



necessary insurance. The Office of International Programs will not check in an Exchange Visitor if they do not provide verification of insurance.

Insurance must be maintained throughout the stay. Failure to maintain the required insurance may jeopardize the Exchange Visitor's status and their legal ability to complete their program in the department.

**212(e) Restriction and Waiver**

Once an exchange visitor receives a waiver of the 212(e) restriction, they are no longer eligible for further extensions of stay, including transfers, although they may continue in the current J program for the remainder of time on the current DS2019. Consequently, we request that all exchange visitors complete a 212(e) Certification attesting that they have not yet received a waiver.

**Attestation of No Patient Care or Incidental Patient Contact**

*The University of Kansas Medical Center (KUMC)—through its Responsible Officer, located in the Office of International Program—has designation by the Department of State Exchange Visitor Program to sponsor foreign nationals for the purpose of engaging in scholarly activity including research, teaching, consultation and observation. DOS regulations prohibit KUMC from sponsoring individuals who will be participating in patient care or clinical activity.*

**As the supervisor responsible for the oversight of the exchange visitor, I affirm that the Visitor will not be involved in any element of patient care, even if said individual holds credentials that would otherwise permit such activity.** (Note: If you are unable to sign this statement in good faith, exchange visitor sponsorship through KUMC is inappropriate for the individual or the situation, and you should contact the OIP to explore other options.)

Signed \_\_\_\_\_

Date \_\_\_\_\_

**DEPARTMENT STATEMENT OF RESPONSIBILITY AS SPONSOR OF EXCHANGE VISITOR**

- 1. As sponsor of the Visitor, I accept responsibility for the accuracy of all information contained in this form.**
- 2. I understand that an individual with an invalid status is required to depart the US with no grace period.**
- 3. I understand that the Exchange Visitor must maintain health insurance during their entire status in the J program.**
- 4. I will notify the OIP within 3 days of any of the following events:**

- Intent to transfer to another KUMC department or institution
- Termination of participation in activity at KUMC for any reason
- Changes in position funding
- Changes in job responsibilities or position

KUMC supervisor (same as listed in Part One)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Department Head**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_