

# Preliminary DS-2019 Checklist

**This form should not be sent to the potential Exchange Visitor to complete.** This form is for the department to collect information from the EV for the production of the actual DS-2019 by the IAO. **Please allow the IAO four weeks to process the DS-2019 request.** Further, in determining a begin date for the DS-2019, factor in the 4 weeks at the IAO, possibly one week for mailing/fedexing the document and the uncertain processing times at a U.S. Consulate/Embassy (from one week to several months possibly due to a security clearances.)

**Please use this checklist to ensure that a complete J-1 application is submitted to IAO**

Did you complete all information requested?

- Personal information
- Funding information
- Location where research will take place
- SEVIS subject/field code
- Dependent information
- Required faculty sponsor and department signatures

Did you attach all supporting evidence? (**required for new or extension requests**)

- Proof of funding (translated, if necessary) \*\*
- Personal page of passport for J-1 and J-2 dependents
- C.V.
- Copy of diploma with English translation
- Description of activities
- Signed insurance affidavit

**\*\*If funding changes during period of stay, notify IAO immediately.**

**PLEASE NOTE:** U.S. Consulates/Embassies are required to interview all applicants who are applying for a visa for the first time, or those renewing a visa that has been expired more than 12 months. In light of this, please advise your potential J-1 visitor to call the consulate/embassy in advance to inquire when an appointment is available. **IAO processing time will not be altered for earlier appointments.**

**EXCHANGE VISITORS MUST REPORT TO THE IAO WITHIN 30 DAYS OF START DATE LISTED ON DS-2019.** Failure to do so can result in violation of status with serious consequences. **If an Exchange Visitor is unable to arrive and report to the IAO within the 30 days, please notify IAO. Notification must be made before the expiration of 30 day period.**

**If the J-1 visa is denied, please notify the IAO immediately. If the Exchange Visitor decides not to come to Columbia University for any reason, the IAO must be notified and the original DS-2019 must be returned to IAO as soon as possible.**

**Departments must submit application 8-12 weeks before applicant plans to enter USA**

Columbia University, Health Sciences Campus, International Affairs Office  
**Preliminary DS-2019 Form (formerly IAP-66), Application For J-1 Visa Status**

**Part I**

1. Purpose of form: New \_\_\_ Extension \_\_\_ Transfer \_\_\_ Amend \_\_\_ Change of Status From \_\_\_ Visa  
 a. **New Applicants:** Has individual been in the U.S. previously on a J-1 visa? Yes \_\_\_ No \_\_\_. If yes, please submit copies of any previous DS-2019/IAP-66 forms and I-94 cards. (If the individual was on a J-1 within the last 12 months, for a period of 6 months or more, s/he cannot use the J-1 in the Research Scholar category.)  
 b. **Extensions/Transfers/Changes of Status:** Have you applied for a waiver of the two-year home residency requirement? Yes \_\_\_ No \_\_\_. Do you have plans to travel abroad in the near future? Yes \_\_\_ No \_\_\_  
 c. **Transfers and Changes of Status:** Attach copies of documents from any other visa status held, e.g. DS-2019 form, both sides of the I-94 card etc.
2. Has this individual visited Columbia University previously? If so, when \_\_\_\_\_ and on what visa \_\_\_?  
Month/ Day /Year
3. Name \_\_\_\_\_ 4. Male \_\_\_ Female \_\_\_  
Family Name First/Given Name Middle Name (must be completed)
5. Date and place of Birth \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Month/ Day /Year) city, state or province country
6. Country of Citizenship: \_\_\_\_\_ Permanent Resident of \_\_\_\_\_
7. Permanent address (in home country): \_\_\_\_\_
8. Passport Expiration Date: \_\_\_\_\_  
(Month / Day / Year)
9. **Sign and return the attached "Acknowledgement of understanding and promise to comply with DOS medical coverage requirements for J-1 Exchange Visitors". We will accept a faxed signature.**

