

Full Name of Visitor (as it appears on passport/visa, First LAST) _____

Contact Information for your Visitor

Include full name, complete mailing address with country, and phone number

Email address of visitor: _____

Visitor's Home Institute: _____

Anticipated dates of stay (mm/dd/yyyy) **Arrival:** **Departure:**

Do you know the visitor? Y N

If yes, in what context do you know the visitor? *Provide additional detail on the following page*

- Research collaboration Professional Association
 Former colleague/student Acquainted through professional colleague
 Other _____

Will the visitor have access to ISU computers, office space, and lab space? Y N

Source of support

What is the purpose of the visit? What are tangible, specific benefits to your program, the department, and the university?

Faculty Host Name: _____ **Faculty Host Signature:** _____

Department Chair Signature: _____ **Department:** _____

Associate Dean for Research or Designee's Signature: _____

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Full Name of Visitor (as it appears on passport/visa, First LAST) _____

What are the anticipated dates of stay: Arrival _____ Departure _____

Gender Female Male

Date of Birth of Visitor: ____/____/____ (mm/dd/yyyy)

Is your visitor:

If your visitor is an undergrad, please DO NOT use this form. Ask your HR liaison about the Intern/REU route

Paid by ISU (by what account):

NOT Paid by ISU

Enrolling for Courses at ISU

Current Grad Student (where _____)

Current Faculty/Professional

rank/title: _____

where: _____

How long have you known this individual?

What is (are) your professional connection(s) to this individual?

Names/relationships of any known dependents, if coming

Complete/Obtain the following:

Planned Office Space (room/bldg): _____

Completed **ISU Export Control Worksheet** (this includes a **brief description of visitor activities**)

(for **UNPAID visitors only**) Completed **Participation Agreement** (signed by faculty host only – **DO NOT HAVE visitor sign**)

CV of visitor

Draft Invitation (Department sends official invitation/offer letter to all visitors)

Verification of English Proficiency sufficient for program participation

(for **Paid Visitors Only**) **LOI/Draft Offer Letter**: Appointment Type Requested (discuss with Dept HR Liaison):

Account # (should not be grant funds) for fees and insurance back-up*

To be completed by Department HR Liaison

- ISU Export Control Worksheet – sent to export@iastate.edu for all international visitors
 - Signature of Department Chair
- Participation Agreement (If scholar **will not** be paid on ISU payroll) – sent to 1550 Beardshear Hall
 - Signature of Visitor Signature of Host
 - Signature of Safety Officer (if applicable)
 - Signature of Department Chair
- ISU Letter of Intent (If the scholar **will** be paid on ISU payroll)
- DS2019 for J1 – Mandatory for ALL PAID visitors, and ANY UNPAID visitors staying OVER 3 MONTHS
- B1 Visa – Mandatory for ALL UNPAID visitors staying <3 MONTHS
- DS7002 (for student interns only, <http://www.isso.iastate.edu/iStart/DS-7002.pdf>)

ACTUAL ARRIVAL DATE: _____

- Access controls (keys/prox) given
 - Access permissions given _____
- Safety Training completed (Notify host to implement training as appropriate)

Exchange Visitor Category*: _____
Last Position in Home Country: _____
Field of Study: _____
Specific Area: _____
 iStart Approved by Department
 DS2019 Sent to visitor

Documents on visitor to be obtained:

- PDF of Passport Demographic Page
- PDF of Passport Demographic Page for each Dependent
- PDF of Financial Support Document (for visitors not paid by ISU, If personal funds will be used to support the exchange visitor's stay, a personal bank statement can be provided to show proof of the availability of funds)
- Temp ID _____
- University ID _____

ACTUAL DEPARTURE DATE: _____

- Access controls (keys/prox) removed
- Forwarding address and email

Required Fees : <https://www.isso.iastate.edu/departments/required-fees>

ISU Card Fee \$15 per year (Paid by visitor or Host) (Link to the Non ISU Data Base Input Form <http://www.isucard.iastate.edu/inputfront/>)

Health Insurance Premium Rates

For a list of current plan year premium links by category, view the following link: <http://www.hrs.iastate.edu/hrs/node/462>

The listed rates include both premium for the student health and pharmacy plan underwritten by Aetna Life Insurance Company, as well as Iowa State University's administrative fee. If visitor pays, premiums are changed to visitor's university bill (u-bill).

