

**Rutgers Biomedical and Health Sciences
Office of International Services**

65 Bergen Street, Room GA 72, Newark, NJ 07107
Phone: 973-972-6138 Fax: 973-972-8260

Request for Certificate of Eligibility - DS-2019 for Visiting Student (J-1)

The Exchange Visitor (EV) Program, authorized by the Department of State (DOS), is the program title for the J-1 visa status. This program is used for a variety of educational purposes, including invitations to students, scholars, professors and researchers to pursue temporary educational activities in the U.S. under the sponsorship of RBHS.

This internal application form is designed to assist departments in the process of sponsoring foreign nationals for J-1 status in the U.S. This form is to be completed by the sponsoring department with the approval of the its Chair and the school's Dean. All documentation must then be forwarded to International Services (IS) for review. Before completing this form, the sponsoring department must consider the following:

- J-1 Exchange Visitor status is most commonly used for visiting students, professors, lecturers and postdoctoral research fellows. It cannot be used for 1) the employment of persons in non-academic staff positions, 2) tenure- track or tenured faculty appointments, or 3) International Medical Graduates (IMGs) who will be engaged in clinical activities, including training. The Educational Commission for Foreign Medical Graduates (ECFMG) issues its own J-1 visa documents for the purpose of graduate medical training.
- All events pertaining to the Exchange Visitor's (EV) stay at RBHS must be reported by the sponsoring department to International Services, including arrival and termination of program, within 10 days of the event taking place. Furthermore, the department agrees to inform International Services immediately upon departure of the J-1 participant, regardless of the whether or not the departure was planned.
- The intent of the J-1 Program is mutual exchange of knowledge. The department and the EV should recognize the participant's obligation to return home. The two-year home country physical presence requirement applies to any J-1 who either received direct government funding or those with expertise in certain fields chosen by their home country. If an EV is subject to the two-year home residency requirement, this is usually noted on the visa and on the DS-2019 at the time of entry into the U.S.
- All J-1s and their J-2 dependents must have health insurance that meets standards set by the Department of State, including medical evacuation and repatriation of remains. The department agrees to monitor such by assuring that the EV is covered by health insurance for the entire length of the program. See section "D" of this form for more information on insurance.
- A J-1 who wishes to transfer sponsorship to RBHS must be released from the current sponsor prior to beginning their program at RBHS and must maintain the original program objectives listed on the initial form DS-2019.
- The sponsoring department must comply with all RBHS and federal regulations concerning J-1 Exchange Visitor status.
- If the prospective EV is outside the U.S., it could take up to three months for the visa to be issued by the U.S. Consulate/Embassy. Please factor this in when projecting a program start date. For more information on current U.S. Embassy/Consulate processing times and visa application requirements, applicants may visit the Department of State (DOS) website at <http://usembassy.state.gov> and <http://travel.state.gov/reciprocity/index.htm>.
- The DS-2019 is issued according to financial documentation; i.e., if the funding can only be guaranteed for one year, our office will only issue a DS-2019 for one year.
- To avoid common problems experienced by EVs, departments should ascertain the participant's financial capability, English language proficiency, and the department's ability to provide support services to the EV.
- Mail the completed application with the supporting documentation to International Services.

SUPPORTING DOCUMENTATION CHECKLIST

Part I. the following documents must accompany **EVERY** application for J-1 sponsorship:

- Letter of invitation to RBHS describing the proposed course of studies, proposed dates of sponsorship, and the location where the program will be conducted. If the funding will be provided by RBHS, specify the amount available for the entire program and the source of the funding.
- If the EV will not be enrolled in courses at RBHS, provide a letter from the home institution certifying that the proposed course of studies/research satisfies a required portion of the student's curriculum.
- Proof of adequate funding if the EV will not be funded by RBHS (See Part C for more information)
- Photocopy of the applicant's highest obtained diploma and pertinent professional certificates (with English translation)
- Copy of HR approved Staff Transaction Form if funding will be provided by RBHS
- Photocopy of the biodata page from the applicant's passport
- Photocopy of the biodata page from the dependent's passport (if applicable)

Part II. If this is an application for **change of status**, you must submit the documentation listed in Part I, In addition to the following:

- Photocopy of applicant's current I-94 card (arrival/departure) card
- Photocopy of dependent's current I-94 card (arrival/departure) card, if applicable
- Photocopies of the applicant's and the dependent's previously issued DS-2019 and/or I-20 forms and EAD cards.
- A completed form I-539 with a fee of \$300 payable to the U.S Citizenship and Immigration Services. This form can be downloaded from the IS website.