**Part II**

1. Requested Period of Stay (up to 3 years): From \_\_\_\_\_ To \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)
2. Estimated Financial Support: Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_
- IF FUNDING CHANGES DURING PERIOD OF STAY, YOU MUST NOTIFY IAO**
3. Source and Breakdown of Support: *(If the individual is receiving a paycheck from Columbia Univ., please indicate Columbia as the source of support and indicate the grant account that will be charged.)*

Source of Funds	Total Amount of Funds (USD)	Name and Description of Funding Source (include documentation w/translation)
<input type="checkbox"/> Columbia University		CU grant account #: _____
<input type="checkbox"/> U.S. Government Agency***		
<input type="checkbox"/> International Organizations		
<input type="checkbox"/> Exchange Visitor's Government		
<input type="checkbox"/> Other Organizations Providing Support		
<input type="checkbox"/> Personal Funds (current bank statement, etc.)		

**\*\*\*Check only if the individual is receiving funds DIRECTLY from U.S. Government Agency**

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### Part III

1. Exchange visitor's most recent position in home country: \_\_\_\_\_

**All Columbia sponsored J-1 Exchange Visitors, including those working at Columbia University affiliates, must receive a Columbia University academic appointment. Appointments to clinical titles are NOT permitted.**

2. Academic Appointments at Columbia University: *(Please check one.)*

**The titles listed below fall within the guidelines of the J-1 program. Tenure or tenure track positions as well as support staff and administrative titles are disallowed. If considering another title, please call IAO.**

Staff Associate

Postdoctoral Research Fellow

Postdoctoral Research Scientist

Postdoctoral Research Scholar

Visiting Associate Research Scientist

Visiting Associate Research Scholar

Visiting Assistant Professor

Visiting Research Scientist

Visiting Research Scholar

Visiting Associate Professor

Visiting Sr. Research Scientist

Visiting Sr. Research Scholar

Visiting Professor

**Please note:** these two titles are NOT the same as the Visiting Scholar/ Scientist Designation given by the Provost's Office, which is not allowed on the J-1! These are academic appointments equal to an Associate Professor level!

3. Please **attach** copy of personal page from passport for J-1 applicant and all J-2 dependents.

4. Please **attach** a copy of C.V. with current permanent foreign address.

5. Please **attach** a copy of diploma. If official diploma has not yet been issued, please submit a letter from the academic institution stating that the individual has fulfilled all requirements for the degree and the date the degree will be conferred. ***(include copy of both foreign diploma and English translation)***.

6. **Attach** a description of the activities in which the exchange visitor is intended to participate. Include a description of the specific area of research, consultation, or teaching.

7. **New requirement under SEVIS:** Review the attached list of Subject/Field Codes and provide a code for the closest, most general code that relates to the area of research, consultation or teaching (e.g. Biomedical Sciences, General, 26.0102). Subject/Field Code:\_\_\_\_\_. (If the list does not provide an appropriate code, please call the IAO before submitting this request.)

8. Location(s) where exchange visitor will engage in research, consultation, or teaching: ***(If the work location changes at any time during the period of stay at Columbia, the International Affairs Office must be notified.)***\_\_\_\_\_

9. Is this individual a graduate of a foreign medical school? Yes\_\_\_ No\_\_\_

If yes indicate the level of clinical care in which the exchange visitor will engage:

\_\_\_**A.** The program in which the physician will participate involves **no element of patient care services**.

\_\_\_**B.** The program in which the physician will participate involves **incidental patient contact**. All such patient contact will be under the supervision of a physician who is a U.S. citizen or permanent resident who is licensed to practice medicine in the State of New York. The foreign physician will NOT be involved in or responsible for the diagnosis and/or treatment of patients. The foreign physician will not be involved in any patient care activity which would normally require a medical license. No experience gained in this program will be creditable toward any clinical requirements for medical board certification. (Please note that graduates of medical schools cannot be registered as or treated as medical students for patient care services.)

