

**J-1 EXCHANGE VISITOR PROGRAM
DEPARTMENT REQUEST FOR A DS-2019**

OFFICE OF INTERNATIONAL PROGRAMS (OIP) CONTACT INFORMATION

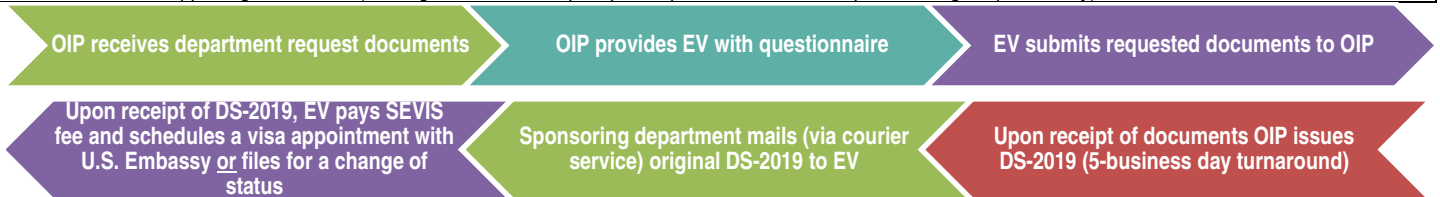
<p>Office of International Programs University of Kansas Medical Center 3901 Rainbow Blvd., Mail Stop 3033 5010 Wescoe Kansas City, KS 66160 Phone: 913-588-1480 Fax: 913-588-1462</p>	<p>Alexandria Harkins International Student and Exchange Visitor Adviser, ARO, DSO Email: aharkins2@kumc.edu Phone: 913-588-1460</p>	<p>Irina Aris Assistant Director of Inbound Programs, RO, DSO Email: iaris@kumc.edu Phone: 913-588-1485</p>
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WHAT IS THE J-1 EXCHANGE VISITOR PROGRAM?

The University of Kansas Medical Center (KUMC) is designated by the U.S. Department of State (DOS) to sponsor J-1 Exchange Visitors (EVs) in the categories of Professor, Research Scholar, Short-Term Research Scholar, Student, and Student Intern. The J-1 Exchange Visitor Program was designed by the DOS to foster mutual understanding as well as cultural and educational exchanges between the United States and other countries. In the Federal Register, 22 CFR Part 62 establishes the J-1 Exchange Visitor Program and outlines its various regulatory requirements and parameters. All EVs and sponsoring institutions must adhere to these regulatory requirements and parameters. Sponsoring institutions have the authority to issue DS-2019 documents (Certificates of Eligibility for Exchange Visitor Status (J-Nonimmigrant) which allows participants or EVs to apply or change status to a J-1 nonimmigrant visa.

REQUEST PROCESS

<p>1. Sponsoring department submits the following to the OIP:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed DS-2019 request form <input type="checkbox"/> Deemed Export Questionnaire <input type="checkbox"/> OIP Fee
<p>2. OIP contacts prospective EV and provides exchange visitor questionnaire</p>
<p>3. Prospective EV submits the following to sponsoring department:</p> <ul style="list-style-type: none"> <input type="checkbox"/> EV questionnaire <input type="checkbox"/> Supporting documents (i.e. degree certificates, passport copies, immunizations, proof of English proficiency)



ARRIVAL AT KUMC

EVs have to arrive at KUMC no sooner or later than 30 days of their program start date. Upon arrival at KUMC, EVs will complete an orientation and check-in appointment with OIP. At check-in, EVs must provide the following items to OIP in order to have their J-1 SEVIS record validated:

1. Current DS-2019
2. U.S. address
3. Passport with I-94 (available only after arrival at www.cbp.gov/I94)
4. Visa stamp
5. Proof of health insurance, medical evacuation and repatriation insurance that meet U.S. Department of State requirements

HEALTH INSURANCE REQUIREMENTS

The U.S. Department of State (DOS) requires all J-1 and J-2 Exchange Visitors to carry health insurance throughout their program in the United States. As a sponsor, the University of Kansas Medical Center monitors exchange visitor compliance. Failure to comply with these regulations can result in loss of status.

