

\_\_\_\_\_  
(Date)

**TO:** Immigration Specialist, DIS

**FROM:** Key Contact, \_\_\_\_\_  
(IC)

**SUBJECT: SUPPORTING DOCUMENTATION FOR NON-NIH VISITING PROGRAM PARTICIPANT:**

Check appropriate items:

1. **Category:**

\_\_\_\_ Guest Researcher                      \_\_\_\_ Special Volunteer  
\_\_\_\_ Exchange Scientist                      \_\_\_\_ Professional Services Contract  
(Courtesy Associates, Inc.)

2. **Action:**

\_\_\_\_ New                      \_\_\_\_ Renewal/Extension                      \_\_\_\_ Transfer

3. **Visa Assistance:**

\_\_\_\_ Please furnish visa assistance and a DOS Form DS-2019 to the following individual whom we wish to invite to the U.S. under the NIH Exchange Visitor (J-1) Program.

\_\_\_\_ Please furnish invitation letter as individual will enter U.S. in \_\_\_\_\_ status (e.g., B-1, WB).

\_\_\_\_ Individual is currently in the US in \_\_\_\_\_ status (e.g. J-2, A-1, G-4).

4. **Biographical Data:**

NAME: \_\_\_\_\_  
(FAMILY)    (First)    (Middle)

SEX: \_\_\_\_      DATE OF BIRTH: \_\_\_\_\_      CITY OF BIRTH: \_\_\_\_\_  
(MM/DD/YY)

COUNTRY OF BIRTH: \_\_\_\_\_      CITIZENSHIP: \_\_\_\_\_

COUNTRY OF LEGAL PERMANENT RESIDENCE: \_\_\_\_\_  
(If different from country of citizenship, must provide proof for ORS/ISB document preparation.)

PRESENT POSITION TITLE, NAME OF INSTITUTION AND ADDRESS:

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PROFESSIONAL DEGREES AND DATES RECEIVED: \_\_\_\_\_  
(Include copy of all degrees and English translations. Minimum requirement for NIH J-1 sponsorship:  
Masters degree in science.)

5. **Current Location:**

COMPLETE MAILING ADDRESS (Do not use P.O. Box for express mail. Include city code, if any.):

PHONE NUMBERS:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ FAX: \_\_\_\_\_

Would you like DIS to send documents by express mail to foreign destination?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the Common Acct. No. (CAN) to be billed. CAN: \_\_\_\_\_

If U.S. address, give express mail (e.g., Federal Express) billing number: \_\_\_\_\_

6. **Current Immigration Information:**

IF IN U.S. INDICATE (Attach copies of immigration documents. See CHECKLIST.):

Visa Status: \_\_\_\_\_ Date of Entry Into U.S.: \_\_\_\_\_  
(MM/DD/YY)

U.S. Sponsoring Institution or Employer: \_\_\_\_\_

7. **Assignment:** (provide full off-campus address if not located at NIH.)

PROPOSED DATES OF STAY: \_\_\_\_\_  
(From: MM/DD/YY) (To: MM/DD/YY)

PROPOSED LOCATION:

Bldg./Rm.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

IC: \_\_\_\_\_ Lab/Branch: (Spell out name) \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_ SPONSOR'S PHONE: \_\_\_\_\_

STATE GENERAL RESEARCH AREA (e.g., biochemistry): \_\_\_\_\_

DESCRIBE RESEARCH ACTIVITIES:

IF M.D.: (Special Volunteers only): IS INCIDENTAL PATIENT CONTACT  
ANTICIPATED? (Available at NIH facilities only.)

Yes \_\_\_\_\_ No \_\_\_\_\_ IF yes, attach:

1) "Four-Point" memorandum as described in guidelines for the NIH Visiting Program;

2) ECFMG Certificate: Number: \_\_\_\_\_ dated \_\_\_\_\_  
(MM/DD/YY)

Note: If there is no change in the program, a "Four-Point" memorandum is not required for renewal. Change in program: No \_\_\_\_\_ Yes \_\_\_\_\_

**INFORMATION BELOW FOR J-1 VISA HOLDERS ONLY**

8. **Funding:**

SOURCE: \_\_\_\_\_

AMOUNT IN U.S. DOLLARS: \_\_\_\_\_ **FOREIGN GOVERNMENT FUNDING?** NO \_\_\_ YES \_\_\_

Proof of funding **must** be submitted for each new/renewal/extension action. Please provide verification of funds on source's institutional letterhead and include the following:

- 1) Amount in U.S. dollars;
- 2) Period of time funding will be provided, including beginning & ending dates;
- 3) Translation if verification is not in English.

If supported by personal funds, provide statement from financial institution.