\_\_\_**C.** The program in which the physician will participate involves **clinical training or clinical research**. **If C is checked please stop.** The individual must be sponsored by ECFMG or apply for an H-1 visa. For information on how to contact ECFMG, or how to apply for an H-1 visa, please contact the IAO.

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**Part IV**

Will immediate family members accompany the exchange visitor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete Page 4 of this form.

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**Part V**

**Without the following authorization from the Faculty Sponsor and the Departmental Administrator, the DS-2019 Form cannot be issued.**

1. Full Name of Faculty Sponsor (**Required**) \_\_\_\_\_ Phone \_\_\_\_\_

**THE UNDERSIGNED CONFIRMS that he or she is authorized to offer this position, that he or she will take responsibility for the supervision of the international visitor, and that information contained in this request is correct according to the best information available.**

2. Signature of Faculty Sponsor (**Required**) \_\_\_\_\_ Date \_\_\_\_\_

3. Columbia University Department \_\_\_\_\_

4. Location of Lab or Office \_\_\_\_\_

5. Name of Columbia Departmental Administrator (**Required**) \_\_\_\_\_

6. Signature of Columbia Departmental Administrator (**Required**) \_\_\_\_\_ Date \_\_\_\_\_

7. Name of Columbia Departmental Chairperson or Director (Optional) \_\_\_\_\_

8. Signature of Chairperson, Director (Optional) \_\_\_\_\_ Date \_\_\_\_\_

9. Contact Person: \_\_\_\_\_, \_\_\_\_\_  
Name and Title Phone Ext.

Return this form to the International Affairs Office, Black Building, Room 1-126B, or call (212) 305-5455, (5-5455), if you have any questions.

## Request for J-2, Dependent Visa Status for Immediate Family Member(s)

Name of Principal Exchange Visitor/J-1 Holder: \_\_\_\_\_  
Family Name First/Given Name Middle Name

If J-1 holder is already in the U.S.:

Daytime Phone Number: \_\_\_\_\_ Date of entry into U.S. \_\_\_\_, \_\_\_\_, \_\_\_\_

Name of Spouse \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Family Name First/Given Name Middle Name (must be completed)

Date and Place of Birth \_\_\_\_\_  
month/day/year city, state or province country

- Spouse will travel with exchange visitor.  
 Spouse will arrive later. Expected arrival date \_\_\_\_\_.  
 Spouse is already in the U.S. and will need a transfer, extension, or change of status.  
 Other. Please explain: \_\_\_\_\_.

Name of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Family name First/Given Name Middle Name (must be completed)

Date and Place of Birth \_\_\_\_\_  
month/day/year city, state or province country

- Child will travel with exchange visitor.  
 Child will arrive later. Expected arrival date \_\_\_\_\_.  
 Child is already in the U.S. and will need a transfer, extension, or change of status.  
 Other. Please explain: \_\_\_\_\_.

Name of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Family name First/Given Name Middle Name (must be completed)

Date and Place of Birth \_\_\_\_\_  
month/day/year city, state or province country

- Child will travel with exchange visitor.  
 Child will arrive later. Expected arrival date \_\_\_\_\_.  
 Child is already in the U.S. and will need a transfer, extension, or change of status.  
 Other. Please explain: \_\_\_\_\_.

**Please continue on an additional page if necessary.**

## Acknowledgment of Understanding and Commitment to Comply with Medical Insurance Coverage Requirements for Exchange Visitors

Print name

I,  hereby attest and acknowledge that I have been informed that, for the duration of my J-1 Exchange Visitor program at Columbia University, I am solely responsible for obtaining and maintaining medical insurance coverage meeting the minimum requirements of the Exchange Visitor Program Regulations for myself and any of my dependents in the United States on J-2 status (if applicable); and

II. I have been informed of and understand the specific minimum medical insurance coverage requirements of the U.S. Department of State; and

III. I understand that I may carry medical insurance coverage meeting these minimum requirements from a source within or without the United States; and

IV. I will be in compliance with these medical insurance coverage requirements upon commencing my participation in Columbia University's J-1 Exchange Visitor Program Regulations or immediately thereafter; and

V. My failure to comply with these medical insurance coverage requirements will constitute a violation of the Exchange Visitor Program Regulations and may result in termination of my affiliation with Columbia University and termination of my J-1 and any dependents' J-2 status (if applicable).

