

REQUEST FOR A DS-2019/J-1 PROGRAM EXTENSION

INSTRUCTIONS: Please review the DS-2019 Instructions prior to filing out his form. The request form must be completed and signed by the hiring department. The DS-2019 Request form and supporting documents should be submitted to the Office of International Programs (OIP). OIP will notify the hiring department on when the DS-2019 is issued and available for pick up.

EXCHANGE VISITOR BIOGRAPHICAL INFORMATION

Family Name _____ Given Name _____ Middle Name _____

Male Female Social Security Number (if available): _____

Date of Birth (mm/dd/yyyy): _____ City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residency: _____

Current Address (*where exchange visitor is physically located*):

Country: _____

Permanent Address:

Country: _____

Email: _____ Telephone Number: _____

POSITION INFORMATION

Position Title: _____

Program dates (mm/dd/yyyy): Current End Date _____ Request to Extend Until _____

Please describe briefly (1-2 sentences) the activity or research that the exchange visitor will engage in:

Please note: The hiring department and exchange visitor should notify and obtain approval from OIP of any changes to the exchange visitor's position, department, physical location, or activity.

DEPARTMENTAL SPONSOR INFORMATION

Department in which the activity will occur: _____

Physical (campus address) location of the activity: _____

Individual who will directly supervise the visitor:

Name _____

Title _____

Phone _____

Department Contact or Coordinator:

Name _____

Title _____

Phone _____

If activity will take place at the VA Medical Center, please fill out the following:

The sponsoring supervisor is affiliated with the University of Kansas Medical Center. Yes No

If yes, please provide title and department at KUMC: _____

FUNDING INFORMATION

Minimum funding requirements: \$18,620 for the J-1; an additional \$3,180 for each dependent

If the Exchange Visitor is funded through a grant, please provide more information below (i.e. source, duration, etc.). Proof of funding documents must be copies of originals or certified copies, printed on official letterhead or equivalent. If the document is not in English, a certified translation must be attached to the original copy.

Total amount = USD \$_____ for _____ month(s), which is the duration of the program. The Exchange Visitor will be paid directly from the following source(s):

Amount (in USD)	Source	Country of Issuance
USD \$		
USD \$		
USD \$		
USD \$		

Please note: The hiring department and exchange visitor should immediately report to OIP any changes to the exchange visitor's funding amount and source of funding.

INSURANCE COVERAGE

ATTACH INSURANCE COVERAGE PROOF

The Office of International Programs will not be able to process the extension and issue a new DS-2019 form unless updated insurance coverage is provided.

Per U.S. Department of State regulations, all J-1 Exchange Visitors and their dependents (J-2 Exchange Visitors) must carry health insurance which should include medical evacuation and repatriation coverage. Insurance must be maintained throughout the stay. Failure to maintain the required insurance may jeopardize the Exchange Visitor's status and their legal ability to complete their program in the department.

212 (e) Restriction and Waiver

ATTACH COMPLETED 212(e) CERTIFICATION FORM

Once an exchange visitor receives a waiver of the 212(e) restriction, they are no longer eligible for further extensions of stay, including transfers, although they may continue in the current J program for the remainder of time on the current DS2019. Consequently, we request that all exchange visitors complete a 212(e) Certification attesting that they have not yet received a waiver.

212(e) Certification form is available at: <http://www.kumc.edu/Documents/international/212ecert.pdf>

ATTESTATION OF NO PATIENT CARE OR INCIDENTAL PATIENT CONTACT

The University of Kansas Medical Center (KUMC)—through its Responsible Officer, located in the Office of International Program—has designation by the U.S. Department of State (DOS) Exchange Visitor Program to sponsor foreign nationals for the purpose of engaging in scholarly activity including research, teaching, consultation and observation. DOS regulations prohibit KUMC from sponsoring individuals who will be participating in patient care or clinical activity.

As the supervisor responsible for the oversight of the exchange visitor, I affirm that the Visitor will not be involved in any element of patient care, even if said individual holds credentials that would otherwise permit such activity. (Note: If you are unable to sign this statement in good faith, exchange visitor sponsorship through KUMC is inappropriate for the individual or the situation, and you should contact the OIP to explore other options.)

Signed _____ Date _____

DEPARTMENT STATEMENT OF RESPONSIBILITY AS SPONSOR OF EXCHANGE VISITOR

1. **As sponsor of the Visitor, I accept responsibility for the accuracy of all information contained in this form.**
2. **I will ensure the exchange visitor reports to the Office of International Programs no later than 3 days after arriving at KUMC, bearing the following documents for him/herself and all authorized dependents:**
 - Passport with I-94
 - Processed DS2019
 - Address of local residence (not KUMC)
 - Phone / email or other contact information
 - Proof of insurance as per DOS regulations

Per U.S. Department of State regulations, all Exchange Visitors **and** their dependents must carry health insurance to include medical evacuation and repatriation insurance. At the time of or prior to arrival in the United States, the Exchange Visitor should purchase the necessary insurance. **The Office of International Programs will not check in an Exchange Visitor if they do not provide verification of insurance.** Insurance must be maintained throughout the stay. Failure to maintain the required insurance may jeopardize the Exchange Visitor's status and their legal ability to complete their program in the department.

3. **I understand that the Office of International Programs (OIP) cannot register the Visitor in the SEVIS system as present and in program status until the Visitor has reported to the OIP and has submitted complete documentation as listed above. Failure to be registered in SEVIS within 30 days of arrival will result in the Visitor's status defaulting to invalid. An individual with an invalid status is required to depart the United States, with no grace period.**
4. **I will notify the OIP within 3 days of any of the following events:**
 - Cancellation of plans for the Visitor to come to KUMC. All originals of the DS2019 will be returned to OIP
 - Failure to arrive at KUMC by the start date noted on the DS2019
 - Intent to transfer to another KUMC department or host institution (Note: The new department must submit a *Request for DS2019* for approval **prior** to transfer. A new/amended DS2019 will be issued if needed.)
 - Termination of participation in activity at KUMC for any reason

KUMC supervisor (same as listed in Part One)

Signature _____ Date _____

Department Head

Signature _____ Date _____

Name _____ Title _____

CHECKLIST OF SUPPORTING DOCUMENTS

Please enclose copies of the following supporting documents with the DS-2019 Request Forms.

- Completed DS-2019 Extension Request
- Proof of Insurance Coverage
- Completed 212(e) Certification Form
- Proof of funding:
 - Must meet minimum funding requirements of \$18,620 for the J-1; an additional \$3,180 for each dependent.
 - If exchange visitor is funded through a scholarship, home government grant, or other institution, please attach evidence that shows amount and duration of support, and that the specified support is for the Exchange Visit to participate in a program at KUMC. Documents must be originals or copies of original; printed on official letterhead or equivalent. *If not in English, please include a certified translation.*
 - If exchange visitor is funded through personal funds, please provide a bank statement in English that shows available funds for the proposed exchange visit.
- Submit DS-2019 request form and supporting documents to OIP at InternationalProgs@kumc.edu.