

Instructions for Preliminary Data Sheets: Part 1 and Part 2 Requesting a DS-2019: Certificate of Eligibility for an Exchange Visitor (J-1)

Preliminary Data Sheets: Parts 1 and 2 must be completed for each prospective Exchange Visitor coming to participate in the J-1 Exchange Visitor Program at the following Partners institutions: Massachusetts General Hospital, Brigham and Women's Hospital, Spaulding Rehabilitation Hospital, and McLean Hospital. Preliminary Data Sheets must also be completed for any prospective Exchange Visitor who will be an MGH appointee to the Shriners Hospital for Children or Howard Hughes Medical Institute.

Preliminary Data Sheets (PDS) collect information about collaborations and about foreign nationals who are seeking J-1 Exchange Visitor non-immigrant status. The United States Department of State (DOS), which oversees the J-1 Exchange Visitor Program, has authorized Partners International Office (PIO) to issue Form DS-2019 to eligible foreign nationals to participate in programs at the above-named institutions under the general sponsorship of Massachusetts General Hospital. Form DS-2019 is required to apply for a J-1 visa at a U.S. Consulate or Embassy.

The DOS permits PIO to offer DS-2019 forms in four professional categories: 1) Researcher 2) Professor 3) Specialist and 4) Short-term Scholar.

The information provided on PDS Part 1 describes the hospital's offer and forms. Part 2 enables the PIO to determine the eligibility of the foreign national and produce a DS-2019. Processing time to issue a DS-2019 is approximately one month after a complete file has been received at PIO. Please keep in mind that visa applications at U.S. Consulates or Embassies could take anywhere from one day to several weeks depending on the country. The earlier PIO receives a completed set of PDS forms, the less chance there will be for delay in the arrival of the foreign national. Prospective J-1 Exchange Visitors and their families should be advised to purchase only refundable airplane tickets. Paperwork is processed on a first-in, first-out basis.

If the foreign national is currently in the U.S., or plans to enter the U.S. before the appropriate documents are prepared, sponsoring departments should be aware that applications to change or correct a non-immigrant status are not always possible. No employment is permitted while change of status applications are pending with USCIS.

As with any non-immigrant visa, there are important federal regulations specific to J-1 Exchange Visitors and their dependent family members. These rules affect both the sponsoring institution and the individual participant. Therefore, PIO reserves the right to refuse to issue a Form DS-2019 when to do so would compromise the integrity of the program. PIO will consult with the hiring department to determine what status, if any, may be more appropriate.

Completing PDS Parts 1 and 2:

- PDS Part 1 should be completed by the sponsoring department, lab or division and signed by the authorized department designee. Please complete all sections – incomplete PDS forms will hinder the issuance of a Form DS-2019.
- PDS Part 2 is to be completed by the prospective exchange visitor.
- When both PDS Parts 1 and 2 are completed, the sponsoring department should send the PDS forms and financial documentation together to :
Partners Office for International Staff, Scholars and Students
101 Merrimac Street, 6th Floor
Boston, MA 02114
Fax: (617) 726-9212
- The departmental contact listed on PDS Part 1 will receive email confirmation from our office indicating receipt of the documentation.

Preliminary Data Sheet - Part 1
Request for J-1 Exchange Visitor Eligibility Document (DS-2019)
to be Completed by the Sponsoring Department

Please complete all sections.

Requesting Department, Division, or Lab

Principal Investigator/Host

Host Hospital: BWH _____ MGH _____ McLean _____ SRH _____ HHMI _____
Other (specify): _____

Department Contact Person:

Name: _____ Telephone: _____

Email: _____ Fax: _____

Hospital Address: _____

Department's PeopleSoft Cost Center Number to cover express mailing charges: _____

Have these Preliminary Data Sheets been faxed to the Partners International Office? _____ Yes _____ No

Exchange Visitor's Information:

Last/Family Name First/Given Name Middle Name

Academic Degree(s): _____

(Foreign nationals must hold at least an actual Bachelor's degree to be eligible for the any of the categories of J-1 Exchange Visitor Status for which Partners is authorized.)

Proposed Hospital Title: _____

Professional Appointment: Appropriate appointment papers are sent to the Registrar's Office (MGH), Physician Services (BWH) and/or Harvard Medical School. Will a Professional Staff appointment be processed through the Department Chief's Office?

_____ Yes _____ No

Please note: The Form DS-2019 cannot be the only connection between the Exchange Visitor and the host hospital. An appointment, salary, or a research agreement between the Partners host lab and an overseas lab must be present to justify the request of the DS-2019.

Proposed Dates of Participation: From: _____ To: _____

Please note: An Exchange Visitor coming to a Partners institution must be able to demonstrate financial support of at least **\$30,000** per year for an individual. Exchange Visitors bringing dependent family members with them must demonstrate increased amounts of financial support. Please refer to the "Financial Requirements for J-1 Exchange Visitors" for a sample cost of living budget and funding requirements for accompanying dependents. (If sufficient financial support is available and the department agrees, a DS-2019 may be issued for up to five years in the Research Scholar category).

