

Request for DS2019 Internship

The J1 Internship program is administered by the Department of State. The student intern is a foreign national enrolled in and pursuing a degree at an accredited post-secondary academic institution outside the United States and is participating in a student internship program in the United States that will fulfill the educational objectives for her/his current degree program at the home institution.

Instructions: Please type or print. This form must be completed and signed by the sponsoring department, and the original submitted with all necessary supporting documents to the Office of International Programs (OIP).

Intern Information

Family _____ First _____ Middle (complete) _____

Date of birth _____ (MM/DD/YY) male female

City of birth _____ Country of birth _____

Address in country of legal permanent residence or citizenship (**not** the U.S.):

Phone _____
Email _____

Country: _____

Departmental Sponsor Information

Department in which the activity will occur _____

Physical location of the internship (campus address) _____

Individual who will directly supervise the visitor

Name _____ Phone _____
Title _____ Email _____

Department Administrator (not the same as the supervisor)

Name _____ Phone _____
Title _____ Email _____

English Skills

The intern must have verifiable English language skills sufficient to function on a day-to-day basis in the internship environment.

These skills were verified through:

- English is the intern's native language
- TOEFL or IELTS scores meeting KUMC standards for student admissions
- The intern's home institution conducts all lectures and coursework in English

- **Attach a copy of TOEFL or IELTS scores if used to determine English Skills**

Intern Program Plan

Internships must be full-time (at least 32 hours per week) and the program can not exceed 12 months. Duties or activities are limited to no more than 20 percent clerical work. All tasks assigned must be necessary for the completion of the student internship program.

Clinical positions or engaging in any other kind of work that involves patient care or contact, including any work that would require student interns to provide therapy, medication or other clinical or medical care are strictly prohibited.

The intent of the program must be work-based learning to expose the participant to American techniques, methodologies, and technology, to expand upon the intern's existing knowledge and skills and not to duplicate the intern's prior experience.

Anticipated dates of internship: Beginning _____ Ending _____
MM/DD/YY MM/DD/YY

Please briefly outline the activities and objective of the program developed for the intern:

- **Attach a completed DS7002 form with signatures.** The DS7002 can be found at <http://www.state.gov/documents/organization/84240.pdf>

Funding Information

Total amount = U.S. \$ _____ for _____ month(s), which is the duration of the program

Amount	Source
US\$ _____	_____
US\$ _____	_____
US\$ _____	_____

- **Attach evidence of funding** that shows amount and duration of support. This evidence may include wages or stipend from a KUMC department or a sponsorship letter from the intern's home institution or government or personal funds of the intern or the intern's parents. Verification must specify the support is for the intern to participate in a program at KUMC. Documents must be original or certified copies, printed on official letterhead or equivalent. If the original document is not in English, a certified translation must be attached to the original. A minimum of \$1500 per month is required.

Immigration Status/History

List the intern's complete US immigration history, including each visa classification held, and dates present in the U.S. in each classification (attach additional paper, if needed):

Visa	Type Purpose	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- **Attach a copy of the applicant's passport identification page(s).** Previous immigration documents may be requested by the OIP as deemed necessary.

INSURANCE REQUIREMENTS

Per Department of State regulations, all J1 interns must carry health insurance to include medical evacuation and repatriation insurance. Insurance must be maintained throughout the stay. Failure to maintain the required insurance may jeopardize the intern's status and their legal ability to complete their program in the department.

• **Attach a verification of insurance coverage, which includes medical evacuation and repatriation coverage, for the program dates listed for the intern.** Information on companies which provide insurance is available through the Office of International Programs.

DEPARTMENT STATEMENT OF RESPONSIBILITY AS SPONSOR OF A STUDENT INTERN

1. **As sponsor of the Intern, I understand the intent of the Intern Program and will abide by those regulations as indicated in this form. I accept responsibility for the accuracy of all information reported in this request form.**

2. **I will ensure the exchange visitor reports to the Office of International Programs no later than 3 days after arriving at KUMC, bearing the following documents for him/herself**
 - Passport with I-94
 - Processed DS2019
 - Signed DS7002
 - Address of local residence (not KUMC)
 - Phone / email or other contact information

3. **I understand that as a sponsor I must follow the program plan as documented on the DS7002.**

I will complete a concluding evaluation. For a program lasting more than six months I will complete a midpoint and concluding evaluation. These evaluations will be in writing and signed by the supervisor and intern. A copy of the evaluation(s) will be provided to the Office of International Programs.

4. **I will notify the OIP within 3 days of any of the following events:**
 - Cancellation of plans for the Visitor to come to KUMC.
 - Failure to arrive at KUMC by the start date noted on the DS2019
 - Any change in program plan.
 - Termination of participation in activity at KUMC for any reason

KUMC supervisor (same as listed in Part One)

Signature _____

Date _____

Department Head

Signature _____

Date _____

Name _____

Title _____