9. **Health Insurance:**

J-1 visa holders are required to provide proof of having obtained health insurance coverage for themselves and any J-2 dependents. Health insurance coverage must meet the mandatory minimum requirements of DOS' J-1 regulations. The minimum requirements are:

- medical benefits of no less than \$50,000 per accident or illness;
- a maximum \$500 deductible per accident or illness;

- medical evacuation benefits of \$10,000
- repatriation of remains in the amount of \$7,500

Insurance policy requirements must at a minimum be:

- Underwritten by an insurance corporation having an A.M. Best rating of "A- or above; an Insurance Solvency International Ltd. rating of "A-i" or above; a Standard and Poor's Claims-paying Ability rating of A-" or above; a Weiss Research, Inc. rating of "B+ " or above, or such other rating as the DOS may from time to time specify; or
- Backed by the full faith and credit of the government of the exchange visitor's home country; or
- Part of a health benefits program offered on a group basis to employees or enrolled students at designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO), or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

10. **Dependent Information** (Dependents = spouse or unmarried children under age 21):

Complete Columns 1. - 5. for dependents not currently in the U.S.

Complete Columns 1. - 7. for dependents currently in the U.S. and attach copies of immigration documents. Enter "NONE" if there are no dependents.

**Note:** If dependents will travel separately, give approximate dates of arrival.

1. Name (FAMILY, First Middle)	2. Date of Birth (MM/DD/YY)	3. Relationship	4. City & Country of Birth	5. Nationality	6. Passport Number & Issuing Country	7. Passport Expires on (MM/DD/YY)
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(Signature of Key Contact. For Exchange Scientist request, signature of Project Officer or International Representative.)

## CHECKLIST OF DOCUMENTS TO SUBMIT

(Incomplete cases may be returned to the IC)

- \_\_\_\_\_ Completed Form NIH 590 (Special Volunteer and Guest Researcher Assignment) if Special Volunteer or Guest Researcher.
- \_\_\_\_\_ Copy of signed Purchase Order if Professional Services Contract.
- \_\_\_\_\_ Copy of Travel Order (if applicable).
- \_\_\_\_\_ Current CV and bibliography.
- \_\_\_\_\_ Verification of funds (J-1 visa holders only).
- \_\_\_\_\_ Letter from scientist, *if self-supported J-2* (or other acceptable visa category) visa holder.
- \_\_\_\_\_ Verification of health insurance if provided by a source other than FAES, with English summary of benefits. (J-1 visa holders only).
- \_\_\_\_\_ Copy of all professional degrees and English translations (J-1 visa only).
- \_\_\_\_\_ Dependent information, if applicable (J-1 visa holders only).
- \_\_\_\_\_ For Special Volunteers only: If incidental patient contact is anticipated in J-1 status, attach **both**:
  - \_\_\_\_\_ Four-Point Memorandum
  - \_\_\_\_\_ Copy of ECFMG certification
- \_\_\_\_\_ Copies of prior correspondence between sponsor and foreign scientist.
- \_\_\_\_\_ **Provide copies of the following immigration documents for individuals already in the U.S., including dependents:**
  - \_\_\_\_\_ Passport (only pages with photo/biographical data, passport number/expiration date, and current U.S. visa stamp; same for any dependents)
  - \_\_\_\_\_ DHS Form I-94 "Arrival and Departure Record" (front and back)
  - \_\_\_\_\_ **All** DOS Forms IAP-66 or DS-2019 (front and back), unless J-1 is currently at the NIH
  - \_\_\_\_\_ Other immigration documents as applicable
    - \_\_\_\_\_ USCIS Form I-20
    - \_\_\_\_\_ USCIS Form I-797, including DHS Form I-94 attachment
    - \_\_\_\_\_ Proof of Employment Authorization (e.g., USCIS Form I-688B/USCIS Form I-766)
    - \_\_\_\_\_ Other: \_\_\_\_\_

**NOTE:** Please refer to Technical Advisory No. 11 for instructions on submission of renewal requests for individuals who will exceed three years in J-1 status. All such requests must be recommended by the J-1 Visa Extension Review Committee (JVERC), Office of Intramural Research, OD, and approved by the U.S. Department of State before DIS can process the extension of the J-1 visa. These requests must be submitted to the JVERC 120 days prior to the expiration of the J-1 visa holder's Form DS-2019.

\_\_\_\_\_  
(Date)

**TO:** Immigration Specialist, DIS

**FROM:** \_\_\_\_\_, Key Contact, \_\_\_\_\_  
(IC)

**SUBJECT: PROGRAM TERMINATION for:**

Guest Researcher \_\_\_\_ Special Volunteer \_\_\_\_

Exchange Scientist \_\_\_\_ Professional Services Contract \_\_\_\_

This is to notify you that

\_\_\_\_\_  
(Family name)                      (First name)                      (Middle name)

will be terminating his/her stay at NIH. Please note the following for your records:

1. Last day at NIH: \_\_\_\_\_

2. Date of departure from U.S.: \_\_\_\_\_  
(if applicable)

3. Forwarding address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_