



## APPLICATION FOR DS-2019 Instructions and Application Form

The Exchange Visitors Program is implemented by the Mutual Educational and Cultural Exchange Act of 1961. It is administered through the State Department. Its purpose is to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges and for those people to return home to share their experiences. The University of Utah has been authorized by the United States Information Agency to participate in the Exchange Visitors Program.

In order for our office to verify if the person you wish to bring here as a researcher, professor, specialist, or short-term scholar qualifies for the exchange visitors program, your office will need to provide us with the following information. *Please note that the International Center processes the DS-2019 applications in the order they are received. Please allow for up to two weeks for the DS-2019 to be completed.*

1. A **photocopy of the biographical page** from the person's passport. This is to assure that the information we put on the DS-2019 form matches their passport.
2. A **description of the duties** the person will perform in your department.
3. **Proof of the person's qualifications** to accept the position you are offering. Some examples of proof would be copies of the individual's academic degrees translated into English, letters from previous employers verifying the person's ability to perform duties related to what the person will be doing in your department, letters from professors where the person attended school, proof of publications, etc.
4. **Verification** of the person's **finances**. If your department is financing the person, we will need a letter stating so. If your department will not be financing the person, we will need a letter from the agency that will be financing the person stating the amount of their support in U.S. dollars and the period of time they will be supporting the person. If the person will be partially supporting him or herself, we will need a bank statement verifying that he or she has that amount of money available.
5. **Verification** of the person's **English ability**. Some examples of proof could be:
  - a. If you have personal knowledge of the person, a letter from you stating the person's level of English is adequate to perform his/her job.
  - b. English test scores such as the TOEFL or the Michigan Test.
  - c. A recommendation letter from an English teacher who has personal knowledge of the person.
6. For those wishing to bring people into **medically related areas**, our program is to provide people opportunities of an academic nature such as studying, teaching or research. If the research or teaching involves any patient contact, a **letter stating how much patient involvement will take place will need to be attached** to the person's application. The letter must be signed by the dean of the medical school or his or her designee. Only incidental patient contact is allowed. The dean must sign a letter stating "This certifies that the program in which (name of the physician) is to be engaged is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care is involved" or if incidental patient contact is involved in the program, the dean certifies in a letter the following five points:

- a. The program in which (name of physician) will participate is predominantly involved with observation, consultation, teaching or research.
- b. Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of Utah.
- c. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- d. Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State which the alien physician is pursuing the program.
- e. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

THE DEAN OF THE SCHOOL OF MEDICINE HAS REQUESTED THAT THE DOCTOR INVITING THE EXCHANGE VISITOR TO THEIR DEPARTMENT PREPARE ONE OF THE ABOVE LETTERS AND THE DEAN WILL COUNTERSIGN THE LETTER.

If you wish to bring a physician to be involved in patient care, you will need to apply for an H-1B visa. Contact Lorina Tester in our office for more information and processing of the H1B application.

If you wish to bring someone here as a resident or intern, contact Judy Short, 1C412 School of Medicine, 581-2401. If you wish, you may contact the ECFMG directly. The Educational Commission for Medical Graduates' address is 3624 Market Street, Philadelphia, PA 19104, ((215) 386-5900.

6. The State Department requires every J-1 visa holder and their dependents to have **medical insurance**. They are required to have medical benefits of at least \$50,000 per accident or illness, repatriation of remains in the amount of \$7,500, and medical evacuation to their home country in the amount of \$10,000. The insurance policy may have a deductible of not to exceed \$500 per accident or illness. The policy may also include a provision for co-insurance to be paid by the policyholder up to 25% of the covered benefits per accident or illness. The insurance policy may not exclude coverage for perils inherent to the activities of the exchange program. The insurance policy must be underwritten by an insurance company having one of the following ratings: an A. M. Best rating of A- or above, an Insurance Solvency International, Ltd. rating of A- or above, a Standard and Poor's Claims paying ability rating of A- or above or a Weiss Research, Inc. rating of B+ or above. Insurance backed by the full faith and credit of the exchange visitor's home government will be considered to meet the above requirements. Health maintenance organizations (HMOs) that are federally qualified as determined by the Health Care Financing Administration (HCFA) and federally approved competitive medical plans (CMPs) may also be used. The exchange visitor and his or her dependents must have the above medical insurance coverage the entire time they are on a J visa or their visa status will be terminated and they will have to leave the United States.

If you have any questions, contact our office at 410 Olpin Union Building, 581-8876.

Our office conducts monthly **orientation** programs for incoming exchange visitors. The orientation will cover life and customs in the United States, local community resources such as public transportation, medical centers, schools, libraries, recreation centers, banks, available health care, emergency assistance, and insurance coverage. A description of the exchange program and rules that the exchange visitor is required to follow will also be included. If your new exchange visitor wishes to participate in the orientation program, please contact our office at 581-8876 for the time and location of the next meeting.

We will also contact your department a couple of months before your exchange visitor's stay expires. If you wish your exchange visitor to stay longer, we will need to know how long and the source and amount of financing for the person's stay.

