

Request for DS2019 J-1 Program Extension

Instructions: Please type or print. This form must be completed and signed by the hiring department, and the original submitted with all necessary supporting documents to the Office of International Programs (OIP). OIP will notify the Exchange Visitor via email when the DS2019 is available for pick up. The Exchange Visitor (if an employee) must then report to Human Resource and update their I-9 form.

Exchange Visitor

Family Name _____ Given _____

Current Home Address _____

Position Information

Position title _____ KUMC position number _____

Current DS2019 expires on _____ Request to extend until _____
(Date) (Date)

Physical (Campus address) location of the activity _____

Have there been any changes in position / responsibilities / activities for this individual since joining the department? Indicate "none" or list changes.

Departmental Sponsor Information

Department where the activity occurs _____

Individual who directly supervises the visitor: Name _____ Title _____

Department Contact or Coordinator: Name _____ Phone _____

Funding Information

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

Exchange Visitor will be paid directly from the following source(s):

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

- **Evidence of funding** is necessary only if the exchange visitor is self-sponsored or if there is a change in the funding source.

Insurance Coverage

Per Department of State regulations, all Exchange Visitors **and** their dependents must carry health insurance to include medical evacuation and repatriation insurance. At the time of or prior to arrival in the United States, the Exchange Visitor should purchase the

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, Medical Evacuation and Repatriation 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 _____