Part III. If this is an application for an **extension**, you must submit the documentation listed in Part I, In addition to the following:

- Photocopy of all previously issued DS-2019s
- Photocopy of the dependents' previously issued DS-2019s, if applicable
- Photocopy of the applicant's most current I-94 card and that of his/her dependents, if applicable

Part IV. If this is an application for **transfer of J-1 status from another institution**, you must submit the documentation listed in Part I, In addition to the following:

- Photocopy of the applicant and dependent's previously issued DS-2019s
- Photocopy of the applicant's most current I-94 card and that of his/her dependents, if applicable
- If subject to the two-year home residency requirement, submit a photocopy of the waiver from the Department of Justice or photocopy of the "no objection letter" from the Department of State
- Completed transfer recommendation form from the current/previous Alternate/Responsible Officer

USCIS fees are the responsibility of the applicant. Checks are to be made payable to:
U.S. Citizenship & Immigration Service or USCIS.

FEE STRUCTURE:

- | | |
|--|--------|
| <input type="checkbox"/> Initial DS-2019 | NO FEE |
| <input type="checkbox"/> Transfer of the J-1 status from another institution | NO FEE |
| <input type="checkbox"/> Extension of current J-1 status at RBHS | NO FEE |
| <input type="checkbox"/> Change of status (currently in the U.S. under a different non-immigrant status) | \$300 |

INTERNATIONAL SERVICES FEES: Please refer to the transmittal form on page 11.

FAILURE TO SUBMIT ALL OF THE REQUESTED DOCUMENTATION WILL RESULT IN THE DELAY OF YOUR REQUEST.

Rutgers Biomedical and Health Sciences J-1 Student (Exchange Visitor) Request

This form must be submitted to International Services for all Exchange Visitors in the J-1 student category. The sponsoring department (not the applicant) must complete ALL sections of this form. Please type or print clearly.

This is an application for: (check all that apply)

- Initial program Extension of current J-1 status Transfer of the J-1 status from another institution
 Change of status from: F-1/F-2 B-1/B-2 J-2 Other (specify)

A. EXCHANGE VISITOR'S PERSONAL DATA

Family name First name Middle name

Male Female Single Married Date of birth

Place of birth (Province, Prefecture, Township, District, etc. may be used where local custom or regulation requires.)

Province Country

Country of legal permanent residence Country of legal citizenship

Passport # Passport expiration date

If applicant is not currently in the U.S., anticipated date of arrival:

Permanent address abroad:

Street name and number Apt. number

Province City Postal Code Country

Telephone numbers abroad

Home Work email address

Current position/last title in country of permanent residence:

- University administrative staff University Teaching Staff including Researcher University graduate student
 University undergraduate student University medical school student University post-graduate trainee
 Other

Last place of employment in country of permanent residence:

Employer in country of permanent residence is:

- Private Local government State/Regional government Central government

If the J-1 is a student in his/her country of permanent residence, indicate the level of study:

- Undergraduate Master's Doctorate Other (specify)

If applicant is currently in the U.S.:

Date of last entry into the U.S. Port of Entry I-94 card #

Current non-immigrant status:

F-1/F-2 J-1/J-2 H-1/H-4 Other (specify) Expiration date of status

Does the applicant plan to travel outside the U.S. within the next 4 months? No Yes

If yes, please indicate dates: from to

Current U.S. address and telephone numbers

Street name and number Apt. number

City State Zip Code

Home Phone Number Work Phone Number

Firm or institution where currently or previously employed/enrolled in the United States (if applicable):

Firm/Institution From to

Address of firm or institution:

Street name and number Phone Number

City State Zip Code

Highest academic degree obtained: Bachelor's Master's PhD Other (specify)

Major field of study

PRIOR J-1 STATUS:

Has the applicant ever held J-1 status? No Yes (provide copy of IAP-66/DS-2019)

If yes, is the applicant subject to the two-year residency requirement? No Yes

Did the applicant fulfill or receive a waiver of the requirement? No Yes (provide copy of waiver or "No objection letter" from the Department of State)

Is the applicant currently in a J-1 program? No Yes

If currently in a J-1 program, the Exchange Visitor must complete the attached "Transfer Recommendation Form" and submit it to International Services with this application and copies of all previously issued DS-2019 forms and I-94 (arrival/departure) cards. No DS-2019 will be issued without these documents.

No Patient Contact (for Alien Physician only)

Is the potential J-1 a physician in her/his home country? No Yes

If yes, please note that the program in which the J-1 will participate is solely for the purpose of study, observation, consultation, teaching or research and that no elements of patient care may be involved. If the J-1 scholar will have ANY patient contact, however minimal, the sponsoring department must contact this office for further instructions.

