

## Request for DS2019

**Through the Exchange Visitor Program (J1), foreign nationals may visit the United States for up to five years to teach, lecture, and conduct research. The purpose of this program is cultural exchange.**

**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 department administrator when the DS2019 is available for pick up. For more information regarding the J1 Exchange Visitor Program please visit our website at [www.kumc.edu/international](http://www.kumc.edu/international)

### Biographical Information

Family Name \_\_\_\_\_ Given \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth \_\_\_\_\_ (MM/DD/YY)      \_\_\_\_\_ male      \_\_\_\_\_ female      Social Security Number \_\_\_\_\_

City of birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
 Current Address \_\_\_\_\_ Permanent Address in home country (if different) \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Email \_\_\_\_\_

Occupation in home country \_\_\_\_\_

Name and location of last employer in home country \_\_\_\_\_

### Education

<u>Degree</u>	<u>Field of Study</u>	<u>Year of Completion</u>	<u>University</u>	<u>City &amp; Country</u>
Bachelor's Degree	_____	_____	_____	_____
Master's Degree	_____	_____	_____	_____
Doctorate Degree (Phd, EdD)	_____	_____	_____	_____
Professional Degree (MD, JD, DVM)	_____	_____	_____	_____

### Immigration History

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

<u>Visa Type</u>	<u>Purpose</u>	<u>Start Date</u>	<u>End Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**Departmental Sponsor Information**

Department in which the activity will occur \_\_\_\_\_

Physical (campus address) location of the activity \_\_\_\_\_

Individual who will directly supervise the visitor: Name \_\_\_\_\_ Title \_\_\_\_\_

Department Contact or Coordinator: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Position Information**

Position title \_\_\_\_\_ Anticipated program dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Describe the activity in which the exchange visitor will engage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Attach a copy of the communication** between the sponsoring department and the individual confirming the appointment.

**Funding Information**

Total amount = U.S. \$ \_\_\_\_\_ for \_\_\_\_\_ month(s), which is the duration of the program. The Exchange Visitor will be paid directly from the following source(s):

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

- Note the minimum funding requirements: \$18,620 for the J-1; an additional \$3,180 for each dependent.
- **If the Exchange Visitor is funded through a grant, attach evidence of funding**  
**Also attach evidence of funding** that shows amount and duration of support, and specifies the support is for the Visit or 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.

**Attestation of English Skills**

*The Department of State requires the J-1 Exchange Visitors have adequate English language skills to carry out the intended activity. A program sponsor may elect to accept individuals with known deficiencies if the sponsor is willing to take responsibility for correcting the deficiency.*

**The visitor should be evaluated upon arrival to the KUMC campus for English proficiency. If a determination is made that the visitor has not demonstrated sufficient English language skills to perform the designated duties, additional English study will be recommended.**

**As the supervisor responsible for oversight of this position, I affirm that if it is found that the applicant does not possess the necessary English skills to perform the functions of the position or a lack of skills significantly hinders the duties of co-workers, I will be responsible for arranging immediate training in the English Language for the employee.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Dependent Attestation

*Exchange visitor regulations hold the sponsoring institution of the J-1 principal responsible for the monitoring of J-2 dependents. Accordingly, the Office of International Programs requires that the host department or institution approve of any dependents, whether accompanying the Visitor or arriving separately. The hiring department agrees to offer reasonable assistance to the OIP in complying with these regulations, including, but not limited to, the maintenance of mandatory health, medical evacuation and repatriation insurance, the monitoring of arrival /departure information, and information pertaining to employment or study by the J-2 dependent.*

**As the official responsible for the oversight of the exchange visitor, I support the Visitor's dependent(s) accompanying him/her. I accept responsibility for said dependents as for the Visitor, and will assist the OIP in a reasonable manner to ensure that KUMC and the Visitor maintain compliance with DOS regulations. (Note: If you do not sign this statement, it will not affect the eligibility of the principal exchange visitor for sponsorship through KUMC. However, no dependents will be issued a DS2019, nor will one be issued at a later date until a new statement of support is signed.)**

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Dependent Information

- Each **J-2** dependent must hold his/her own DS2019 in order obtain a visa and maintain status once in the U.S.
- **For each family member, attach a copy of** passport identification page(s).
- Repeat this page as necessary for additional family members

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Family \_\_\_\_\_ First \_\_\_\_\_ Middle (complete) \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship to visitor: wife husband daughter son  
(MM/DD/YY)

City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Is the dependent currently in the U.S.? no yes

Has the dependent ever held J-1 or J-2 status? no yes **If yes**, dates in J status: from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

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Family \_\_\_\_\_ First \_\_\_\_\_ Middle (complete) \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship to visitor: wife husband daughter son  
(MM/DD/YY)

City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Is the dependent currently in the U.S.? no yes

Has the dependent ever held J-1 or J-2 status? no yes **If yes**, dates in J status: from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

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Family \_\_\_\_\_ First \_\_\_\_\_ Middle (complete) \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship to visitor: wife husband daughter son  
(MM/DD/YY)

City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Is the dependent currently in the U.S.? no yes

Has the dependent ever held J-1 or J-2 status? no yes **If yes**, dates in J status: from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

### 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 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 and all authorized dependents:**
  - Passport with I-94
  - Processed DS2019
  - Address of local residence (not KUMC)
  - Phone / email or other contact information
  - Proof of insurance as per DOS regulations

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.

3. I understand that the Office of International Programs (OIP) cannot register the Visitor in the SEVIS system as present and in program status until the Visitor has reported to the OIP and has submitted complete documentation as listed above. Failure to be registered in SEVIS within 30 days of arrival will result in the Visitor's status defaulting to invalid. An individual with an invalid status is required to depart the U.S., with no grace period.
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. All originals of the DS2019 will be returned to OIP
  - Failure to arrive at KUMC by the start date noted on the DS2019
  - Intent to transfer to another KUMC department or host institution (Note: The new department must submit a *Request for DS2019* for approval **prior** to transfer. A new/amended DS2019 will be issued if needed.)
  - 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 \_\_\_\_\_