

Instructions for Completing Form 829-2

Send this form and attachments to:

FIC/ISB, Building 16A, Room 101.

Timeframes for Submission of Form 829-2 and

Required Supporting Documentation:

- **New award:**
 - a. Candidate outside the U.S. 90 days
 - b. Candidate already in the U.S. 120 days
- **Renewal** of award..... 120 days
- **Inter- and intra-IC Transfer...** 60 days

Note 1: The following information must be included in the individual's resume, Curriculum Vitae or any other format chosen:

- Full name and mailing address.
- Education (*in chronological order*):
 - Colleges, universities, professional schools attended-- Name of institution (include complete address); years attended; discipline; degree(s) and date(s).
 - Other courses or training--Name of institution(s) (include complete address); years attended, discipline, degree(s) and date(s).
- Research experience in the U.S. and abroad (paid or unpaid; start with most recent):
 - Position title (include series and grade if Federal job).
 - Employer's name and address.
 - Supervisor's name, address and phone number.
 - Start and end dates (month and year).
 - Salary.
 - Brief description of duties or research.
 - If in the U.S., visa status.
- Special skills, accomplishments, and awards:
 - Special skills and accomplishments. List special qualifications, skills, or accomplishments; membership in professional or scientific societies; patents or inventions, etc.
 - Professional licenses. List all current professional licenses held in the U.S. and abroad. If foreign medical graduate, list U.S. certification(s), e.g., ECFMG, FLEX.
 - Professional honors and awards, offices held in professional organizations (e.g., national or international awards, leadership activities, and performance awards.)

Note 2: J-1 renewals beyond 3 years. A renewal request that will exceed the Exchange Visitor (J-1 visa) Program three-year limit for Research Scholars, up to a maximum of five years, must be sent to the J-1 Visa Extension Review Committee (JVERC), Bldg. 1, Room 140, with a cover memorandum from the sponsor, through the IC Scientific Director, explaining the unusual and extenuating circumstances necessitating the extension. **These extensions must be received no later than 120 days prior to the expiration of the individual's current award.** If the JVERC determines that an extension is warranted, FIC/ISB will send the request to the United States Information Agency for approval. If JVERC denies the extension request, the J-1 Responsible Officer in FIC/ISB may extend the individual

for a terminal six months, at the request of the sponsor.

Please refer to Technical Advisory No. 11 in the FIC/ISB web page at: www.nih.gov/fic/visiting/taindex.html

Note 3: New awards for J-1 visa holders already in the

U.S. The Exchange Visitor (J-1 visa) Program is limited to three years for "Research Scholars." This includes any time in J-1 status prior to coming to NIH. Therefore, if the individual you are considering bringing to the NIH is already at another U.S. institution, consult your Fogarty Immigration Specialist to verify continued J-1 eligibility prior to submitting this request.

Answer all questions fully and accurately. Block numbers not discussed are self-explanatory. If any block does not apply, please write N/A.

8. **Name:** Do *not* use initials, even for middle names--the entire name must be spelled out.
 10. **Date of birth:** Most countries indicate dates in a day/month/year format. Check the date provided and convert it to the month/day/year format, if necessary.
 12. **Degree(s) and date(s) of degrees:** Include all graduate degrees (including M.D., if applicable) and corresponding dates, in chronological order. Attach copies of all doctoral degree certifications and translation, if not in English. If individual has not been awarded a doctoral degree, include a letter from the Dean or University Registrar, on university letterhead, indicating date when degree will be granted. *The IC must verify that the foreign degree is equivalent to a U.S. doctoral-level degree. If in doubt, consult an independent foreign degree-evaluating service or OD/OIR, and include results with this application.*
 14. **Mailing address:** Current address to which documents should be mailed. **Do not use an NIH location.**
 15. **Country of citizenship:** This may be different from the country of birth.
 16. **Country of legal permanent residence:** Attach proof if different from country of birth and/or country of citizenship. If legal permanent resident of the U.S., attach copy of both sides of Alien Registration Receipt Card (Form I-551).
- Note:** All ICs having an IRTA program must place Permanent Residents in that program rather than the NIH Visiting Program.
20. **Proposed stipend:** Stipend usually is based on years of relevant postdoctoral experience. Consult IC Key Contact for stipend ranges.
 21. **Proposed start date and end date:** Must be date specific. A new award is customarily made for two years. A brief explanation must be provided in block 38 if award is for less than a two-year period. Award may not be for less than one year nor for more than two years.
 23. **Visa status:** e.g., J-1 Research Scholar, J-1 Student, F-1, Permanent Resident.

