

Instructions for Completing Form 829-1

Send this form and attachments to:

FIC/ISB, Building 16A, Room 101
16A CENTER DR MSC 6710
BETHESDA, MD 20892-6710

Timeframes for Submission of Form 829-1 and Required Supporting Documentation:

- NIH-sponsored J-1 visa
 - a. **New** appointment:
 - (1) Candidate outside the U.S. 90 days
 - (2) Candidate already in the U.S. .. 120 days
 - b. **Renewal** of appointment..... 120 days
- H-1B visa, O-1 visa, ECFMG (Educational Commission for Foreign Medical Graduates)-sponsored J-1 visa, or other allowable visa (e.g., G-4, A-2):
 - a. **New** appointment..... 120 days
 - b. **Renewal** of appointment..... 120 days
- **Inter- and Intra-IC Transfer**..... 60 days

Note 1: If the applicant chooses a format other than the SF 171, "Application for Federal Employment," or OF 612, "Optional Application for Federal Employment," as an attachment to this form, 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 and date.
 - 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 appointment.**

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 appointments 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 completely and accurately. Blocks 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 certificates issued by the degree-granting institution and translation, if not in English. *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.* **Note:** Do not submit a medical license in lieu of a copy of the M.D. degree.
- 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.

Note: U.S. Permanent Residents should be appointed under the same mechanisms used for U.S. citizens appointed under Title 42, and should not be submitted to FIC/ISB.

- 20. Current salary:** If current salary is not in U.S. dollars, convert to U.S. dollar equivalent. (Note that the Canadian dollar is *not* equivalent to the U.S. dollar.)
- 22. Proposed start date and end date:** Must be date specific. New appointments are customarily made for two years. A brief explanation must be provided in block 39 if the appointment is to be for less than a two-year period. (Exception: Initial ECFMG-sponsored J-1 visas are for a maximum 13-month appointment.) Appointments for staff scientist (VP) staff clinician (VP), investigator (tenure track) (VP), and senior investigator (tenure) (VP) may be made for up to 3 years, depending on visa eligibility.
- 23. Visa status:** e.g., J-1, H-1B, O-1.
- 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 Forms IAP-66 for a J-1 visa holder; INS Form I-797 for an H-1B or O-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 appointment 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 appointment period. If 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 Educational Commission for Foreign Medical Graduates (ECFMG) certificate number and date, and furnish a "Four-Point Memorandum," addressed to the Executive Director, Office of Intramural Research, OD, 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: A Four-Point Memorandum is not required for renewal of appointment if there is no change in the program or supervisor. If this is the case, specifically state so in Item 40.

(c) **Full patient contact** (for individual sponsored under the ECFMG J-1 Program, or for individual for whom the IC is requesting H-1B or O-1 classification): Furnish ECFMG certificate number and date, copy of medical licensure in U.S. and home country and for H-1B status, evidence of FLEX or equivalent examinations, i.e., Parts I, II, and III of NBME or Steps 1, 2, and 3 of USMLE.

- 40. Supply all information requested for dependents accompanying scientist** 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 Appointment To NIH Visiting Program	Case Number (for FIC/ISB use only)
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Summary of Instructions (See Instructions page for complete information.) Complete this form, and attach the following documents. All documents must be in English, or be accompanied by English translations. <ul style="list-style-type: none"> ● Copy of all doctoral degrees, including M.D. if applicable. (See #12 below.) ● Bibliography. ● Two 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. See #39, p. 2, for full patient contact requirements. ● Justification memorandum to the JVERC if end date will exceed three years or Exchange Visitor (J-1) Research Scholar status (see instructions on top tear-off sheet, "Instructions for Completing Form 829-1"). ● SF 171, Curriculum Vitae, Resume, or any other written format applicant may choose which includes the information requested under Note 1 of the top tear-off sheet. <p>Note: Appointment is not official until visa status is cleared and official appointment letter is issued by FIC/ISB.</p>	PROGRAM INFORMATION 1. Type of Appointment and Professional Designation <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (inter/intra IC) <input type="checkbox"/> Research Fellow (VP) <input type="checkbox"/> Clinical Fellow (VP) <input type="checkbox"/> Staff Scientist (VP) <input type="checkbox"/> Staff Clinician (VP) <input type="checkbox"/> Investigator (Tenure Track) (VP) <input type="checkbox"/> Senior Investigator Tenure <input type="checkbox"/> Adjunct Investigator (VP) 2. Common Acct. No. (CAN) 3. IC (use initials)/ NCI Division 4. Lab/branch (spell out name) 5. Proposed NIH location (bldg./rm.) 6. Phone 7. Fax
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CANDIDATE INFORMATION			
8. Name (FAMILY NAME, first, middle) Spell out entire name (CAPITALIZE family name). 12. Degrees and dates of degrees List all doctoral degrees, including M.D., if applicable. [Attach copies of all graduate degree Certifications from the degree-granting institution and translation(s), if not in English.] 14. Mailing address (Do not use an NIH location) E-mail address, if available: 17. Current Phone No. 18. Current FAX No. 20. Current salary (in U.S. dollars) 21. Proposed salary (If renewal with pay adjustment, include effective date and P.O. initials) 22. Proposed "start" and "end" dates (For new request, provide brief explanation in block 39 if less than a two-year period.)	9. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	10. Date of Birth (month/day/year)	11. Social Security No. (if in the U. S.) 13a. City of birth 13b. Country of birth 15. Country of citizenship 16. Country of legal permanent residence (Note: Cases for U.S. permanent residents should be processed like those for U.S. citizens and should not be submitted to FIC/ISB.)
19. Present position title, name of institution, and address			

IMMIGRATION INFORMATION For new appointment if applicant is already in the U.S.			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? (If yes, send request and justification directly to OD/OIR.) <input type="checkbox"/> Yes OD/OIR Signature and date: <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 (please type)	28. Title, lab/branch, IC			
29. Signature	Date	30. Bldg./room	31. Phone	32. Fax

APPROVAL SIGNATURES Only provide those required by your IC's delegation of authority.				
33. Laboratory Chief (Type name, Sign.)	Date	34. IC Scientific Director (Type name, Sign.)	Date	
35. IC Admin. Officer (Type name, Sign.)	36. Phone	Date	37. IC Director (Type name, Sign.)	Date

<p>International Services Branch, FIC</p> <p>Request for Appointment To NIH Visiting Program</p>	<p>Case Number <i>(for FIC/ISB use only)</i></p>
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ADDITIONAL REQUIRED INFORMATION

- 38 a. **State general research area (e.g., genetics, biochemistry):** _____
- b. Describe proposed research program.
- c. Provide explanation if this is a *new* appointment 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 (NIH J-1 Research Scholars only) Four-point memorandum not needed; no change in program *(for renewals only)*
- c. Full patient contact. *Furnish:* ● ECFMG Certificate No. _____ dated _____ *(attach copy)*
- ECFMG Certificate No. _____ dated _____
- Current medical licensure:
 U.S. *(specify state)* _____ and/or country abroad _____
 Valid from _____ to _____
- FLEX Exam: No Yes Date _____ *(Provide copy)*
 (or equivalent --see cover instructions)

40. List the following information for all dependents (*spouse and unmarried children under 21*), if accompanying scientist 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. Approximate date of travel
a.		Date: City: Country:				
b.		Date: City: Country:				
c.		Date: City: Country:				
d.		Date: City: Country:				