SUMMARY OF STATE DEPARTMENT HEALTH INSURANCE MINIMUM REQUIREMENTS	
GENERAL: ACCIDENT AND ILLNESS	Minimum of \$100,000 per accident or illness for medical benefits
	Maximum co-insurance of 25%
	Maximum deductible of \$500 per accident or illness
MEDICAL EVACUATION	Minimum of \$50,000
REPATRIATION	Minimum of \$25,000

INFORMATION ABOUT THE J-1 STUDENT INTERN CATEGORY

Exchange Visitor Category**	Description of Activity	Minimum Program Duration	Maximum Program Duration
Student Intern	Engage in structured student internship program		1 year

INTERNSHIP REQUIREMENTS

- Internship must be full-time (minimum of 32 hours per week).
- Extensions beyond 1 year are not permissible.
- Purpose of internship must “fulfill the educational objectives for his or her current degree program at his or her home institution.
- Internship tasks may consist of no more than 20 percent clerical work.
- Assigned tasks must be “necessary for the completion of the student internship program”.
- Internship should expose the participant to “American techniques, methodologies, and technology”.

ELIGIBILITY

- Prospective intern must be “enrolled in and pursuing a degree at an accredited postsecondary academic institution outside the United States” and be in good standing with the academic institution [22 C.F.R. § 62.23(i)]
- Prospective intern should be accepted to the internship program with KUMC.
- Prospective intern must return to his or her academic institution to complete degree requirements upon completion of the program.
- Prospective intern will need to show proof of funding and English proficiency.

WHILE ON PROGRAM AT KUMC

- Maintain J-1 visa status requirements
- Maintain valid health insurance in accordance with J-1 visa regulations
- Participate in a program evaluation every 6-months while on program.

DS-2019 REQUEST CHECKLIST

- Completed DS-2019 request forms**
- Copy of offer letter or communication between sponsoring department and the individual confirming the appointment**
- Deemed Export Questionnaire**
- Completed DS-7002 (Separate Attachment)**
- \$75 Fee: Initial DS-2019 Request Processing Fee (from hiring/sponsoring department or PI)**
 - **Can be paid by either check (made payable to KUMC: Office of International Programs) or IDB**
- Please submit a scanned copy of the DS-2019 request forms and supporting documents (including prospective exchange visitor questionnaire and documents) to both Alexandria Harkins (aharkins2@kumc.edu) and Irina Aris (iaris@kumc.edu).**

SPONSORING DEPARTMENT INFORMATION

INSTRUCTIONS: 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) by email. OIP will notify the hiring department when the DS-2019 will be issued and ready for pick-up.

<p>SPONSORING DEPARTMENT:</p> <p>PHYSICAL ADDRESS (location of the activity on campus):</p> <p><input type="checkbox"/> 3901 RAINBOW BLVD. KANSAS CITY, KS 66160</p> <p>LOCATION ON CAMPUS:</p> <p><input type="checkbox"/> OTHER:</p>	<p>If activity will take place at the VA Medical Center, please complete the following:</p> <p>The sponsoring supervisor is affiliated with the University of Kansas Medical Center. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide title and department at KUMC:</p>
SPONSORING SUPERVISOR:	DEPARTMENT CONTACT/COORDINATOR:
NAME:	NAME:
TITLE:	TITLE:
PHONE NUMBER:	PHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:

PROSPECTIVE EXCHANGE VISITOR AND POSITION INFORMATION

PROSPECTIVE EXCHANGE VISITOR FAMILY NAME:	GIVEN NAME:
EMAIL ADDRESS:	
Will prospective exchange visitor be accompanied by dependents who require J-2 visa(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
POSITION TITLE:	ANTICIPATED PROGRAM DATES (MM/DD/YYYY) START DATE: END DATE:
HOURS WILL WORK PER WEEK:	IF APPLICABLE, INDICATE FTE:
POSITION DESCRIPTION Please describe briefly (1-2 sentences) the activity or research that the exchange visitor will engage in:	
PLEASE NOTE:	
<ul style="list-style-type: none"> Office of International Programs should be notified of any changes to the exchange visitor's position, department, physical location, or activity. 	

NO PATIENT CARE OR CLINICAL ACTIVITY

The U.S. Department of State designated the University of Kansas Medical Center to sponsor foreign nationals for the purpose of engaging in scholarly activity including research, teaching, consultation, and observation. The U.S. Department of State regulations strictly prohibits KUMC from sponsoring individuals who will be participating in patient care or clinical activity.

Sponsoring departments and supervisors affirm by completing this request form that the prospective Exchange Visitor will not be involved in any patient care event if said individual holds credentials that would otherwise permit such activity.

