



HENRY M. JACKSON FOUNDATION
FOR THE ADVANCEMENT OF MILITARY MEDICINE

Advancing Military Medical Research

DS-2019 INFORMATION FORM

The following information, along with a **copy of the individual's passport**, is necessary to process Form DS-2019 – Certificate of Eligibility for J-1 Exchange Visitor Immigration Status. Please print or type.

Purpose:

Begin a new program ☐ Extend a program ☐ Replace a lost form ☐

Personal Data:

Name: _____ Male ☐ Female ☐
(last) (first) (middle)

Date of Birth: _____ / _____ / _____ City and Country of Birth: _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Foreign address abroad to which visitor will
return: _____

Most recent position held: _____

Most recent employer: _____ Address: _____

Marital Status: Single ☐ Married ☐ Number of Children: _____

Family to Accompany: Now ☐ Later ☐ Will not accompany ☐

U.S. Address: _____ Home Phone: (____) _____ - _____

If your family is to accompany you at any time during your employment with the Jackson Foundation, you must provide the following information as well as copies of their current passport.

Name (first/last)	Relationship	DOB	City/Country of Birth & Citizenship	Passport Expiration Date

Position Information:

NOTE: J-1 Visa holders are limited to a total of five (5) years only in J-1 status.

Anticipated Length of Appointment (Based on Guaranteed Funding)

From: _____ / _____ / _____ To: _____ / _____ / _____

Position Title: _____

Department: _____

SPECIAL NOTE FOR MEDICAL DOCTORS: To be eligible for a J-1 on the Foundation's J-1 program, it must be clear that absolutely NO patient contact or care is involved nor will be undertaken. Verification of this may be requested in writing from the Department of State and/or from the United States Citizenship and Immigration Services (USCIS).

Financial Support:

Please be as specific as possible as to the source(s) and amount of money **for the period involved** – not to exceed 12 months. Please check sources that are applicable:

- ☐ a) From HJF (i.e. salary): \$_____ per annum
- ☐ b) Other Organization, Foundation, Government Agency: \$_____
- ☐ c) Salary while on leave of absence: \$_____
Institution/Company
- ☐ d) Other financial source: _____

Please specify the account code (19 digit) to charge the J-1 visa fee to (\$ 180)

Transferring Programs: (Only for transfers within the U.S.)

- ☐ J-1 Issued by what institution: _____ Attach copy of DS-2019
Signed by (name of officer): _____
- ☐ Other Please specify _____

I-94 Expiration date: _____ / _____ / _____ (Attach Copy)

Passport Expiration Date: _____ / _____ / _____

Date of Arrival at Jackson
in U.S.: _____ / _____ / _____ Foundation: _____ / _____ / _____

Principal Investigator's Signature: _____

Print Name: _____ Date

Department Chairperson's Signature: _____

Print Name: _____ Date

Please return completed form to the Human Resources Department.

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