



Office of International Education
Steps for Sponsoring J-1 Exchange Visitors

IMPORTANT! Federal regulations have changed regarding the J-1 research scholar and professor categories. Please read this form carefully and contact us if you have any questions.

On Monday, November 20, USCIS authorized a five-year stay for J-1 scholars and professors. This rule applies to incoming new J-1 scholars and professors AND to J-1 scholars and professors who are in active J-1 programs now. **NO EXTENSIONS BEYOND THE FIVE YEARS WILL BE GRANTED.** This does NOT APPLY to any other J-1 exchange visitor category including short term research scholars, students, specialists etc... For shorter programs (six months or less), it may be prudent to consider the short term research scholar category.

The five years will now be counted from the start date of the J-1 program, listed on scholar/professor's DS-2019. This is NOT five years from his/her entry date into the U.S. **BE SURE TO REQUEST A PROGRAM START DATE CLOSE TO THE TIME OF THE SCHOLAR'S ARRIVAL SO PROGRAM TIME IS NOT LOST DUE TO TRAVEL OR VISA PROCESSING.** You can check visa processing waits and timetables for the appropriate consulate at this Department of State Web site http://travel.state.gov/visa/temp/wait/tempvisitors_wait.php

With the new five year stay, there is also a new 24 month bar. (This is **SEPARATE FROM** the 212e Two Year Home Residency Requirement.) Any J-1 scholar/ professor (regardless of entry date) who is in the US (for any period of time) with an active DS-2019 on or after November 20, 2006, will be barred from "repeat participation in J-1 scholar/ professor categories" for a total of two years once the program is "completed" in SEVIS. The scholar/ Professor **MAY** change his/her immigration status or reenter in another J-1 category before the end of the two years (depending on the scholar/ professor's subjectivity to 212e).

NOTE: Though the 24 month bar and 212e two year home residency requirement are separate requirements, they can be completed simultaneously (within the same two years).

Due to this new 24 month bar, it is the scholar's responsibility to ensure that the prospective he/she has not been in the US in J-1 scholar/ professor status in the previous 24 months unless transferring from one active program to another. Therefore, we have made a page for the scholar/ professor to complete with personal information and sign regarding any previous J-1 experiences.

Furthermore, it is **MANDATORY** that we know a scholar/ professor's actual end day for his/ her VCU program and any plans for the near future regarding potential transfers to new programs. If the scholar/ professor has no plans, we will have to end their program when the VCU department tells us it is complete, thus activating the 24 month bar. However, **IF** the scholar plans to transfer to another J-1 scholar/ professor program within the next two months, **AND IF** we get **ADEQUATE** information from the new program, we can maintain that SEVIS record in "active" status until the transfer date. **The information we receive will have direct consequences on the scholar's future opportunities in the US.**

<OVER>

We will issue the DS-2019 only when we have the following documentation with all required attachments:

- 1) A letter from the department inviting the scholars and outlining their program objectives for VCU.
- 2) A statement of financial support from his or her sponsor that must include the proposed dates of the visit, the funding source and confirmation that he or she will be compensated a minimum of \$1250 per month. The compensation amount must be appropriately documented in the form of a bank statement, a letter from the sponsor or a letter from a bank official. An adequate amount of funding must be received during the entire proposed length of stay at VCU.
- 3) If the request is for a scholar or student coming from outside the U.S., a **legible copy of the passport pages identifying legal name and date of birth must accompany this request.** If the request is for a scholar or student transferring from another institution within the U.S., copies of all prior DS-2019 forms must accompany this request. VCU will issue a DS-2019 on the day of arrival if the current institution approves the transfer. **Note: Please read category descriptions on the OIE Web site before determining which category to use for your visitor, as some categories have legal restrictions.**
- 4) A copy of the terminating degree certificate with a certified translation.
- 5) Complete the last page of the attached form if spouse or children under 18 will accompany the visitor. Additional financial support for the dependents must be included in the statement in item 2 above. A minimum of \$5,000 per year must be provided for each dependent.
- 6) If the sponsoring department would like to advance the scholar up to \$1,000 for immediate financial support, there are instructions for the Foreign Visitor's Loan Program on the VCU Web site at www.vcu.edu/treasury/FVLP.htm.