7. **General Information:**

- a. A person in J status may remain in the U.S. thirty days past the expiration date on his/her DS-2019 form. This period of time allows a person to get ready to return home, sightsee, etc. The person may not work or receive funding during this thirty-day period.
- b. Once a person receives a waiver of his/her two-year home residency requirement, he/she may not get any extension of his/her J status.
- c. Once a person has been in the U.S. in J status for more than six months, he/she may not return to the U.S. in J status until he/she has been outside the U.S. for twelve months. If you are bring scholars in temporarily for six months or less, the short-term scholar category would be the best category because it won't ban the person from returning to the U.S. in J status for twelve months.
- d. People in J-2 status may not change to J-1 status if they have a 2-year home residency requirement.

**Short-term scholars** may stay up to six months. No extensions beyond six months are allowed.

**Researchers and professors** may stay up to five years. For "good cause" our office may authorize a six-month extension beyond the regular five years. The extension is to provide the professor or researcher the necessary time to complete his or her teaching or research responsibilities. You would need to provide our office with a letter requesting the extension. You would also need to state that the exchange visitor will be returning to their home country at the end of the extension.

If you have an exchange professor or researcher working in your department that wishes to do an occasional lecture or consultation outside the University for wages or other remuneration, he or she must first get approval from our office. To engage in such activities the person must act as an independent contractor. The occasional lecture or consultation must be directly related to the objectives of the exchange visitor's program, be incidental to the exchange visitor's primary program activities, and not delay the completion date of the visitor's program. To apply for authorization from our office, the exchange visitor should present to our office: a letter from the person giving the offer, setting the terms and conditions of the offer to lecture or consult, including the duration, number of hours, field or subject, amount of compensation, and description of such activity. A letter from his or her department head or supervisor recommending such activity and explaining how it would enhance the exchange visitor's program will also be needed. If our office agrees to the occasional lecture or consultation, we will provide a letter authorizing such activity.

**Specialists** may stay up to one year. Specialists are defined as experts in a field of specialized knowledge or skills, and who visit the United States for the purpose of observing, consulting, or demonstrating their special skills. This category is not intended for experts covered by exchange visitor categories: short-term scholar, researcher or professor. This category provides foreign specialists the opportunity to observe American institutions and methods of practice in their professional fields, and to share their specialized knowledge with their American colleagues.

In order to process a DS-2019 form for the exchange visitor you wish to invite to your department, send us proof of the above information and complete all the information required on this form and return it to our office. Incomplete applications will not be processed and will be returned to your department for further information. Once we have the complete application, we will

prepare the official DS-2019 form and send it to the exchange visitor along with information explaining the exchange visitors program and how to obtain a visa to enter the United States.

If your exchange visitor has been at the University of Utah on our exchange visitors program before, please state so on the application and you won't need to provide proof of the person's educational background and English ability again. We will have it on file.

Once completed, we can send the DS-2019 to the address you have provided air mail via the US Post Office. If you wish to send the package express, we will send it through FedEx. Please provide us with a FedEx account number for us to bill the shipment. If you wish to use any other express service, please let us know and we will inform you when the DS-2019 is ready for your department to pick up and mail yourselves. Please complete this form and send it to the International Center in room 410 of the Union Building. Mark it Attention: Jessica Hansen.

1. Department requesting DS-2019 \_\_\_\_\_

2. Departmental address \_\_\_\_\_

Zip Code \_\_\_\_\_

3. Professor in department requesting DS-2019 \_\_\_\_\_

Print

4. Signature \_\_\_\_\_

5. Department Chair \_\_\_\_\_

Print

6. Signature of Department Chair \_\_\_\_\_

7. Departments associated with the School of Medicine will also need the signature of the Dean of the School of Medicine. After you have completed this application send it and all the backup documents to the Dean's office in AC109 SOM. The Dean will need to approve the application and forward the materials to our office.

Dean of the School of Medicine \_\_\_\_\_

Print

Signature of the Dean of the School of Medicine \_\_\_\_\_

8. Contact person (professor or secretary) to be called for more information or quarterly inquiries

\_\_\_\_\_

9. Phone \_\_\_\_\_ Email \_\_\_\_\_

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10. Name of exchange visitor \_\_\_\_\_

Last

First

Middle

11. \_\_\_ Male \_\_\_ Female

12. Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Month/Day/Year

City

Country

13. Country of citizenship \_\_\_\_\_

14. If the person is an immigrant of a country other than the one he/she is a citizen of, please note which country and provide proof of permanent residency such as a permanent resident I.D. card or letter stating that permanent residency was granted.

15. Last job or position held by the person in the country he/she was a citizen or immigrant of (this is not necessarily the job in the country in which they are currently residing.)

\_\_\_\_\_

16. Time period of initial DS-2019 form to cover \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

(The exchange visitor must have guaranteed financing for the period of time you are requesting. For example, do not request the form to cover a year when the person will only be here for three months, etc. Researchers and professors may stay up to five years. Short-term scholars may stay up to six months. Specialists may stay up to one year.)

