

# DEPARTMENT REQUEST

## For the DS-2019 Certificate of Eligibility for J-1 Status

<b>SURNAME/FAMILY NAME</b>									
<b>FIRST NAME</b>									
<b>MIDDLE NAME</b>									
<b>J-1 CATEGORY REQUESTED</b>	<input type="checkbox"/> <b>Research Scholar:</b> maximum program length is 5 years <input type="checkbox"/> <b>Short-Term Scholar:</b> maximum program length is 6 months (no extensions) <input type="checkbox"/> <b>Non-degree Student:</b> maximum program length is 2 years <input type="checkbox"/> <b>Student:</b> maximum program length is 7 years <p style="text-align: center;">Self-funded J-1s are issued an initial DS-2019 for up to one year.</p>								
<b>PROGRAM PERIOD</b> Request is based on guaranteed funding  <b>REQUEST TO EXPEDITE APPLICATION</b>	<b>Start:</b> Month _____ Day _____ Year _____ <b>End:</b> Month _____ Day _____ Year _____ If you would like to request a start date less than 6 weeks from the time of submitting this application, please provide your department charge code for a \$150 expedited processing fee: Charge code: _____								
<b>DEPARTMENT / DIVISION</b>									
<b>AREA OF RESEARCH</b>									
<b>LOCATION OF ACTIVITY - U.S. ADDRESS</b>									
<b>U.S. OFFICE/LAB PHONE NUMBER</b>									
<b>POSITION TITLE</b> (POSTDOC, VISITING SCHOLAR, RESEARCH TECH, ETC.)									
<b>WILL THE DEPARTMENT PROVIDE OR BUY MEDICAL INSURANCE FOR THIS SCHOLAR?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, scholar will obtain own health insurance								
<u>Employees</u> must be paid according to job descriptions and titles at rates determined by compensation in Human Resources. The figures on this chart represent the minimum amount for immigration paperwork. Additional funds can be provided through the J-1's personal bank statements.  <b>Departments must demonstrate institutional commitment to the scholar</b>	<p style="text-align: center;"><b>ANNUAL MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS</b></p> <p>Cost of health insurance is not included in the minimum financial requirements. The scholar must purchase health insurance after showing the minimum funding.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><b>J-1 only</b></td> <td style="text-align: right;">\$28,000</td> </tr> <tr> <td><b>J-1 + 1 Dependent</b></td> <td style="text-align: right;">\$30,000</td> </tr> <tr> <td><b>J-1 + 2 Dependents</b></td> <td style="text-align: right;">\$32,000</td> </tr> <tr> <td><b>J-1 + 3 Dependents</b></td> <td style="text-align: right;">\$34,000</td> </tr> </table> <p style="text-align: center;"><b>Jefferson J-1 <u>POST-DOC</u> salary must match the Postdoc Affairs minimum</b></p>	<b>J-1 only</b>	\$28,000	<b>J-1 + 1 Dependent</b>	\$30,000	<b>J-1 + 2 Dependents</b>	\$32,000	<b>J-1 + 3 Dependents</b>	\$34,000
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<b>*FOR JEFFERSON OR ROTHMAN NON-PAYROLL ONLY</b>									
<input type="checkbox"/> <b>The scholar will be working in a lab (bench research):</b> You <u>must</u> contact Theresa Wilson (ext. 3-1296) in Environmental Health & Safety for pre-approval and clearance									
<input type="checkbox"/> <b>The scholar will be doing clinical research/observation</b>									

### SEND the FOLLOWING DOCUMENTS to OIA

- |  |   |
|--|---|
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | University invitation letter describing J-1 program and funding. See template provided online.<br>Completed DS-2019 Department Section pages 1-3 (including Attestation of English Proficiency), with signatures<br>Completed APPLICANT Section page 4, including copy of passport page, resume and other immigration documents<br>Completed APPLICANT Dependents Section page 5 (if applicable), including copies of their passport pages<br>No Patient Contact Certification for scholars with M.D.'s or clinical medical degrees<br>If on Jefferson Payroll: Attach copy of PAR ( <u>P</u> osition <u>A</u> uthorization <u>R</u> quest)<br>If <u>NON-Jefferson</u> payroll? Original financial documentation from funding source in English and in US dollars<br>Transfer from another institution? Copies of any previous DS-2019 forms, visas & I-94 number |
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**FINANCIAL SUPPORT INFORMATION**  
**CHECK ALL APPLICABLE SOURCES**  
**see page 1 for MINIMUM FUNDING REQUIREMENTS**