IMPORTANT:

Federal regulations governing the Exchange Visitor Program require that all exchange visitors and dependents have health/accident insurance that includes repatriation costs for remains and medical evacuation coverage during their stay in the US. Under the regulations, the university is not required to pay for the insurance coverage, but must ensure that the visitor and all accompanying dependents have coverage that is valid in the U.S.

Also, J-1 exchange visitors are not eligible for a social security number if they will not be receiving any US funds. Please keep this in mind when sponsoring a visitor who will not be receiving US funds.

(Please attach documentation to confirm that the visitor was informed of this federal regulation and that he or she should present proof of coverage upon his or her arrival at VCU.)

If you have any questions contact OIE-IS at (804) 828-0595.

Updated 2006

Please provide the information requested below for the issuance of a DS-2019 form. This form, along with any required attachments, should be submitted to: Office of International Education- Immigration Services, Box 843043, 916 W. Franklin St., Richmond, VA 23284-3043. Please submit the request **at least three months** prior to the visitor's expected arrival date to allow time for consular interview.

Department Information

Name of faculty sponsor _____ Campus phone _____

Alternate contact _____ Phone _____

Department/School _____ Campus Box number _____

A photocopy of the letter of invitation to the visitor is attached Yes_____

The purpose of this form is to: **Visitor's name:** _____

() Begin a new J-1 program Family/ surname First/ given

() Transfer a J-1 from another program to VCU.

If so, the original program begin date on the previous DS-2019 is _____
Month Day Year

Activity Information

Check requested category of visitor:

() Student () Professor () Research scholar () Short-term scholar () Specialist

(Note: research scholars and professors can stay up to five years from the begin date on their original DS-2019. Once their program ends they will be subject to the new 24 month bar (not to be confused with the 212e home residency requirement). If the program is going to be six months or less, short-term scholar is another option which avoids the 24 month bar.)

Proposed length of stay at Virginia Commonwealth University:

From: _____ To: _____
Month Day Year Month Day Year

(Note: please see approximate visa application wait times at http://travel.state.gov/visa/temp/wait/tempvisitors_wait.php)

Describe the specific field of study, research, training or professional activity in which the visitor will be engaged (i.e., Visiting professor conducting research in head trauma). _____

Is the visitor coming to fill a VCU postdoctoral position? YES NO

Street address where exchange visitor will perform duties _____

Funding Information

Indicate below the source(s) of funding* and an estimate of the amount of money (rounded to the nearest dollar) the visitor will receive during the length of the program as will be indicated on the DS-2019 (include in the estimate any perks such as room, board, tuition, etc.):

- | | |
|---|----------|
| 1() Virginia Commonwealth University (includes positions funded by grants) | \$ _____ |
| 2() U.S. government agency (ies) _____ | \$ _____ |
| 3() International organization(s) _____ | \$ _____ |
| 4() The exchange visitor's government | \$ _____ |
| 5() The Binational Commission of the visitor's country | \$ _____ |
| 6() All other organizations providing support | \$ _____ |
| 7() Personal funds | \$ _____ |

***Please attach supporting documents that confirm all sources of funding for the visitor's proposed length of stay.**

Health Insurance

Federal regulations governing the Exchange Visitor Program require that all exchange visitors and their dependents must have health/accident insurance that includes repatriation and medical evacuation coverage during their stay in the United States (**not covered by VCU insurance**). Under the regulations, the university is not required to pay for the insurance coverage, but must ensure that the visitor and all accompanying dependents have coverage that is valid in the United States.

Please indicate who will be responsible for the health insurance payments:

_____sponsoring department _____exchange visitor

Patient Contact Information

Is the visitor a physician or dentist? () No () Yes

If no, you can stop here. No additional letters are needed.

If yes, will the visitor have any patient contact? () No () Yes

- If no, please complete **letter A** (see attached sample)
- If yes, please note that visitors who are physicians are only permitted to have incidental patient contact as part of their primary educational or research objectives under an Exchange Visitor Program. Please complete **letter B** (see attached sample) if patient care is expected.

The below signers accept responsibility for assuring the payment of funds as well as assuring that U.S. government regulations are met on behalf of the visitor(s). They must ensure that upon arrival to the U.S., the visitor meets with a representative of OIE. They also must report to OIE the termination or departure of the exchange visitor from the university.