"Exchange Visitor Category": select the type of J-1 that corresponds to the purpose of the visit. Although the drop down menu displays all possible J-1 categories, ISU is authorized to host visitors only in the following categories:

- o Professor: primary duty is teaching, requires at least a BS degree
- o Research Scholar: primary duty is research, requires at least a BS degree
- o Short-Term Scholar: teaching or research, requires at least a BS degree, 6 month maximum stay
- o Specialist: other professional activity, 1 year maximum stay
- o Student Intern: for visiting students who will remain enrolled at their home institution while at ISU

Note the following time limits for each J-1 category:

- o Short Term Scholar: 6 months
- o Specialist or Student Intern: 12 months
- o Research Scholar or Professor: 5 years

Two-Year Bar for Repeat Participation as a J-1 Research Scholar and J-1 Professor

Exchange visitors who enter the U.S. as a professor or research scholar are not eligible for participation as a professor or research scholar for a period of two years following the end date of the J program.

One-Year Bar for Return as J-1 Research Scholar of J-1 Professor

If an individual was in the U.S. in J status (J-1 or J-2) for six months or longer, and departs from the U.S. after completing his/her program, he/she may not return to the U.S. as a J-1 Research Scholar or Professor until twelve months from the date he/she departed the U.S. This bar applies to all categories of the J program.

Pre-Arrival Information for Visitor: <https://www.isso.iastate.edu/new-student-orientation/new-international-student-pre-arrival-checklist>

Get an ISU Email Account

For unpaid visitors: HR Liaison Go to <http://asw.iastate.edu>, **Sign In, Request for Services, Net-ID (Account), Request an Exception Account**

Justification: Visitor under Host to conduct research

For paid visitors: <https://asw.iastate.edu/cgi-bin/acropolis/register> and register for an "ISU Network-ID".

Financial Support

Required funding amounts for J-1 visiting scholars are tied to Department of Health and Human Services poverty guidelines and will be adjusted each August 1st to incorporate fluctuations in the cost of living and health insurance premiums. A complete list of current J-1 Financial Requirements is available at the following link: <https://www.isso.iastate.edu/departments/j-1-financial-requirements>

J-1 applicants with alternate health insurance meeting U.S. Department of State requirements may be eligible for a waiver of the ISU insurance premium if approved in advance of their arrival in the U.S. J-1s with approved insurance waivers must document only the monthly Basic Living Expense amounts shown above. Information on the ISU Visiting Scholar Insurance Waiver Guidelines can be found here:

<http://www.hrs.iastate.edu/sship/docs/InternationalScholarWaiverGuidelines.pdf>

IOWA STATE UNIVERSITY

**PARTICIPATION AGREEMENT FOR VISITING SCHOLARS
and
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY**

Participant: _____

Participant's Home Institution: _____

Iowa State University Department/Unit: _____

Name of ISU Laboratory or Research Group: _____

ISU Faculty/Staff Supervisor: _____

Beginning Date: _____

Ending Date: _____

Participant has requested to participate as a visitor in research, experiential learning or service project activities at Iowa State University ("ISU"). This Participation Agreement must be read carefully and signed prior to engaging in any research, experiential learning or service project activities ("Project").

PLEASE READ THIS PARTICIPATION AGREEMENT CAREFULLY.

IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN RESEARCH, EXPERIENTIAL LEARNING OR SERVICE PROJECT ACTIVITIES.