B. DEPENDENT'S INFORMATION (Please note that if dependents are currently in the U.S. the form I-539 must be completed by the dependent, not the prospective employee. Contact International Services for further instructions).

Dependent #1

Family name Given name Middle name

Date of birth Place of birth

City and Country

Country of legal permanent residence Country of legal citizenship

Relationship to the prospective employee: Spouse Son Daughter Other (specify)

Dependent is accompanying visitor **OR** Dependent will follow visitor at a later date Estimated date of arrival

Dependent #2

Family name Given name Middle name

Date of birth Place of birth

City and Country

Country of legal permanent residence Country of legal citizenship

Relationship to the prospective employee: Spouse Son Daughter Other (specify)

Dependent is accompanying visitor **OR** Dependent will follow visitor at a later date Estimated date of arrival

Dependent #3

Family name Given name Middle name

Date of birth Place of birth

City and Country

Country of legal permanent residence Country of legal citizenship

Relationship to the prospective employee: Spouse Son Daughter Other (specify)

Dependent is accompanying visitor **OR** Dependent will follow visitor at a later date Estimated date of arrival

C. ADMINISTRATIVE DATA

RBHS Campus: Newark Piscataway/New Brunswick

Title of position to be held at RBHS*

*Position title must be officially recognized and approved by Human Resources

Address where the beneficiary will work:

Location #1
Street#
City
State
Zip Code

Location #2
Street#
City
State
Zip Code

Department Schools

Major Subject field description & code*

*(see descriptions on pages 9-10)

Provide a brief description of the proposed program studies:

Requested dates of J-1 sponsorship: *from to

*Sponsoring department may request a **MAXIMUM** of 2 years. J-1 students **may not** be extended beyond a stay of 2 years.

Minimum funding requirements: The following figures indicate the minimum funding required for issuance of the form DS-2019. EVs may use a combination of funding sources in order to meet the minimum requirement. **DS-2019 forms will only be issued for EVs whose funding comes primarily from sources other than personal or family funds.**

J-1 only	\$21,671 per year
J-2 dependent spouse	\$5,000 per year
J-2 dependent child	\$4,000 per year

Check all applicable sources: (include copy of funding letter)

Amount in U.S. \$

- Source of RBHS funds (e.g. department funds, stipend, grant, etc.) year month
- U. S. government agency (only if sources are for exchange visitor, not funds paid to RBHS or RBHS affiliates) year month
- International organization year month
- Exchange Visitor's government year month
- The Binational Commission of the visitor's country year month
- All other organizations year month
- Personal funds (savings accounts, family support, etc.) year month
Please provide bank statements.

D. INSURANCE

Department of State regulations mandate health insurance coverage for all J-1 Exchange Visitors (EV) and their dependents (J-2 Exchange Visitors) for the entire length of their program. This federal regulation allows for no exceptions and requires termination of program participation for all J-1 visa holders who do not obtain and maintain the specified coverage for themselves and their J-2 dependents.

Federal Regulations Require:

Minimum Coverage- at a minimum, insurance shall cover:

- (1) medical benefits of at least \$100,000 per person per accident or illness;
- (2) repatriation of remains in the amount of \$25,000; and
- (3) expenses associated with medical evacuation in the amount of \$50,000; and
- (4) deductible per accident or illness \$500.

1. **Additional Terms-**A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness, and must meet other standards specified in the regulations.
2. **Maintenance of Insurance-** Exchange visitor must maintain the required insurance during the duration of their program.
3. **Acceptable Insurance Broker Ratings-** In addition to coverage standards, the regulations also set forth rating requirements for acceptable policies. Such policies must be underwritten by a company rated A by Best or ISI; AA by S&P; or B+ by Weiss. Coverage backed up by the exchange visitor's home country government, public institution wishing to self-insure, and private program approved by USIA for self-insurance are exempt from the rating requirements.

In some cases funding for such coverage for the Exchange Visitor may be provided by the University (faculty positions or certain research positions) or by a foreign government/affiliation. In other cases it may be purchased either by the department or by the individual. The department must communicate the requirements for insurance to J-1/J-2 visa holders and verify that it has done so by signing the appropriate area below.

Upon arrival at this institution, the J-1 visa holder must also sign the J-1-/J-2 insurance attestation form confirming the fact that he/she understands and will comply with the above federal regulations. So as to conform to federal regulations, the signed/dated yellow sheet should then be forwarded to International Services for placement in the individual's file.

Name of Insurance Company

Period of coverage: from

to:

If coverage is from a company that is not a RBHS sponsored insurer, proof of coverage with English translation and in U.S. dollars will be requested by this office and will be presented to IS for evaluation/approval.

