

Rutgers Biomedical and Health Sciences International Services

65 Bergen Street, Room GA 72, Newark, NJ 07101-1709

Phone: 973-972-6138 Fax: 973-972-8260

Request for Certificate of Eligibility DS-2019 for Visiting Researchers and Scholars (J-1)

The Exchange Visitor's (EV) Program, administered by the Department of State (DOS), is the program title for the J-1 status. This program is used for a variety of educational purposes, including invitations for scholars, professors, and researchers to the U.S. to pursue temporary educational activities 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 United States. This form is to be completed by the sponsoring department with the approval of its Chair and the school's Dean. Before completing this form, the department must consider the following:

- J-1 Exchange Visitor status is most commonly used for visiting professors, lecturers, and post-doctoral 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 (IMG's) 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.
- The hiring department must comply with all RBHS and federal regulations concerning J-1 Exchange Visitor status.
- All events pertaining to the Exchange Visitor's (EV) stay at RBHS must be reported by the sponsoring department to International Services (IS), including arrival and termination of program, within 10 days of the event taking place. Furthermore, the department agrees to inform IS immediately upon departure of the J-1 participant, regardless of whether or not the departure was planned.
- The intent of the J-1 Program is mutual exchange of knowledge. The department and the J-1 should recognize the participant's obligation to return home. The two-year home country physical presence requirement applies to certain J-1's who either received direct government funding or to those with expertise in certain fields chosen by their home country. If an EV is subject to the 2 year home residency requirement, this is usually noted on the visa and on the DS-2019 at the time of entry to the U.S.
- All J-1s and their J-2 dependents must have health insurance that meets the standards set by the Department of State, including medical evacuation and repatriation. See section D of this form for more information on insurance.
- A J-1 who wishes to transfer sponsorship to RBHS must request a release of his/her SEVIS record from the current sponsor prior to beginning employment at RBHS and must maintain the original program objectives listed on the initial form DS-2019. Please note that the form DS-2019 will not be issued until the SEVIS release date arrives.
- If the prospective temporary employee is outside the U.S., it could take up to three months for the visa to be issued by the U.S. consulate. Please factor this in when projecting a start date. For more information on current U.S. 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 the length of the financial support (i.e., if the appointment letter only guarantees funding for one year, our office will only issue a DS-2019 for one year).
- To avoid common problems experienced by J's, departments should ascertain the participant's financial capability, English language proficiency, and the department's ability to provide support services to the Exchange Visitor.

SUPPORTING DOCUMENTATION CHECKLIST

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

- Copy of invitation/employment offer letter which includes the Exchange Visitor's proposed duties, proposed dates of sponsorship, and location where the program will be conducted. If funding will be provided by RBHS, specify the amount available for the entire program and the source of the funding. (Sample employment and invitation letters are included in this application).
- Photocopy of staff transaction form, if applicable. Form should be fully executed by HR
- Proof of adequate funding, if applicant will not be compensated by RBHS
- Copy of the applicant's current resume/CV
- Copy of the applicant's highest earned degree and pertinent professional certificates (with English translation)
- Copy of the biodata page from the applicant's passport and that of his/her dependents, if applicable
- Proof of funding for dependents, if applicable. (\$5,000 for spouse, \$4,000 for child)

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

- Copy of HR issued Employment Verification letter and/or EPAF approval printout of any updates to salary, etc.
- Photocopy of the applicant's most current I-94 (arrival/departure) card
- Proof of health insurance coverage for requested extended period for J-1 and J-2 dependents (not needed for post-doctoral appointees).

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

- Photocopies of the applicant's and the dependent's all previously issued DS-2019 forms
- Photocopy of the applicant's current I-94 card (arrival/departure)
- J-1 Exchange Visitor Transfer Form completed by current Responsible/Alternate Responsible Officer (see page 9)

Part IV. If this is an application for a **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-front and back)
- Photocopy of the applicant's all previously issued immigration documents (i.e. I-20, EAD cards, etc.)
- A completed form I-539 with a fee of \$290 payable to the Department of Homeland Security. This form can be downloaded from the IS website at: <http://rbhs.rutgers.edu/internationalservices/forms/documents/I539.pdf>
- Letter of intent explaining why you would like a change of status.