17. Check which category the exchange visitor will be:

Professor (may stay up to five years - must be here at least three weeks – must have at least a master's degree or a bachelor's degree with extensive experience)

Researcher (may stay up to five years - must be here at least three weeks – must have at least a master's degree or a bachelor's degree with extensive experience)

Short-term Scholar (may stay up to six months - no minimum time period)

Specialist (may stay up to one year)

Professors may also do research and researchers may also do teaching. Check the category which will be the exchange visitor's main responsibility.

18. The person will be engaged in the following activity:

- \_\_\_\_\_
- a. State briefly the job title and what the person will be doing, such as research associate in organic chemistry.
- b. On a separate sheet, state in detail what the person will be doing.

19. During the person's period of stay, the following estimated financial support will be provided by: (State in U.S. dollars not in generalities such as tuition waiver, travel, living expenses, etc.)

University of Utah\* \$ \_\_\_\_\_

U.S. Government Agency \_\_\_\_\_ \$ \_\_\_\_\_  
Name

International Organization \_\_\_\_\_ \$ \_\_\_\_\_  
Name

Person's Government \$ \_\_\_\_\_

Other agencies or organizations \_\_\_\_\_ \$ \_\_\_\_\_  
Name

\_\_\_ Person's personal funds

\$ \_\_\_\_\_

\*When a person is being paid through a University grant that was designated for research and was not for the purpose of promoting international exchange, the person is considered to be paid through the University and not the government (even if it is a government grant to the University).

20. Person's address to which the DS-2019 is to be sent:

21. If the person will be accompanied by his/her family, we will need copies of the biographical page from their passports to make sure the information we put on their DS-2019 forms match the information on their passports.

SPOUSE:

FAMILY NAME:

FIRST NAME:

MIDDLE NAME:

GENDER:

BIRTHDATE:

BIRTH CITY:

BIRTH COUNTRY:

COUNTRY OF CITIZENSHIP:

COUNTRY OF PERMANENT RESIDENCY:

CHILDREN:

FAMILY NAME:

FIRST NAME:

MIDDLE NAME:

GENDER:

BIRTHDATE:

BIRTH CITY:

BIRTH COUNTRY:

COUNTRY OF CITIZENSHIP:

COUNTRY OF PERMANENT RESIDENCY:

*If you have additional dependents, please attach their information on a separate sheet of paper.*

NAME OF EXCHANGE VISITOR:

\_\_\_\_\_

COMPLIANCE AGREEMENT FORM  
EXCHANGE VISITOR PROGRAM (J-1)  
HEALTH INSURANCE REGULATIONS

The U.S. Department of State regulations require all those in J-1 and J-1 immigration status to carry health insurance throughout their presence in the United States.

This requirement can be met by any of the following options:

1. The University of Utah sponsoring department provides insurance coverage as part of the salary and benefit package offered to the exchange visitor.
2. The individual scholar purchases insurance coverage.
3. A sponsoring government or agency provides insurance coverage.

The health insurance must meet the following criteria and provide the following benefits:

1. Pays up to \$50,000 per accident or illness.
2. Has a deductible of no more than \$500.
3. Covers the cost of medical evacuation up to \$10,000.
4. Covers the cost of repatriation up to \$7,500.
5. Covers pre-existing conditions after a reasonable waiting period.
6. Includes provision for co-payment not exceeding 25% payment by exchange visitor.
7. Coverage for activities inherent to the exchange program.
8. In addition to the standards for coverage, the regulations also set forth quality rating standards for acceptable policies. Such policies must be underwritten by a company rated:
  - “A” by A. M. Best or Insurance Solvency International; or
  - “AA” by Standard & Poor’s; or
  - “B+” by Weiss Research, Inc.

Coverage backed up by the exchange visitor’s home country government is exempt from the rating requirement. In this case, your government may issue or underwrite the insurance coverage and your policy description will indicate government backing. In the case of a non-U.S. health insurance, proof of this accreditation must be presented in English, along with complete documentation that the policy benefits listed above are covered.

Failure to maintain such health insurance for exchange visitors and their dependents through the duration of the program participation will be considered a violation of J-1 status and will result in termination of the program.

Please complete the section below, indicating that you understand these requirements and agree to abide by the regulations of the U.S. Department of State.

.....

I agree to provide health insurance coverage for the exchange visitor and any dependents during the period beginning \_\_\_\_\_ to \_\_\_\_\_ (from Line 3 of DS-2019.) I understand that this insurance must meet the conditions outlined by the U.S. State Department and that failure to meet this requirement will result in the J-1 holder’s termination from the Exchange Visitor Program and his or her right to stay in the United States.

\_\_\_\_\_ Health insurance coverage will be provided by the department. \_\_\_\_\_  
Signature – Sponsoring Department - Date

\_\_\_\_\_ Health insurance coverage will be provided by the J-1 holder. \_\_\_\_\_  
Signature – Exchange Visitor - Date