To be completed by Department/Program Official

"I will/have inform(ed) the J-1 Exchange Visitor of the Department of State regulations outlined above and of his/her requirements and compliance obligations".

Printed name

Title

Signature

Date

Name of person completing this form Title

Interoffice mailing address

Email address Telephone #

E. MAILING METHOD: UPS Certified mail (domestic only) Interoffice mail Index #

Send directly to the beneficiary at the following address:

Name

Address

Province/City Postal Code Country

F. SIGNATURES OF ATTESTATION

DEPARTMENT CHAIR/DIRECTOR

Printed name Signature

Title Department

Phone number Email address Date

SCHOOL DEAN OR DESIGNEE

Printed name Signature

Title Department

Phone number Email address Date

Please return the completed form to the:
Rutgers Biomedical and Health Sciences
Office of International Services
65 Bergen Street, Room GA-72 (SSB/GA-72)
Newark, NJ 07107



FIELD DESCRIPTION	SEVIS
Acute/Critical Care	511617
Adult Acute Care	511603
Adult Health	511603
Adult Nurse Practitioner	511603
Adv Educ in General Dentistry	510502
Advanced Imaging Science	512702
Advanced Nursing Practice	511608
Advncd Prac Master's Completn	511608
All Health -Nuc Med 2nd BS	510999
Allied Dental	510601
Allied Health - Nuclear Med.	510999
Allied Health - Resp Care	510999
Allied Health - Resp Therapy	510999
Allied Health - Sonography	510999
Allied Health - Vascular	510999
Allied Health - Vascular 2nd BS	510999
Allied Health Technologies	510999
Allied Hlth - Resp Care 2nd BS	510999
Allied Hlth - Resp Thpy 2nd BS	510999
Allied Hlth Sonography 2nd BS	510999
Anatomy	260403
ANP/Occupational Health	511618
Biochemistry	260202
Biochemistry & Molecular Biol	260210
Biology	260101
Biomedical Engineering	140501
Biomedical Informatics	512706
Biomedical Sciences	260102
Biostaticstics	261102
Cardiopulmonary Sciences	519999
Cell & Develop Biology	260406
Developmental Biology & Embryology	260404
Cell & Mol Pharmacology	261002
Cell & Molecular Biology	260406
Cell Biology	260401
Cell Biology & Molecular Med	260406
Child Adol Psych Mental Health	511610
Child Health Nurse Practnr	511609

FIELD DESCRIPTION	SEVIS
Clinical Epidemiology	512201
Clinical Lab Sciences	510005
Clinical Leadership Specialty	511602
Clinical Nurse Research Spec.	511601
Clinical Nutrition	513102
Clinical Nutrition Doctorate	513102
Coordinated Dietetic Program	519999
Cytotechnology	511002
D. P. T. South	512308
Dental Assisting	510601
Dental Hygiene	510602
Dental Lab Tech	510603
Dental Medicine	510401
Dental Science	510501
Diagnostic Imaging Technol	510999
Diagnostic Med Sonography	510910
Dietetic Internship	513199
Doctor of Physical Therapy	512308
Emergency Medical Technology	510904
Endodontics	600103
Environmental Science	512202
Family Nurse Practitioner	511605
Geriatric Nurse Practioner	511608
Health Care Informatics	519999
Health Sciences	510000
Health Services Mgmt & Edu	51999
Health Systems	510701
Hospital/Health Care Mgmt	510701
Interdisciplinary Studies	309999
MASTER - Biomedical Science	260102
MD/PHD - no dept specified	960000
Med Lab Sciences	269999
Medical Assisting	510801
Medical Laboratory Tech	511004
Medical Technology	511005
Medicine	511201
Microbiology	260502
Microbiology & Mol Genetics	260802
Mol Genetics & Microbiology	260802
Molecular Biology	260204

FIELD DESCRIPTION	SEVIS
Neurosciences	302401
Nuclear Medicine Technology	510905
Nurse Anesthesia	511604
Nurse Midwifery	511607
Nurse Midwifery/Nurse Practnr	511607
Nursing	511601
Nursing Informatics	511608
Nutrition	519999
Occupational Health	511618
Oncology/Pallative Care	511608
Oral & Maxillofacial Surgery	600101
Oral Biology	510503
Oral Health Services Admin	512201
Oral Medicine	510502
Orthodontics	600105
Osteopathic Medicine	511901
Pathology	260910
Pediatric Dentistry	510509
Periodontics	600107
Pharmacological Sciences	261001
Pharmacology	261001
Pharmacology & Physiology	261001
Physical Therapy	512308
Physical Therapy/Movemt Sciece	519999
Physican Assistant	510912
Physiology	260901
Physiology & Integrative Bio	260999
Post Master's Certificate	511603
Professional Counseling	519999
Prosthodontics	600108
Psych Rehab & Behav Hlth Care	512399
Psychiatric Rehabil & Psychol	512399
Psychiatric Rehabilitation	512399
Psychiatric/Mental Health	511610
Psychosocial Rehab	512399
Psychosocial Rehab & Treatmnt	512399