24. **Date of entry into the U.S.:** Indicate original date of entry into the U.S., and date stay expires. Also show any change of visa status that has occurred.

Note: Attach copies (front and back) of appropriate immigration documents for applicant and dependents, e.g., (a) all Forms I-94; (b) all USIA Form(s) IAP-66 for a J-1 visa holder; INS Form I-20 for an F-1 visa holder; (c) copies of those passport pages that show passport number, individual's photograph, name and date of birth, passport expiration date, and visa stamp.

25. **Current U.S. sponsoring institution and address:**

Name and mailing address of U.S. institution currently sponsoring the candidate.

26. If the request requires OD/OIR or JVERC approval, send directly to OD/OIR or JVERC (Building 1, Room 140), as appropriate.

38. **Describe the proposed research program:** In addition to a description of the proposed research program, **the general research area (e.g., genetics, biochemistry) must be provided.** If the award is for less than two years, include an explanation. Use a continuation sheet if needed.

39. **For MDs only.** The level of patient contact must be specified in advance, and may not be changed at any time during the award period. If incidental patient contact is anticipated, it must be requested at this time.

(a) **No patient contact:** Self explanatory.

(b) **Incidental patient contact at any time while at NIH** for individual sponsored under the NIH J-1 Program: Provide foreign scientist's ECFMG (Educational Commission for Foreign Medical Graduates) certificate number and date, and furnish a "Four-Point Memorandum, signed by the sponsor and approved by the IC Scientific Director. The "Four-Point Memorandum" must address four critical points:

(1) that the program in which the foreign physician will participate is predominantly involved with observation, consultation, teaching, or research;

(2) that the individual's research program necessitates clinical contact with patients involved in the research--describe contact;

(3) the clinical privileges which are essential to carry out the research; and

(4) that the foreign physician (a) will not be given supervisory responsibilities nor final responsibility for the treatment or diagnosis of any patients, (b) that he or she will be supervised by a U.S. citizen or permanent resident who is licensed to practice in the state of _____ (or has a PHS waiver of that requirement), and (c) that he or she will receive no credit towards medical specialty certification.

Consult IC Key Contact for further guidance.

Note 1: A Four-Point Memorandum is not required for renewal of award if there is no change in the program or supervisor. If this is the case, specifically state so in item 39.

Note 2: Non-FTE fellows currently are not clearly covered by the Federal Tort Claims Act against malpractice claims. Therefore, clinical activities of all Visiting Fellows, regardless of visa status, must explicitly be under the direct supervision and control of an NIH employee physician.

40. **Supply all information requested for dependents accompanying VF** or traveling to U.S. separately. Furnish full name(s); do not use initials, even for middle names. Furnish passport information *only* if dependents are already in the U.S. Give approximate date(s) of travel for dependents traveling to the U.S. separately.

For further guidance, consult your IC Key Contact.

