

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

IMPORTANT! Please read the following carefully regarding the J-1 research scholar and professor categories. Contact us if you have any questions.

J-1 scholars and professors are limited to a maximum five-year stay. **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 US. **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

Research scholars and professors are also subject to a 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 will be bared 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).

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.**

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In addition to the attached forms, we can issue the DS-2019 only when we have the following documentation:

- 1) NEW: J-1 DS-2019 processing fee \$30 due to OIE-IS at time of DS-2019 application. This fee may be transferred via Journal Voucher to index number 1-10209 (account 600099). **Please write the journal voucher number on application form.**
- 2) A letter from the department inviting the scholar and outlining their program objectives for VCU.
- 3) A statement of financial support from his/her sponsor that must include the proposed dates of the visit, the funding source and confirmation that he/she will be compensated a minimum of \$1500 per month, which must be appropriately documented in the form of a bank statement, letter from the sponsor or letter by a bank official. An adequate amount of funding must be received during the entire proposed length of stay at VCU.
- 4) Complete the last page of the attached form if spouse or children under 18 will accompany the visitor. Additional financial support must be included in the statement in item 2 above. A minimum of \$5000 per year must be provided for each dependent.

Proof of health insurance including medical repatriation and evacuation must accompany all requests for extension of DS-2019.

New federal regulations governing the Exchange Visitor Program require that all exchange visitors and dependents must have health/accident insurance coverage, which includes repatriation costs for remains and medical evacuation coverage during their stay in the United States. Under these 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.

If you have any questions, contact us at the number below.

Updated 2009

J-1 Scholar Extension Request

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 one month** prior to the visitor's expiration date to allow time for office processing.

Department Information

Name of faculty sponsor _____ Campus phone _____

Alternate contact _____ Phone _____

Department/School _____ Campus Box number _____

A photocopy of the letter of extension to the visitor is attached Yes _____

NEW: \$30 Journal Voucher number _____

The original program begin date on the first DS-2019 is _____
Month Day Year

Activity Information

Visitor's name: _____

Circle category of visitor:

Family/ surname

First/ given

(1) Student (2) Professor (3) Research scholar (4) Short-term scholar (5) 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.)

NEW Proposed length of stay at Virginia Commonwealth University:

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

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). _____

Street address where exchange visitor will perform duties _____

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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

Please indicate who will be responsible for medical evacuation and repatriation 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 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

Visitor Information (please print legibly)

() Male () Female

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

Date of birth: _____
Month Day Year

Family/ Surname (As in Passport)

Given name (As in Passport)

Middle name

City of birth

Country of birth

Country of citizenship

Country of legal permanent residence

(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.)

Have you applied for and received a positive recommendation from the US Department of State 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 & 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 chair. 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 chair. 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 _____