FIELD DESCRIPTION	SEVIS
Public Health	512201
Public Policy/Oral Health	512201
Radiography	510907
Radiology Assistant	510907
Rehabilitation Counseling	512399
Respiratory Care	510908
Respiratory Care Technician	510908
RN-MSN	511608
Science in Dentistry	510501
Second Degree BSN - FA	511608
Stem Cell Biology	269999
Surgical Technology	510909
Toxicology	261004
Urban Health Systems	510701
Urban Systems Education	459999
Urban Systems Environment	459999
Vascular Technology	519999
Women's Health	511699
Women's Health NP	511609

THIS LIST IS NOT AN EXHAUSTIVE LIST. FOR ANY QUESTIONS ABOUT WHICH FIELD OF STUDY MAY BE MOST APPROPRIATE, PLEASE CONTACT INTERNATIONAL SERVICES.

Transmittal Form for RBHS J-1 Application Processing Fees

This form must be completed by the sponsoring department and attached to each application.

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

- Name of Foreign National for Whom the Application is Being Filed:

(Last)	(First)

- Hiring Department & School

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- Contact in Hiring Unit

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(Name)

(Campus Phone number)	(E-mail)

- Index Number to be charged

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Budget Approval:

- Signature of Budget Officer

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- Printed name of Budget Officer

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- Type of Application being filed *(please check all that apply)*:

<input type="checkbox"/> J-1 Initial & Transfer \$250	<input type="checkbox"/> J-1 Extension \$200	<input type="checkbox"/> J-1 Expedited (5 working days if complete) \$200	<input type="checkbox"/> J-1 Late Fee \$100
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For further information, please refer to the [Rutgers Visa Processing Fee Schedule](#) for your specific type of application.

PROCEDURE FOR PAYMENT:

E-MAIL THIS REQUEST TO INTERNATIONAL SERVICES AT: ois@gaiacenters.rutgers.edu

Include a copy of the completed form with the application package being submitted to International Services.

<p>Index Number to be Credited: 152274 RBHS-OIS Approval for IDT Receipt:</p> <hr style="width: 50%; margin: 0 auto;"/>
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ENGLISH PROFICIENCY VERIFICATION FORM FOR J-1 SCHOLARS

Name of J-1 scholar: _____

Institutional Affiliation of J-1 Scholar _____

Name of host faculty: _____

Name of Sponsoring Department/Center/Institute: _____

Rutgers School affiliation: _____

The English proficiency of the above-named J-1 scholar has been demonstrated by the following method **(check one)**:

English Language Proficiency Test	
<input type="checkbox"/> IELTS Overall score of 5.5 or higher	<i>(please attach documentation)</i>
<input type="checkbox"/> TOEFL Overall score of 65 or higher (internet based), or 183 or higher (computer based), or 513 or higher (paper based)	<i>(please attach documentation)</i>
<input type="checkbox"/> Official Documentation (certificate, diploma or transcript) demonstrating academic success at an English-language school or an academic institution where English is the language of instruction	<i>(please attach documentation)</i>
<input type="checkbox"/> Interview by the Sponsor of the above-named J-1 scholar Name of Interviewer _____ Date of Interview _____ Duration of Interview _____ Interview mode (telephone, video skype, i-chat, etc. _____ The J-1 scholar understood (check one) <input type="radio"/> with ease virtually everything that was said <input type="radio"/> the main points of standard conversation about relevant topics, e.g. work, academics and visit plans <input type="radio"/> only everyday expressions and very basic phrases of a concrete type The J-1 scholar was able to express him/herself (check one) <input type="radio"/> spontaneously, very fluently and precisely <input type="radio"/> in a manner that allowed for functional interaction with a native speaker without great difficulty <input type="radio"/> in a simple or halting way that required clarification and assistance from the listener	

I certify that I have made a good faith effort to assess the English proficiency of the above mentioned J-1 scholar and I believe that s/he is likely to succeed in the planned academic work at Rutgers and to navigate day-to-day activities without undue difficulty.

Signature of host faculty: _____

Date: _____