\_\_

U.S. Mailing Address:

### REQUIRED SIGNATURE

**J-1 Physician Signature:**

**Date:**

\_\_\_\_\_

**SCAN AND UPLOAD THE COMPLETED FORM TO YOUR CURRENT APPLICATION RECORD VIA OASIS.**  
If you no longer have access to OASIS, please send the completed form to [EVSP-Support@ecfm.org](mailto:EVSP-Support@ecfm.org).