FEE STRUCTURE: USCIS fees are the responsibility of the applicant. Checks are to be made payable to: **Department of Homeland Security.**

- | | |
|--|--------------|
| <input type="checkbox"/> Initial DS-2019 | NO USCIS FEE |
| <input type="checkbox"/> Extension of current J-1 status at RBHS | NO USCIS FEE |
| <input type="checkbox"/> Transfer of J-1 status from another institution | NO USCIS FEE |
| <input type="checkbox"/> Change of status | \$290.00 |

INTERNATIONAL SERVICES FEES: Please refer to the fee chart on page 13.

FAILURE TO COMPLETE ALL PARTS OF THIS APPLICATION OR TO SUBMIT ALL OF THE REQUESTED DOCUMENTATION WILL RESULT IN THE DELAY OF THE ISSUANCE OF THE DS-2019 FORM.

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

This form must be submitted to International Services for all J-1 requests. 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 Program extension Transfer of the J-1 status from another institution
 Change of status (in the U.S. under a different non-immigrant status) F-1/F-2 B-1/B-2 J-2
 Other (specify) _____

A. APPLICANT'S PERSONAL DATA

Male Female Single Married Date of birth

Family name First name Middle name

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

Province/City Country

Country of legal permanent residence Country of citizenship

Passport # Passport expiration date

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 Graduate Student University Teaching Staff, including Researcher
 University Undergraduate Student University Post Graduate Medical Trainee University Medical School Student
 Other

Last place of employment in country of permanent residence:

Employer in country of 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

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

PRIOR IMMIGRATION HISTORY:

Has the applicant ever held J-1 status? No Yes If yes, provide a copy of all previously issued forms IAP-66/DS-2019

from to

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

Did the EV fulfill or receive a waiver of the requirement? No Yes

If yes, provide copy of the waiver or "No objection letter" from the Department of State

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

If yes, 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 IAP-66/DS-2019 forms and I-94 (arrival/departure) card. 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 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

Male Female

Family name Given name Middle name

Date of birth Place of birth (City/Country)

Country of legal permanent residence Country of 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

Male Female

Family name Given name Middle name

Date of birth Place of birth (City/Country)

Country of legal permanent residence Country of 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

Male Female

Family name Given name Middle name

Date of birth Place of birth (City/Country)

Country of legal permanent residence Country of 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

Attach additional page for other family members, if necessary

C. ADMINISTRATIVE DATA

RBHS Campus: Newark Piscataway / New Brunswick

Title to be held by the beneficiary at RBHS*

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

Site of the J-1 visitor's program activity:

Address (location #1)

Address (location #2)

Department

School

Field of expertise

Subject Field Description

Provide a brief description of the proposed job duties:

Requested dates of J-1 sponsorship:

*from

to

The J-1 EV must be engaged in FULL-TIME activities. Sponsoring department may request J-1 sponsorship for a minimum of 6 months and a maximum of 5 years. Total period of J-1 sponsorship for the Professor/Researcher category may not exceed 60 months including time spent in J-1 status at a previous institution.

Minimum Funding Requirements: Employees must be compensated in accordance with job descriptions and titles as determined by Human Resources and NIH standards. The following figures indicate the minimum funding required in order to issue the Form DS-2019. Funding for the dependents is the responsibility of the Exchange Visitor, not the sponsoring department. A combination of funding sources may be used in order to meet the minimum requirement.

| | Post Doc Fellows | Visiting Researchers/Professors |
|-----------------------------|--------------------|---------------------------------|
| J-1 only | \$39,264 per year* | \$23,660 per year |
| J-2 dependent Spouse | \$5,000 per year | \$5,000 per year |
| J-2 dependent child | \$4,000 per year | \$4,000 per year |

*Based on 0 years of experience. For current NIH NRSA support levels visit www.umdj.edu/opaweb.