In some cases, a prospective exchange visitor who is an "alien physician" or foreign trained physician participating in "a program of observation, consultation, teaching or research may need to have limited patient contact in order to carry out those objectives. If the patient contact is incidental to those objectives, a physician participating in a non-clinical exchange program can engage in incidental patient contact." However, Incidental Patient Contact must be approved by the Office of International Programs Responsible Officer, Sponsoring Supervisor, Sponsoring Department Chair, Vice Chancellor for Academic Affairs, and Executive Dean of School of Medicine. If there is reason to believe that incidental patient contact may occur with a prospective exchange visitor physician, please contact the Office of International Programs directly.

Please select the following:

- NO PATIENT CARE OR CLINICAL ACTIVITY WILL OCCUR ON J-1 PROGRAM
 INCIDENTAL PATIENT CONTACT MAY OCCUR ON J-1 PROGRAM

FUNDING INFORMATION

INSTRUCTIONS: If the exchange visitor will receive funding from KUMC, please complete the funding information below.

J-1 PROGRAM MINIMUM FUNDING REQUIREMENTS

<u>\$23,000 per year (\$1917 per month)</u> + <u>An additional \$3180 for each accompanying J-2 dependent</u>

- **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.**
 - If the Exchange Visitor is funded through a grant awarded to KUMC, please provide more information below (i.e. source, etc.).
 - If exchange visitor is funded through a scholarship, home government grant, or other institution, please provide information below and attach evidence that shows amount and duration of support, and that the specified support is for the Exchange Visitor to participate in a program at KUMC. Documents can be copies of the 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 information below and attach proof:
 - A bank statement (**in English or a certified translation**) that shows available funds for the proposed exchange visit.
- **Proof of funding cannot be older than 6 months from submission of this request.**

PLEASE INDICATE THE SOURCE OF FUNDING:	
<input type="checkbox"/>	KUMC PAID (means funding will be paid by the University of Kansas Medical Center although the original source may be from a grant)
<input type="checkbox"/>	NON KUMC PAID (means funding is provided by an outside source such as a scholarship, grant, personal funds, etc.)
TOTAL AMOUNT OF FUNDING (USD): \$	DURATION OF FUNDING (MONTHS):

ADDITIONAL INFORMATION ABOUT FUNDING:

AMOUNT (IN USD)	TYPE (i.e. grant, scholarship, etc.)	SOURCE (i.e. institution issuing funds)	FUNDING COUNTRY OF ORIGIN

PLEASE NOTE:
<ul style="list-style-type: none"> • Office of International Programs should be notified of any changes to the exchange visitor's funding amount and source of funding.

ACKNOWLEDGEMENT

By signing this document, I affirm that I had permission to prepare this form and I attest that all information included in this request document is true and correct.

Administrator/Coordinator Signature:

Date:

Administrator/Coordinator Name:

Email Address:

DEPARTMENT AND EXCHANGE VISITOR STATEMENT OF RESPONSIBILITY

This document outlines the responsibilities associated with sponsoring an exchange visitor on the department side and participating in the program on the exchange visitor side. Please read and review the information in this document. The sponsoring supervisor and department chair should sign off on this first. This document will accompany the DS-2019 and should be read and signed by the incoming exchange visitor at the time of receipt. The department and exchange visitor statement of responsibilities will be reviewed at orientation with OIP.