In consideration of Iowa State University allowing Participant to participate in this Project, Participant agrees to the following terms:

I. Participation Arrangements:

1. **Project Description.** Participant understands that he/she has been approved to participate in the Project described in Appendix A as a visitor and is not an employee or student of ISU for any purpose. Any changes to the Project Description must be approved by the Faculty/Staff Supervisor.
2. **Costs of Travel and Living Costs.** Participant is responsible for all travel, lodging and living costs, except those authorized by the Department/Unit.
3. **Behavior Expectations of the Participant.** Participant agrees to abide by:
 - a. The laws of the United States, as well as state and local laws.
 - b. ISU policies, rules and regulations.
 - c. ISU laboratory safety standards and standards of the Department/Unit, together with all related training in general and specifically applicable to the Project.
 - d. Standards of conduct applicable to ISU students and/or employees.
 - e. ISU rules, standards and guidelines applicable to foreign students and scholars, and maintenance of appropriate visa status.
 - f. Participant may use university equipment only as explicitly permitted by the ISU Faculty/Staff Supervisor designated above. Participant may be required to pay costs of equipment usage as determined by the ISU Faculty/Staff Supervisor.

4. **Intellectual Property and Confidentiality.** Except as provided below, Participant agrees that any intellectual property created as part of this Project shall be owned by ISU, unless a separate written agreement exists. Participant may be granted access to the research of ISU faculty and students. Participant agrees to protect and maintain the confidentiality of the research products of such faculty and students. Participant will not use data or research of ISU employees and students without permission and appropriate attribution of credit. Participant retains the rights in copyrightable works solely created by Participant arising out of the Project. Participant agrees to acknowledge the assistance of the ISU Supervisor indicated above, and grants to ISU a royalty-free right to use and reproduce such works for its own non-profit purposes.
5. **Requirements.** Participant must be able to communicate effectively with Project supervisor(s) and be able to safely participate in Project activities. Participant agrees to complete the attached Medical Emergency Contact Information form and understands all emergency response will be communicated in English.
6. **No Worker Injury Program Applies.** Participant understands that no worker injury program applies, including, but not limited to, Worker's Compensation. Participant understands that he/she must rely upon his/her own financial resources and health insurance for coverage of any medical expense arising out of participation.
7. **Miscellaneous.** Participant agrees that he/she:
 - a. Is eighteen years of age or older.
 - b. Understands that ISU shall have the right to release him/her for any reason without prior notice and, upon termination, to return any keys and ISU property.
 - c. Has no authority to enter into a contract or make a financial commitment on behalf of ISU.
 - d. Will not represent that he or she is a student or employee of ISU.
 - e. This Participation Agreement will terminate upon the Ending Date indicated above, unless extended in writing by the Faculty/Staff Supervisor and Department/Unit Chair.

II. Assumption of Risk and Waiver of Liability:

Participant hereby ASSUMES THE RISK of participating in the activities described in Appendix A: Project Description and RELEASES FROM LIABILITY, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the State of Iowa; Board of Regents, State of Iowa; and Iowa State University; and their officers, servants, agents, or employees, including students participating in the Project, for any liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury, including death, involving Participant or Participant's property.

Participant further agrees that this Participation Agreement shall bind the members of Participant's family and spouse, heirs, assigns and personal representatives.

III. Governing Law:

This Participation Agreement shall be construed in accordance with the laws of the State of Iowa.

I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Signature of Participant **Date** _____

Accepted by:

Signature of Faculty/Staff Supervisor **Date** _____

Signature of Department/Unit Chair/Director **Date** _____

APPENDIX A
PROJECT DESCRIPTION
(To be filled out by Hosting Department / Supervisor)

Attachment to Participation Agreement of _____
(Name of Visitor)

1. Visiting Participant is: Professor/Instructor Student
 Post-Doctoral/Scientist Intern
 Dignitary (Observing at ISU > 30 days, but not providing Services)
 Other: Please Describe: _____

2. Participant's Home institution is: _____
(Please indicate "Not Applicable" if Participant is not currently affiliated with an institution.)