Check all applicable sources of funding below:

RBHS

Amount in U.S. \$

Per

Year Month

U. S. Government agency - only if sources are for exchange visitor, not funds paid to RBHS or RBHS affiliates (include funding letter)

Year Month

International Organization (include funding letter)

Year Month

Name of organization _____

The Exchange Visitor's Government (include funding letter)

Year Month

The Binational Commission of the Visitor's country (include funding letter)

Year Month

All other organizations (include funding letter)

Year Month

Name of organization _____

Personal funds (Cannot account for more than forty percent (40%) of the total funding needed) (savings account, family support, etc. Provide bank statement)

Year Month

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 \$50,000 per person per accident or illness;
- (2) repatriation of remains in the amount of \$7,500; and
- (3) expenses associated with medical evacuation in the amount of \$10,000.

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".

Signature

Printed name and title

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

City Postal Code Country

F. SIGNATURES OF ATTESTATION

SUPERVISOR (The supervisor must be a RBHS employee.)

Printed name Signature

Title Department

Phone number Email address Date

For Department/Division Chair: As Chair of the department/division, I agreed to the nature and details of the Exchange Visitor's Program. I approve the funding requested as necessary to complete the goals and objectives of the research. With the attached appointment letter, I recommend that you authorize this researcher to participate in the "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, whether they travel with the J-1 visa holder now or enter at a later date. Also, this Exchange Visitor is not hired for, nor will he/she be promoted to a tenure track position while in the Exchange Visitor program. Furthermore, I certify that this potential J-1 scholar will engage in employment solely on a RBHS campus. Once the J-1 enters the United States, I will ascertain that he/she has scheduled and attended a J-1 Orientation through International Services. By signing, I agree to abide by all RBHS and Federal regulations regarding the J-1 Exchange Visitor program.

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:
RBHS Office of International Services
65 Bergen Street, Room GA-72 (SSB/GA-72), Newark, NJ 07101



Office of International Services
65 Bergen Street, Room GA-72, Newark, NJ 07101
Phone:973-972-6138 Fax:973-972-8260
Program #P-1-03551

J-1 Exchange Visitor Transfer Form

This form is to be completed only by individuals currently in the U.S. under the J-1 status at another institution who wish to transfer to RBHS. Complete section A of this form and have your current or most recent Responsible Officer/Alternate Responsible Officer complete section B. Once this form has been completed return it to IS for review.

Section A. (to be completed by Exchange Visitor):

Family name First name

Date of birth Last date of entry into the U.S.

I-94 card #

Do you plan to travel outside the U.S. within the next 4 months? No Yes Dates:

Current U.S. address

Signature Date

Section B. (to be completed by RO/ARO at current institution):

EV's SEVIS ID# SEVIS release date:

Initial program start date DS-2019 expiration date

Subject field description: Category:

Is the EV currently in legal status? Yes No (if not, explain)

School Name

School Address

RO/ARO Name: Title

Signature Date

Please return this form to:
RBHS Office of International Services
65 Bergen Street, Room GA-72, Newark, NJ 07101
or fax to 973-972-8260

SAMPLE POSTDOCTORAL APPOINTEE ACCEPTANCE LETTER

(Date)

Dear _____,

I am pleased to inform you that you have been accepted as a Postdoctoral Appointee in the laboratory of _____, Department of _____, at Rutgers Biomedical and Health Sciences (RBHS) - (name of School) beginning on (start date). The financial support will be \$_____ 1 for one year contingent upon satisfactory performance, with the possibility of up to three additional years 2 contingent upon satisfactory performance, available funding, and visa time limitations, if any. You will be provided with a written evaluation of academic progress at least once each year and an annual stipend increase contingent on satisfactory performance and University policy. Funding will be derived from (describe the source(s) of funding).