Exchange Visitor Categories: The PIO has been authorized by the U.S. Department of State to provide Form DS-2019s for Exchange Visitors to participate in four distinct categories, each with certain restrictions, purposes, functions and time limitations. Please indicate the appropriate category:

_____ **Research Scholar or Professor** may engage in research, teaching, lecturing, observing, or consulting for a maximum of 5 years. A **2 year repeat participation bar** is imposed on a Research Scholar/Professor before being eligible to return to the US in either category once their SEVIS record/program is completed. If a Professor or Research Scholar “completes” his or her program before the full five-year period is over, the continuity of the five-year period is broken and the five-year window is “closed”. In such a case, an individual is not eligible to capture the remaining unused time, and the individual must wait for two years before beginning a new program as a J Professor or Research Scholar.

_____ **Professor (5 year limit)*** Please see Research Scholar for definition.

_____ **Specialist (1 year maximum)** is a participant who is “an expert in a field of specialized knowledge or skill” who will demonstrate such skill in the U.S.

_____ **Short-term Scholar (6 month maximum)** is a professor, research scholar or person with similar education or accomplishments coming to the U.S. for a short visit to lecture, observe, consult, train, or demonstrate a special skill. These individuals are often senior scholars in their field.

Purpose of Visit:

What percentage of time will be spent on the following activities?

Teaching _____ Research _____ Observing _____ Consulting _____ Other _____ (please specify):

Briefly explain the proposed responsibilities of the Exchange Visitor:

Financial Support to Stay in the U.S. from All Applicable Sources:

Financial information/documentation from all sources must be provided because it is the sole basis for determining whether or not the financial support will be adequate to maintain a minimum standard of living for the Exchange Visitor and his/her dependents. The financial information provided here will appear on the Form DS-2019 and will be a determining factor as to whether a visa is ultimately issued. It is important that this information be accurate. The hospital may be held liable for false statements made about salaries/stipends. **If the financial support is from a source other than a Partners’ affiliate, please provide a copy of the award letter, a bank statement or other verification of financial support.** All documentation must be in English, or accompanied by an official English translation, and on letterhead of the institution providing the funding. An exchange visitor coming to the US must be able to demonstrate of funding total of at least **\$30,000** per year and the funding total will increase with the addition of a dependent to: **\$36,000, \$39,000, \$40,000, \$41,000, etc.**

Source of Financial Support:	Amount:	Period of Financial Support:
U.S. Hospital (circle one): MGH BWH McLean SRH HHMI Other (specify): _____	U.S. \$ _____	per _____
Other organizations specify: _____	U.S. \$ _____	per _____
Exchange Visitor’s Government	U.S. \$ _____	per _____
U.S. Government Agency specify: _____	U.S. \$ _____	per _____
Personal Funds	U.S. \$ _____	per _____

English Language Proficiency:

The U.S. Department of State requires the sponsoring institution ensure that individuals invited to participate in the Exchange Visitor program possess sufficient proficiency in the English language to fully participate in his or her program. This includes the ability to communicate effectively in English while in the lab and in the broader Boston-area community.

Does the proposed Exchange Visitor possess sufficient proficiency in English to communicate both in the lab and in the community? _____ Yes _____ No

By what means have you assessed the individual's English proficiency? _____

If the Exchange Visitor holds a M.D. degree, or the equivalent, please read the following statements and indicate which one applies:

_____ The program in which the individual is to be engaged is solely for the purpose of observation, consultation, teaching, or research and ***No Element of Patient Care is Involved.***

_____ The program in which this individual will be engaged involves some element of patient contact. Such programs must meet the following requirements:

- ◆ The program in which this person will participate is predominantly involved with observation, consultation, teaching or research.
- ◆ Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S. citizen or permanent resident, and who is licensed to practice medicine in the Commonwealth of Massachusetts.
- ◆ The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- ◆ Any activities of the alien physician will conform fully with the Massachusetts licensing requirements and regulations for medical and health care professionals in the Commonwealth of Massachusetts in which the alien physician is pursuing the program.
- ◆ Any experience gained in this position will not be creditable towards any clinical requirements for medical specialty board certification.

Anyone with incidental patient contact must be properly credentialed. Please contact the appropriate hospital department regarding credentials or contact PIO for additional assistance.

Additional Information:

1. Please attach Preliminary Data Sheet Part 2 (completed by prospective appointee). *Do not send Part 1 to the PIO unless Part 2 is attached.*
2. **Transfers:** If this is a request to transfer an Exchange Visitor to a Partners' affiliate, please include clear copies of all previously issued IAP-66/Form DS-2019s, a copy of the front and back of the I-94 card, and a copy of the identity page in the passport. PIO can transfer a J Exchange Visitor only if they are in the following categories (listed in Section 4 of the DS-2019): Research Scholar, Short-Term Scholar, Professor, or Specialist.

PI/Dept. Chief/ or Authorized Dept. Administrative Signature

Date