3. Will the participant be reimbursed for travel or other expenses? YES NO

If YES, please provide the source of funds and estimated amount:

4. Participant is authorized to conduct the following research, experiential learning or service project under the supervision of a Faculty/Staff Supervisor (describe the project and the Participant's expected activities, including pre-project training and orientation):

(Add additional pages as necessary)

5. List of equipment, supplies and services, including Personal Protective Equipment (PPE), to be provided by Iowa State University for participation in the project:

(Add additional pages as necessary)

6. List of Project Hazards and Standard Protections:

7. Anticipated project start date: _____ Anticipated project end date: _____

8. Expected project timeline, including an example of a typical daily schedule:

(Add additional pages as necessary)

9. Describe the Participant's access to laboratory or other project locations:

Participant [check one]:

is permitted access to the laboratory/research or other project locations in absence of other members of the project team.

is **not** permitted access to the laboratory/research or other project locations in absence of other members of the project team.

10. Location(s) of Project Activity:

Building(s):

Room(s):

Outdoor Campus Locations:

Other Off-Campus Locations (farms, private entities, etc.):

11. Faculty/Staff Supervisor agrees to abide by ISU policies, rules, and regulations including, but not limited to ISU laboratory safety standards and standards of the Department/Unit, together with all related training in general and specifically training applicable to the Project.

12. If Participant is not a U.S. citizen or U.S. Permanent Resident, Faculty/Staff Supervisor must complete the ISU Export Control Worksheet available at International Students and Scholars Office (ISSO).

Approvals:

Faculty/Staff Supervisor Name (please print)

Faculty/Staff Supervisor Signature

Date _____

Department/Unit Chair/Director Name (please print)

Department/Unit Chair/Director Signature

Date _____

Dean (please print)

Dean Signature

(If applicable) Departmental Industrial Hygiene Safety Officer Signature

Date _____

Accepted:

Participant Signature

Date _____

MEDICAL EMERGENCY CONTACT INFORMATION
and
TREATMENT PERMISSION AGREEMENT

Person to Contact First:	Backup Contact (Relative or Friend):
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone () _____	Daytime Phone () _____
Evening Phone () _____	Evening Phone () _____

INSURANCE INFORMATION

Policy Holder's Name _____ Relationship to Participant _____
Policy Holder's Phone # _____
Address _____ City, State, Zip _____

Insurance Company Name _____
(IF KNOWN) Insurance Company Customer Service Phone # _____

Visitors must maintain health insurance (SSHIP) as required of international students and scholars visiting ISU and to bear all financial responsibility for such insurance and any medical treatment arising from participation.

TREATMENT PERMISSION

I HEREBY AGREE AND GIVE MY PERMISSION:

- If an injury or other medical condition arises, for an ISU representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests.
- In an emergency situation, for an ISU representative to contact the individual(s) that I have listed under Medical Emergency Contact Information.
- In the event of an emergency where I cannot decide for myself, for the physician/hospital selected by an ISU representative to secure and administer treatment for me, including hospitalization.
- To inform the ISU Faculty Staff Supervisor of any medication, ailment, condition, or injury that may affect my performance in the Project.

To the release of any record necessary for treatment, referral, billing or insurance purposes.

Date

Participant Name (please print)

Phone

Participant Signature

ISU Export Control Worksheet

This form is required for H-1B Temporary Worker applications, J-1 Exchange Visitor applications, and for all other international visitors to determine whether or not a license is required with respect to the technology or technical data to which the prospective employee or visitor will have access. If a license is required, the employee or visitor must not have access to controlled technology or technical data until the necessary license is obtained.

This form applies to all university activities except for Ames Laboratory funded activities. Ames Laboratory has developed its own policies and procedures to comply with Export Control requirements as well as additional Department of Energy requirements for foreign nationals, sensitive subjects, international shipments and foreign travel. Joint projects among faculty and staff conducting work funded through Ames Laboratory and those who are individually funded through Ames Laboratory will be governed by Ames Laboratory policies and procedures.

