



VISITING FOREIGN SCIENTIST ARRIVAL CHECK-IN

For use by remote NIH facilities only

IC Administrative Key Contact: Please complete and fax with copies of all applicable documents (see #12) to DIS. Please then mail the photocopies via Federal Express to DIS. *Type or print clearly. All questions MUST be answered. If not applicable, write N/A.*

1. INSTITUTE & LAB NAME: _____

2. SCIENTIST'S NAME: _____
(FAMILY, Given)

3. FPS award number (if applicable): _____

4. NIH DATA:
a. Official Start/End Dates _____

b. Lab Address & Telephone _____

5. U.S. ENTRY DATA:

Although you will be faxing copies of the scientist's immigration documents, the information is often difficult to read on the fax. In order to quickly activate the scientist's award/appointment/assignment, please fill in the following to avoid any confusion.

a. Form I-94 Arrival/Departure Record
i. Date of Entry _____

ii. City/Port of Entry _____

iii. Expiration Date _____

(note: if no specific date is listed, enter the notation written on the form, e.g. "D/S")

b. Passport
iv. Issuing Country _____

v. Expiration Date _____

c. Visa Stamp
vi. Expiration Date _____

**6. PERMANENT RESIDENCE
ABROAD:**

(Foreign Address in Home Country)

(Telephone) _____

**7. EMERGENCY CONTACT –
ADDRESS/TELEPHONE:**

(Telephone) _____

(Relationship) _____

8. U.S.HOME ADDRESS

(Telephone) _____

9. HEALTH INSURANCE (J-1's only):

J-1 regulations require specific insurance coverage for all J-1 and J-2 dependents. An NIH Form 829-6, Certification of Health Insurance Coverage, will be sent to you from DIS. Please complete this form and make sure that a copy is returned to DIS. This form must be completed and returned to DIS **within 30 DAYS** of the scientist's arrival to confirm compliance with the insurance requirements. **Failure to comply is grounds for termination of the scientist's J-1 status!**

10. FAMILY MEMBERS (DEPENDENTS):

Check one:

_____ Family members arrived with scientist; Immigration information (See #12) will be sent to DIS.

_____ Family members will join scientist approximately _____ (month/year).

In addition:

_____ My family already has a Form DS-2019 for each dependent.

_____ Please prepare a Form DS-2019 for each dependent listed below to enter the US separately:

Spouse:

Child 1:

Child 2:

Gender (circle one): Female / Male

Gender (circle one): Female / Male

Gender (circle one): Female / Male

FAMILY, Given name

FAMILY, Given name

FAMILY, Given name

Date of birth (mm/dd/yyyy)

Date of birth (mm/dd/yyyy)

Date of birth (mm/dd/yyyy)

Place of birth (city & country)

Place of birth (city & country)

Place of birth (city & country)

Country of Citizenship

Country of Citizenship

Country of Citizenship

Country of Permanent Residence

Country of Permanent Residence

Country of Permanent Residence

*For any additional family members, please write information on a separate sheet.

11. SOCIAL SECURITY NUMBER (SSN):

_____ Participant already has an SSN. Number is _____ - _____ - _____

_____ Participant will apply for SSN. IC Key Contact will notify DIS of SSN when received.

12. COLLECT DOCUMENTS LISTED BELOW FROM SCIENTIST AND ANY DEPENDENTS:

- a. **Form DS-2019**
- b. **Form I-94 front and back (little admission card found inside passport)**
- c. **Passport (pages with ID/Biographical data, passport number/expiration date)**
- d. **U.S. Entry Visa (inside Passport)**
- e. **Completed Form I-9 (for FTE's only)**
- f. **Other immigration documents (if applicable)**
 - i. **Form I-20**
 - ii. **Form I-797**
 - iii. **Employment Authorization Document (e.g. Form I-688B or Form I-766)**
 - iv. **Other**

MAKE COPIES OF THE ABOVE DOCUMENTS--PLEASE FAX AND MAIL TO DIS:

FAX: 301-496-0847

MAIL:

National Institutes of Health
Division of International Services, ORS
9000 Rockville Pike
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Bethesda, MD 20892-2028