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**(Exchange Visitor's Signature)**

**(Print Name)**

**(Date)**

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Minimum medical coverage shall provide (in U.S. Dollars):

- A) Medical benefits of at least \$50,000 per accident or illness;
  - B) Repatriation of remains in the amount of \$7,500;
  - C) Expenses associated with medical evacuation to home country in the amount of \$10,000;
  - D) A deductible not to exceed \$500 per accident or illness;
- An insurance policy secured to fulfill these requirements **may** include provisions for co-insurance of up to 25% of covered benefits;
- An insurance policy secured to fulfill these requirements **must**:
- i) Be underwritten by an insurance corporation having at least the following ratings by one of the main industry rating services: A.M. Best "A"
  - ii) Standard & Poors "A-", Insurance Solvency International "A-", Weiss Research Inc. "B+"; or
  - ii) Be backed by the full faith and credit of the Exchange Visitors home government; or
  - iii) Be part of a health benefits program offered on a group basis to employees or enrolled students by Columbia University; or
  - iv) Be offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Plan, determined by the U.S. Dept. of Health and Human Services.

**INTERNATIONAL AFFAIRS OFFICE  
TERMINATION FORM  
FOR: J-1, H-IB, O-1 or TN**

Form **MUST** be submitted to IAO within 5 days of termination of  
scholar/employee  
(to meet USCIS mandatory reporting requirements)

Name: \_\_\_\_\_  
(Last name) (First name) (Middle name)

**Please check one: J-1 \_\_, H-IB \_\_, O-1 \_\_ or TN \_\_**

C.U. Title: \_\_\_\_\_

Department: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Reason for Termination: (i.e. funding, transfer to another institution, family or medical emergency, returned to home country, etc. Please be specific.)