- We attest that there will be no patient care involved. If there is potential incidental patient contact and if the prospective exchange visitor and activity qualifies, the department agrees to append the "Certification to Supplement Form DS-2019".
- We understand that if check-in does not occur within 30 days before or after the program start date indicated on the DS-2019, the exchange visitor's record will become invalid. Individuals in invalid status must depart the United States. I/We will contact the Office of International Programs if we know that the exchange visitor is experiencing delays and will not be able to arrive within the program start date timeframe.
- We will ensure that the exchange visitor will report to the Office of International Programs to attend Orientation and Check-in Appointment no later than 3 days after arriving in Kansas City.
- We will ensure that the exchange visitor will provide the following documents and information at Orientation and Check-in:
 - Passport
 - DS-2019
 - U.S. Visa Stamp
 - I-94
 - Physical Address in the United States
 - Contact Information
 - Emergency Contact Information
 - Proof of Health Insurance that meets U.S. Department of State requirements
- We will ensure the compliance with the U.S. Department of State health insurance requirements as specified at 22 C.F.R. § 62.14.
 - (1) medical benefits of at least \$100,000 per accident or illness;
 - (2) repatriation of remains in the amount of \$25,000;
 - (3) expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000;
 - (4) a deductible not to exceed \$500 per accident or illness; and
 - (5) maximum co-insurance of 25%
- We agree to provide accurate program, funding, and other related information throughout the duration of the exchange visitor's program at KUMC. Specifically, I/we will notify the Office of International Programs of the following changes:
 - Cancellation of EV's program
 - Intent to transfer to another KUMC department or sponsor
 - Termination or early completion of program
 - Significant changes in position/project
 - Changes in funding sources and amounts
 - Plans to change status
 - Attend classes
- We understand that the exchange visitor is required to participate in cultural exchange activities and I/we will ensure compliance with this requirement while on program at KUMC. This includes the following:
 - Exchange visitor is required to attend the **first four Culture Hour events** upon arrival and start of the program.
 - Exchange visitor is required to attend **at least one cultural exchange event every month** after fulfilling the requirement specified above.
- We acknowledge that KUMC policies for employees will apply to all exchange visitors regardless of the exchange visitor's employee status with the university (i.e. KUMC paid or non-KUMC paid). This includes, but is not limited to the following:
 - Attendance and Overtime
 - Exchange visitors should be aware of typical hours of operation within their department and/or lab.
 - Full-time employment is generally considered working 60 to 100 hours per pay period (every two weeks).
 - Hours worked should not exceed more than 50 hours per week.
 - Non-KUMC paid exchange visitors should track hours worked in a timesheet that is signed off by the sponsoring supervisor per pay period.
 - Office of International Programs should be notified of exchange visitor's absenteeism.

- If there has been no contact with the exchange visitor for at least 24 hours, the Office of International Programs should be notified immediately.
- If there has been contact with the exchange visitor, but he or she has been absent for five days with no valid reason, the Office of International Programs should be contacted.

○ Vacation/Other Type of Leave

- Exchange visitors should be aware of vacation and other types of leave available such as vacation, sick leave, family or medical leave, and funeral or death leave.
- Exchange visitors accrue leave hours in accordance with HR policies. Refer to chart below for rate of accruals.

Hours in Pay Status Per Pay Period	Hours of Accumulation
FTE: 0-24% (less than 20 hours per pay period)	2 hours/pay period
FTE: 25-49% (20-39 hours per pay period)	4 hours/pay period
FTE: 50-74% (40-59 hours per pay period)	6 hours/pay period
FTE: 75-100% (60-100 hours per pay period)	8 hours/pay period

- Non-KUMC paid exchange visitors should track leave hours in a timesheet that is signed off by the sponsoring supervisor per pay period.

○ Workplace Space

- Exchange visitors have a right to safe and clean working conditions.
- Exchange visitors should be aware and receive proper safety training to function in designated lab or work space.

○ Workplace Conduct

- Exchange visitors have the right to be treated fairly at work and should not be discriminated against based on gender, race, national origin, color, religion, or disability.
 - KUMC policies on Harassment apply
 - KUMC policies on Sexual Harassment apply
- Departments and supervisors should include exchange visitors in department meetings, seminars, etc.
- Retaliation or threat of retaliation will not be tolerated and any reports will result in further investigation.

○ KUMC Access

- Exchange visitors are entitle to have a KUMC badge while on program.
- Exchange visitors should have access to a KUMC issued email address and their own network login.

- We understand that exchange visitors can be accompanied by dependents. Dependents are defined as the spouse and/or child/children of the exchange visitor. Exchange visitors must have sufficient funds to support each dependent.
- We agree to update the deemed export questionnaire if any changes occur to the exchange visitor's program that may affect export compliance.

By signing this document, I acknowledge and agree to comply with the policies and stipulations listed above.

Department Administrator's Name:	Department Administrator's Signature:	Date:
Sponsoring Supervisor Name:	Sponsoring Supervisor Signature:	Date:
Department Chair Name:	Department Chair Signature:	Date:
J-1 Exchange Visitor's Name:	J-1 Exchange Visitor's Signature:	Date:
OIP RO/ARO Name:	OIP RO/ARO Signature:	Date:

DEPARTMENT AND EXCHANGE VISITOR PROGRAM OVERVIEW

This form should be filled out by the sponsoring department and it will be included by the Office of International Programs to the DS-2019 document. Please complete as much of the information below as possible.