Please answer the questions in Parts I and II, collect the required signatures in Part III, and email the completed worksheet to the Office for Responsible Research at export@iastate.edu. **Please do not upload this form to iStart;** ORR will upload the worksheet once it is approved. **Applicants MAY NOT fill out this worksheet—it MUST be filled in by the supervising party.**

If you do not understand a question, please contact Matt House at 4-0269 or Brooke Langlitz at 4-7793.

Please be sure to fully complete the worksheet. Export control worksheets with missing information cannot be processed.

Part I.

Answer ALL questions below (REQUIRED):

Visa Type: H-1B J-1 OPT Other/ISU not sponsoring Visa (please explain)

Application Type: New Application Extension

Applicant Name:

Applicant Country of Citizenship:

Applicant Country of Permanent Residence (if different than Citizenship):

If J-1, Applicant's Home Institution:

Applicant's Date of Birth (mm/dd/year):

Applicant's UID or Temp #:

ISU College and Department/Center:

Applicant Supervisor: Name & Email:

Department/Center Administrative Contact: Name & Email:

Part II.

1. Provide a technical description of the research/work the applicant will conduct, including key words necessary to perform an export control review:

2. Is any project on which the applicant will work or any portion of the applicant's salary funded directly or indirectly by the Department of Defense, Air Force, Army, Navy, Marines or other military department, whether of the United States or another nation?
 Yes
 No

If you answered Yes to question #2, answer the following questions:

- a. What is the name of the project title, as indicated on the project agreement?

 - b. What is the Goldsheet or account number associated with the project?
-
3. Will the applicant be working with military-related technologies or weapons?
 Yes
 No
 4. Will the applicant be working with technologies relating to spacecraft, including satellite technology?
 Yes
 No
 5. Will the applicant be working with encryption software?
 Yes
 No
 6. Will the applicant be working with any viruses, rickettsiae, bacteria, toxins or fungi?
 Yes
 No

If you answered Yes to question #6, answer the following questions:

- a. What is the name of the item(s) with which the applicant will be working? **Please indicate whether the item(s) is non-pathogenic or not.**

- b. Will the applicant be developing or producing the item?
 Yes
 No

If you answered Yes to question b, answer the following questions:

- i. Is information about the methodology the applicant will use to develop or produce the item publicly available?
 Yes
 No

- ii. Is it anticipated that the applicant will publish information about the methodology the applicant will use to develop or produce the item?
 Yes
 No

- 7. Will the applicant receive or have access to information that is necessary to develop or produce any equipment or software other than standard office equipment and software?
 Yes
 No

If you answered *Yes* to question #7, answer the following questions:

- a. What is the name of the equipment or software for which the applicant will have such information?
- b. Is the information publicly available?
 Yes
 No
- c. Is it anticipated that the applicant will publish the information?
 Yes
 No

- 8. Will the applicant receive or have access to information that is necessary to perform ALL of the following on any equipment or software other than standard office equipment and software: operate, install, maintain, repair, overhaul and refurbish?
 Yes
 No

If you answered *Yes* to question #8, answer the following questions:

- a. What is the name of the equipment or software for which the applicant will have such information?
- b. Is the information publicly available?
 Yes
 No
- c. Is it anticipated that the applicant will publish the information?
 Yes
 No

- 9. Is any project on which the applicant will work or any portion of the applicant's salary funded directly or indirectly through a grant or contract that contains a restriction on publication (other than delay to remove confidential information or protect intellectual property) or on the involvement of foreign citizens?
 Yes
 No

Part III.

If the circumstances of the employment or visit change such that a Yes answer would be required for any of the foregoing questions, I agree to notify the Office for Responsible Research immediately.

Applicant Supervisor _____ **Date:** _____
Signature

Name: _____ **Title:** _____

**Department Chair/
Director** _____ **Date:** _____
Signature

Name: _____ **Title:** _____

ORR Office Use Only:

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign Person; or
- 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary, and the petitioner will prevent access to the control technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Reviewed by: _____ Date: _____
ORR