As a Postdoctoral Appointee, you will participate in the University-sponsored Postdoctoral Appointee group comprehensive health insurance plan and Postdoctoral Appointee group term life insurance plan, and receive occupational health services at the University's Occupational Medical Service. Postdoctoral Appointees receive one day accrued paid vacation time per month of appointment and up to 15 days excused sick days each year, which may not be carried over into the next year. (Describe any additional benefits, such as tuition/fees, travel, etc.).

(Describe the research and/or other activities and specific laboratory or group to which the individual will be assigned).

On your first day at the University, you will meet with the Campus Human Resources and Public Safety staff who will assist you in obtaining your University ID card which will enable you to obtain your e-mail account from Academic Computing Services. For this meeting, please bring the following documents:

- 1) two forms of identification, e.g., driver's license and social security card and/or passport;
 - 2) proof of your highest degree (a copy of your diploma will be made).
- If you are in agreement with the terms of this acceptance, please sign your name in the space provided below and return the original to me in the enclosed envelope.

We welcome you to RBHS - (name of School) and trust that this postdoctoral experience will broaden your educational background and further your career. For your information and convenience, a copy of the University Policy on Postdoctoral Appointees is enclosed.

Sincerely,

Faculty Mentor/Program Director

Department Chair

I accept this postdoctoral appointment.

Signature of Postdoctoral Appointee

Date

1 Author of this letter must comply with financial support requirements of University policy.

2 This reflects University policy and is the maximum renewal period; author of this letter may modify total number of years permitted by sponsoring agency if fewer than four.

Use this sample letter if your department will fund the applicant.

The letter should be placed on RBHS departmental letterhead.

Date:

Name of School
Name of Department
Address of Department

Name of Applicant
Full address of applicant

Dear Applicant's Name:

We are pleased to offer you an appointment as Title of Position in School and Department's Name. You will be assigned to Name of Supervisor for a period of length of program depending on financial documentation beginning (from date) and ending (to date). Your duties will be as follows: _____ . The starting date of your employment is contingent upon your providing proper documentation to verify that you are eligible to accept employment in the United States as defined by the Immigration and Reform and Control Act of 1986.

Your salary will be \$_____ per month/year. In addition, you and your family are eligible for medical insurance coverage through the University's health plan.

Sincerely,

Name and signature of Chair

Use this sample letter if your department will NOT fund the applicant.

The letter should be placed on RBHS departmental letterhead.

Date:

Name of School
Name of Department
Address of Department

Name of Applicant
Full address of applicant

Dear Applicant's Name:

On behalf of Name of Department, I am happy to extend an invitation to you for the period beginning (from date) and ending (to date). Your supervisor will be Name of Supervisor. Your duties will be as follows: _____ . While this invitation does not include any direct financial remuneration from RBHS, we will provide the necessary academic resources during your research time.

We look forward to welcoming you to our scholarly community. Please keep us informed regarding your travel plans.

Sincerely,

Name and signature of Chair

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 /

- Contact in Hiring Unit

| | |
|-----------------------|----------|
| | |
| (Name) | |
| | |
| (Campus Phone number) | (E-mail) |

- Index Number to be charged

Budget Approval:

- Signature of Budget Officer

- Printed name of Budget Officer

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

| | | | | |
|---|--|---|---|--|
| 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 <input type="checkbox"/> | |
|---|--|---|---|--|

For further information, please refer to the [Rutgers Visa Processing Fee Schedule](#) for your specific type of application.

PROCEDURE FOR PAYMENT:

EMAIL THE BUDGET-APPROVED FORM TO JOSE AMBAZHACHALIL at: ambazhjp@ca.rutgers.edu and cc: International Services at ois@gaiacenters.rutgers.edu.

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

| |
|---|
| <p>Index Number to be Credited: 152274</p> <p>RBHS-OIS Approval for IDT Receipt: </p> |
|---|