SPONSORING INSTITUTION:	SPONSORING DEPARTMENT:	SITE OF ACTIVITY ADDRESS:
SPONSORING SUPERVISOR NAME:	SPONSORING SUPERVISOR PHONE NUMBER:	SPONSORING SUPERVISOR EMAIL ADDRESS:
SPONSORING DEPARTMENT CONTACT NAME:	SPONSORING DEPARTMENT CONTACT PHONE NUMBER:	SPONSORING DEPARTMENT CONTACT EMAIL ADDRESS:
POSITION TITLE:	FUNDING AMOUNT:	SOURCE OF FUNDING:
HOURS EV WILL WORK PER WEEK:	EV'S SCHEDULE OR TYPICAL WORKDAY HOURS:	
BRIEF DESCRIPTION OF DUTIES:	LIST TYPES OF EQUIPMENT THAT WILL BE USED TO PERFORM ACTIVITY OR DUTIES:	

COMPLETED BY:	DATE:
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OFFICE OF INTERNATIONAL PROGRAMS CONTACT INFORMATION:

Office of International Programs University of Kansas Medical Center 3901 Rainbow Blvd., Mail Stop 3033 5010 Wescoe Kansas City, KS 66160 Phone: 913-588-1480 Fax: 913-588-1462	Alexandria Harkins International Student and Exchange Visitor Adviser, Alternate Responsible Officer (ARO), Designated School Official (DSO) Email: aharkins2@kumc.edu Phone: 913-588-1460	Irina Aris Assistant Director of Inbound Programs, Responsible Officer (RO), Designated School Official (DSO) Email: jaris@kumc.edu Phone: 913-588-1485
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DEEMED EXPORT QUESTIONNAIRE FOR J-1 EXCHANGE VISITOR PROGRAM

Export Control Laws: What is a Deemed Export?

Export control laws are designed to prevent the export of unlicensed sensitive equipment, software, and technology to ensure U.S. national security and foreign policy objectives. Export control is regulated by multiple U.S. agencies. These laws can result in severe fines and prosecution. This liability applies to KUMC and you as a private citizen.

Export of sensitive equipment, software, or technology can occur when it is:

- Available to foreign nationals for visual inspection (such as reading technical specifications, plans, blueprints, etc.)
- Exchanged orally
- Made available by practice or application under the guidance of persons with knowledge

The Deemed Export Questionnaire is aimed at determining whether an export license will be required before releasing controlled technology to a foreign person.

Please note: information or research data shared within the scientific community or to the public is generally exempt from export control laws under the **Fundamental Research** clause. Nonetheless, the completion and review of the deemed export questionnaire is still required.

-From KUMC Export Controls

Instructions: This form should be completed by the sponsoring supervisor of the incoming international. Copies of the relevant provisions of the documents should be provided with this form where indicated.

INCOMING INTERNATIONAL'S INFORMATION

FAMILY (LAST) NAME:	GIVEN (FIRST) NAME:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
COUNTRY OF CITIZENSHIP:	COUNTRY OF PERMANENT RESIDENCE:	OCCUPATION IN HOME COUNTRY:
NAME OF LAST EMPLOYER IN HOME COUNTRY (If a student, please indicate last university/institution attended):	LAST EMPLOYER/UNIVERSITY ADDRESS:	
POSITION/TITLE AT KUMC:	DEPARTMENT:	

SPONSORING SUPERVISOR

FAMILY (LAST) NAME:	GIVEN (FIRST) NAME:	PHONE/EMAIL:
POSITION/TITLE AT KUMC:	DEPARTMENT:	

DEPARTMENT CHAIR

FAMILY (LAST) NAME:	GIVEN (FIRST) NAME:	PHONE/EMAIL:
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1.	Please provide a brief description of the prospective J-1 Exchange Visitor's activities or research focus.		
2.	What is/are the source(s) of funds supporting the J-1 experience? <input type="checkbox"/> KUMC/University <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Other (describe):		
3.	Will the incoming international's activities involve projects or collaborations that fall under the fundamental research exclusion? If not, is there export controlled technology and or materials including infectious or hazardous agents involved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	For research funded solely by the University, does the University intend to withhold the research results for proprietary reasons and not share broadly in the scientific community?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Will the exchange visitor have access to information regarding how to install, maintain, repair, refurbish and overhaul a particular piece of equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Will the exchange visitor be exposed to equipment that was specifically designed or developed for military or outer space applications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Please provide a list of any scientific equipment, including highly specialized computing equipment that the exchange visitor will use in the course of performing his/her duties. Add additional page(s) if needed.		

SUPERVISOR SIGNATURE	DATE
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