International Services Branch, FIC Request for NIH Visiting Fellowship Award <i>Ref: NIH Manual Issuance 2300-320-3</i>		Case Number <i>(for FIC/ISB use only)</i>	
Summary of Instructions <i>(See Instructions page for complete information.)</i> Complete this form, and attach the following documents. <i>All documents must be in English, or be accompanied by English translations.</i> <ul style="list-style-type: none"> ● Copy of all doctoral degrees, including M.D. if applicable. ● Bibliography. ● Three letters of reference (less than one year old). ● ECFMG certificate and Four-Point Memorandum, if incidental patient contact is anticipated for NIH J-1 Research Scholars. ● Justification memorandum to the JVERC if end date will exceed three years of Exchange Visitor (J-1) Research Scholar status (see instructions on top tear-off sheet, "Instructions for Completing Form 829-2"). ● Curriculum Vitae, Resume, or any other written format applicant may choose which includes the information requested under <i>Note 1</i> of the top tear-off sheet. Note: Award is not official until visa status is cleared and official award letter is issued by FIC/ISB.		PROGRAM INFORMATION	
		1. Type of Appointment <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER <i>(inter/intra IC)</i>	
		2. Common Acct. No. (CAN)	3. IC <i>(use initials)</i>
		4. Lab/Branch <i>(spell out name)</i>	
		5. Proposed NIH location <i>(bldg./rm.)</i>	6. Phone
			7. Fax
CANDIDATE INFORMATION			
8. Name <i>(FAMILY NAME, first, middle)</i> Spell out entire name (CAPITALIZE family name).		9. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	10. Date of Birth <i>(month/day/year)</i>
			11. Social Security No. <i>(if in the U. S.)</i>
12. Degrees and dates of degrees <i>(doctorate required)</i> List all doctoral degrees, including M.D., if applicable. <i>[Attach copies of all graduate degree certifications and translation(s), if not in English.]</i>		13a. City of birth	13b. Country of birth
14. Mailing address <i>(Do not use an NIH location)</i>		15. Country of citizenship	16. Country of legal permanent residence <i>(If Permanent Resident of U.S., attach copy of Resident Alien card.)</i>
		17. Present position title, name of institution, and address	
<i>E-mail address, if available:</i>			
18. Current Phone No.	19. Current FAX No.		
20. Proposed stipend	21. Proposed "start" and "end" dates <i>(For new requests, provide brief explanation in block 38 if less than a two-year period.)</i>		
22. TRAVEL TO NIH: <input type="checkbox"/> Is <input type="checkbox"/> is not being funded by IC.			
IMMIGRATION INFORMATION <i>For new award if applicant is already in the U.S.</i>		OD/OIR APPROVAL	
23. Visa status	24. Date of entry into the U.S.	25. Current U.S. sponsoring institution and address	
26. Is there an exception requiring OD/OIR approval? <i>(If yes, send request and justification directly to OD/OIR.)</i> <input type="checkbox"/> Yes <i>OD/OIR Signature and date:</i> <input type="checkbox"/> No			
Attach copies of appropriate immigration documents for applicant & dependents, e.g. Forms I-94, IAP-66, and pages of passport.			
SPONSOR INFORMATION			
27. Name <i>(please type)</i>		28. Title, lab/branch, IC	
29. Signature	Date	30. Bldg./room	31. Phone
			32. Fax
APPROVAL SIGNATURES <i>Only provide those required by your IC's delegation of authority.</i>			
33. Laboratory Chief <i>(Type name, Sign.)</i>		Date	34. IC Scientific Director <i>(Type name, Sign.)</i>
			Date
35. IC Admin. Officer <i>(Type name, Sign.)</i>	36. Phone	Date	37. IC Director <i>(Type name, Sign.)</i>
			Date

International Services Branch, FIC

Case Number (for FIC/ISCB use only)

Request for NIH Visiting Fellowship Award

38. ADDITIONAL REQUIRED INFORMATION

38a. State general research area (e.g., genetics, biochemistry): _____

b. Describe proposed research program and experience to be obtained.

c. Provide explanation if this is a *new* award for *less* than two years. (Attach continuation sheet, if necessary.)

39. MDs only: Check one, complete information, and attach documents as requested. NIH-sponsored J-1 visa holders are limited to incidental patient contact. See instructions before completing.

- a. No patient contact
- b. Incidental patient contact. *Furnish:* • Four-Point Memorandum No change in program (for renewals only)
- ECFMG Certificate No. _____ dated _____ (attach copy)

40. List the following information for all dependents (spouse and unmarried children under 21), if accompanying VF or traveling to U.S. separately. (Attach continuation sheet, if necessary.)

FAMILY NAME, First, Middle	Relationship	Date and city and country of birth	Nationality (citizenship)	Country of Legal Permanent Residence	If in the U.S.: Passport No./ expiration date/ issuing country	If traveling to U.S. separately: Approximate date of travel
a.		Date: City: Country:				
b.		Date: City: Country:				
c.		Date: City: Country:				
d.		Date: City: Country:				