Print name of faculty sponsor

Print name of dean/department chair

Signature of faculty sponsor

(Original signatures in **blue ink** required.)

Signature of dean/department chair

To ensure delivery of the DS-2019 this office will mail the documents to the exchange visitor by Federal Express. If you do not have a Federal Express account, please contact us to make other arrangements.

_____(Federal Express account number)

Visitor Information (please print legibly)

() Male () Female

() Dr. () Mr. () Mrs. () Ms.

Date of birth: _____

Month Day Year

Family/ Surname (As on Passport)

Given name (As on Passport)

Middle name

City of birth

Country of birth

Country of citizenship

Country of legal permanent residence

Visitor's level of education

Copy of degree attached

Visitor's occupation and place of employment in their country:

Address and **telephone number** where DS-2019 should be mailed:

(NOTE: If the visitor's family is accompanying the visitor, please type the following information for each family member on the additional page: family name, first name; middle name; birth date; relationship to scholar; city and country of birth, country of citizenship. A minimum of \$5000 per year must be provided for each dependent.)

- Are you or have you ever been in a J-1 research scholar or professor program **within the past two years**? YES NO If no, skip to the end.

- If you ARE in an active J-1 research scholar/ professor program NOW, what is the program begin date on your DS-2019? _____
month day year

- If you WERE in an active J-1 research scholar/ professor program **within the past two years**, what was the official end date of that program (the date your program sponsor ended your program duration in SEVIS)? _____
month day year

- **If this application is for a transfer from another institution, have you applied for a waiver of Section 212e?** Yes _____ No _____

I pledge that the information above is correct and true. I am aware of the new regulations governing J-1 research scholars and professors and agree to those stipulations.

Visitor's Family name

Given name

month day year

Visitor's Signature

Will family members be accompanying exchange visitor? _____ yes _____no If yes, complete this sheet with the full name, relationship, date and place of birth, and country of citizenship for each dependent.

Date: _____

Exchange visitor: _____
Family name *First name* *Middle name*

Family Members Accompanying Visitor:

	<u>Family name</u>	<u>First name</u>	<u>Middle Name</u>	<u>Relationship</u>	<u>Date of birth</u>	<u>City and country of birth</u>	<u>Country of citizenship</u>	<u>Country of legal permanent residence</u>
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____

Eligibility requirements for J-2 Dependents

Please be advised that dependents are only the spouse and unmarried minor children (*under 21 years of age*) of the J-1 exchange visitor. Other family members are not eligible for J-2 status.

Sample Letter A

The following must be printed on departmental letterhead and be signed by faculty sponsor/department chairman. The dean of the respective school also should countersign. Please forward the original letter with signatures to Box 843043 or deliver to Room 201 of Millhiser House at 916 W. Franklin St. Please do not hesitate to call if you have any questions.

Date

To whom it may concern:

This certifies that the program in which (name of physician/dentist) is to be engaged is solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved.

Approved: _____
Professor and Chair
Department of _____

Approved: _____
Dean
School of _____

Sample Letter B

The following must be printed on departmental letterhead and be signed by faculty sponsor/department chairman. The dean of the respective school also should countersign. Please forward the original letter with signatures to Box 843043 or deliver to Room 201 of Millhiser House at 916 W. Franklin St. Please do not hesitate to call if you have any questions.

Date _____

To whom it may concern:

This is to certify that:

- A. The program in which _____ M.D./D.D.S will participate predominantly involves observation, consultation, teaching or research.
- B. Any incidental patient contact involving the alien physician/dentist will be under direct supervision of a physician/dentist who is a U.S. citizen or resident alien and who is licensed to practice medicine in the commonwealth of Virginia.
- C. The alien physician/dentist will **not** be given the final responsibility for the diagnosis and treatment of patients.
- D. Any activities of the alien physician/dentist will conform fully with the state licensing requirements and regulations for medical and health care professions in the state in which the alien physician/dentist is pursuing the program.
- E. Any experience gained in this program will not be creditable toward any clinical requirements for medical/dental specialty board certification.

Approved: _____
Professor and Chair
Department of _____

Approved: _____
Dean
School of _____