**JEFFERSON FUNDING: MUST CHOOSE ONE, UNLESS FUNDS ARE PROVIDED BY OTHER INSTITUTION OR GOVERNMENT**

- ☐ **Will receive salary** – must attach a copy of Position Authorization Request (PAR) U.S. \$ \_\_\_\_\_
- ☐ **Institutional Commitment** (e.g., housing, \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
health insurance, stipend, airfare, etc.) (please specify)

**NON-JEFFERSON FUNDING: ORIGINAL DOCUMENTATION IN ENGLISH AND US DOLLARS**

- ☐ **U.S. Government** \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
(Name of U.S. government agency  
**ONLY** if funds are for the specific purpose of international exchange)
- ☐ **International Organization** \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
(Name of organization)
- ☐ **Exchange Visitor's Government** \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
(Name of government agency)
- ☐ **Binational Commission of** \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
**the visitor's country** (Name of organization)
- ☐ **Other Institutions or** \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
**Organizations** (Name of institution: home country institution, Rothman, Wills Eye,  
Dupont, Lankenau, etc.)
- ☐ **Personal Funds** \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
(Savings Account: Provide original bank statements or bank guarantee letter)  
**MUST ALSO SHOW SUPPORT** from HOME INSTITUTION or JEFFERSON

**Supervisor's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR DEPARTMENT/DIVISION CHAIR**

As Chair of the department/division, I agree to the nature and details of the Exchange Visitor's Program. I approve the amount of time and funding requested as necessary to complete the goals and objectives of the research. I recommend that you authorize this researcher to participate in the J-1 Exchange Visitor program described.

I am aware that regulations pertaining to J-1 visa holders state that health insurance is mandatory for them and any dependents they may bring with them to the United States for the duration of their program. This Exchange Visitor is not being hired for, nor will he/she be promoted to a tenure track position while participating in the exchange visitor program.

**Department / Division Chair's NAME SIGNATURE DATE**

Person to be notified when DS-2019 is ready for pick-up:	Email	Telephone No.

## DEPARTMENT ATTESTATION OF ENGLISH PROFICIENCY FOR J-1 EXCHANGE VISITORS

Effective January 5, 2015, the U.S. Department of State requires sponsors of J-1 exchange visitors to demonstrate proof that the J candidate has "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11(a)(2)]

All requests for inviting new J-1 exchange visitors to Jefferson must be accompanied by this "Department Attestation of English Proficiency for J-1 Exchange Visitors" form in order for the Office of International Affairs (OIA) to issue the DS-2019 Certificate of Eligibility for the J-1 Status.

### DEPARTMENT ATTESTATION

I confirm that the J-1 candidate has demonstrated sufficient English proficiency in one or more of the following ways (as deemed to be appropriate by the Department of State and OIA):

- ☐ \*Recommended\* A documented interview conducted in English by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option

INTERVIEW INFORMATION	ASSESSMENT
Date _____ Time (EST) _____	J Scholar English Proficiency level  <input type="checkbox"/> Proficient <input type="checkbox"/> Not Proficient  N.B.: If the Exchange Visitor arrives with no English proficiency, the J-1 program will be canceled.
Interviewer Name _____	
Interviewer Title _____	
J-1 Interviewee Name _____	

OR

- ☐ The TOEFL or IELTS taken within the past 5 years (minimum score: TOEFL = 79, IELTS = 6.5)
- ☐ TOEFL    ☐ IELTS    Date of Test \_\_\_\_\_    Score \_\_\_\_\_

OR

- ☐ Documented completion of advanced level English proficiency from a recognized English language institution OR copy of transcripts from a university in an English-speaking country (please attach copy of documentation)

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Supervisor Name	Signature	Date

Send entire application to [oia@jefferson.edu](mailto:oia@jefferson.edu) or mail to:

Thomas Jefferson University  
Office of International Affairs  
1020 Locust Street, JAH M-70  
Philadelphia, PA 19107-6799