\_\_\_\_\_  
\_\_\_\_\_

Name of person preparing this form: \_\_\_\_\_ Tel. number: \_\_\_\_\_

Date: \_\_\_\_\_

## Select Subject Code

Category: Biological and Biomedical Sciences

### Subjects/ Fields

<a href="#">26.0403</a>	Anatomy
<a href="#">26.0708</a>	Animal Behavior and Ethology (NEW)
<a href="#">26.0804</a>	Animal Genetics (NEW)
<a href="#">26.0707</a>	Animal Physiology (NEW)
<a href="#">26.1304</a>	Aquatic Biology/Limnology (NEW)
<a href="#">26.0202</a>	Biochemistry
<a href="#">26.0299</a>	Biochemistry, Biophysics and Molecular Biology, Other (NEW)
<a href="#">26.0210</a>	Biochemistry/Biophysics and Molecular Biology (NEW)
<a href="#">26.1103</a>	Bioinformatics (NEW)
<a href="#">26.9999</a>	Biological and Biomedical Sciences, Other
<a href="#">26.0101</a>	Biology/Biological Sciences, General
<a href="#">26.1199</a>	Biomathematics and Bioinformatics, Other (NEW)
<a href="#">26.0102</a>	Biomedical Sciences, General (NEW)
<a href="#">26.1101</a>	Biometry/Biometrics
<a href="#">26.0203</a>	Biophysics
<a href="#">26.1102</a>	Biostatistics
<a href="#">26.1201</a>	Biotechnology
<a href="#">26.0301</a>	Botany/Plant Biology
<a href="#">26.0399</a>	Botany/Plant Biology, Other
<a href="#">26.0907</a>	Cardiovascular Science (NEW)
<a href="#">26.0407</a>	Cell Biology and Anatomy (NEW)
<a href="#">26.0903</a>	Cell Physiology (NEW)
<a href="#">26.0499</a>	Cell/Cellular Biology and Anatomical Sciences, Other
<a href="#">26.0401</a>	Cell/Cellular Biology and Histology
<a href="#">26.0406</a>	Cell/Cellular and Molecular Biology (NEW)
<a href="#">26.1307</a>	Conservation Biology (NEW)
<a href="#">26.0404</a>	Developmental Biology and Embryology (NEW)
<a href="#">26.1301</a>	Ecology
<a href="#">26.1399</a>	Ecology, Evolution, Systematics and Population Biology, Other (NEW)
<a href="#">26.0904</a>	Endocrinology (NEW)
<a href="#">26.0702</a>	Entomology
<a href="#">26.1305</a>	Environmental Biology (NEW)
<a href="#">26.1006</a>	Environmental Toxicology (NEW)
<a href="#">26.1309</a>	Epidemiology
<a href="#">26.1303</a>	Evolutionary Biology
<a href="#">26.0908</a>	Exercise Physiology (NEW)
<a href="#">26.0801</a>	Genetics, General (NEW)
<a href="#">26.0899</a>	Genetics, Other (NEW)
<a href="#">26.0806</a>	Human/Medical Genetics
<a href="#">26.0507</a>	Immunology
<a href="#">26.1302</a>	Marine Biology and Biological Oceanography
<a href="#">26.0503</a>	Medical Microbiology and Bacteriology (NEW)
<a href="#">26.0803</a>	Microbial and Eukaryotic Genetics (NEW)
<a href="#">26.0599</a>	Microbiological Sciences and Immunology, Other (NEW)
<a href="#">26.0502</a>	Microbiology, General (NEW)
<a href="#">26.0205</a>	Molecular Biochemistry (NEW)
<a href="#">26.0204</a>	Molecular Biology
<a href="#">26.0206</a>	Molecular Biophysics (NEW)
<a href="#">26.0802</a>	Molecular Genetics (NEW)
<a href="#">26.1002</a>	Molecular Pharmacology (NEW)

<a href="#">26.0902</a>	Molecular Physiology (NEW)
<a href="#">26.1005</a>	Molecular Toxicology (NEW)
<a href="#">26.0506</a>	Mycology (NEW)
<a href="#">26.0405</a>	Neuroanatomy (NEW)
<a href="#">26.0906</a>	Neurobiology and Neurophysiology (NEW)
<a href="#">26.1003</a>	Neuropharmacology (NEW)
<a href="#">26.0911</a>	Oncology and Cancer Biology (NEW)
<a href="#">26.0505</a>	Parasitology
<a href="#">26.0910</a>	Pathology/Experimental Pathology (NEW)
<a href="#">26.1001</a>	Pharmacology
<a href="#">26.1007</a>	Pharmacology and Toxicology (NEW)
<a href="#">26.1099</a>	Pharmacology and Toxicology, Other (NEW)
<a href="#">26.0208</a>	Photobiology (NEW)
<a href="#">26.0901</a>	Physiology, General (NEW)
<a href="#">26.0999</a>	Physiology, Pathology, and Related Sciences, Other (NEW)
<a href="#">26.0805</a>	Plant Genetics (NEW)
<a href="#">26.0308</a>	Plant Molecular Biology (NEW)
<a href="#">26.0305</a>	Plant Pathology/Phytopathology
<a href="#">26.0307</a>	Plant Physiology
<a href="#">26.1306</a>	Population Biology (NEW)
<a href="#">26.0209</a>	Radiation Biology/Radiobiology
<a href="#">26.0905</a>	Reproductive Biology (NEW)
<a href="#">26.0207</a>	Structural Biology (NEW)
<a href="#">26.1308</a>	Systematic Biology/Biological Systematics (NEW)
<a href="#">26.1004</a>	Toxicology
<a href="#">26.0504</a>	Virology
<a href="#">26.0909</a>	Vision Science/Physiological Optics (NEW)
<a href="#">26.0709</a>	Wildlife Biology (NEW)
<a href="#">26.0701</a>	Zoology/Animal Biology
<a href="#">26.0799</a>	Zoology/Animal Biology, Other