

Instructions for Completing Form 829-7

Send this form and attachments to:

FIC/ISB, Building 16A, Room 101.

Timeframes for Submission of Form 829-7 and

Required Supporting Documentation:

- **New award:**
 - a. Candidate outside the U.S. 90 days
 - b. Candidate already in the U.S. 120 days
- **Renewal** of award..... 120 days
- **Inter- and intra-ICD Transfer...** 60 days

Note 1: 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 (include complete address); years attended, discipline, degree and date.
- 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: A request that will exceed the Exchange Visitor (J-1 visa) Program three-year limit, up to a maximum of six years, must be accompanied by a memorandum from the scientific director or the sponsor, through the ICD scientific director, with "good cause" justification for this special exception. *Only* individuals in NIH's J-1 program *prior* to March 19, 1993, may be extended for five years without "good cause" justification. If a sixth year is requested for these "grandparented" individuals, a "good cause" justification must be provided. All such requests must be approved by the Associate Director, Office of Intramural Research, OD, prior to submission to FIC/ISB. Extensions for "good cause" beyond the basic time

limitations must be approved by USIA *before* FIC can request an extension of stay. **Please add three months processing time to such requests.**

Note 3: The Exchange Visitor (J-1 visa) Program is limited to three years for "Research Scholars." This includes time in J-1 status prior to coming to NIH. If the individual is already in the U.S. in another J-1 program, have your ICD Key Contact consult your Fogarty Immigration Specialist to verify continued J-1 eligibility *before* submitting this request.

Answer all questions fully and accurately. Block numbers 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.
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. If legal permanent resident of the U.S., attach copy of both sides of Alien Registration Card (Form I-551).
Note: Permanent Residents who are eligible for IRTA fellowships. All ICDs having an IRTA program should place Permanent Residents in that program rather than the NIH Supplemental Visiting Fellowship Program.
20. **Proposed stipend:** Stipend usually is based on years of relevant pre- and postdoctoral experience. Consult ICD Key Contact for stipend ranges.
22. **Outside funding institution:** Supply proof of funding on institution's letterhead for postdoctoral supplemental fellow to be sponsored under NIH's J-1 Exchange Visitor visa.
25. **Visa status:** e.g., J-1 Research Scholar, J-1 Student, F-1, Permanent Resident.
26. **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 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-20 for an F-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.
27. If the request requires OD/OIR approval, send directly to OD/OIR.

- 39. 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. Use a continuation sheet if needed.
- 41. For MDs only.** *The level of patient contact must be specified in advance, and may not be changed at any time during the award period. If incidental 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 ECFMG (Educational Commission for Foreign Medical Graduates) certificate number and date, and furnish a "Four-Point Memorandum," signed by the sponsor and approved by the ICD 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 ICD Key Contact for further guidance.

Note: A Four-Point Memorandum is not required for renewal of award if there is no change in the program. If this is the case, specifically state so in Item 41.

- 42. Supply all information requested for dependents accompanying SF** 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 ICD key contact.

International Services Branch, FIC Request for NIH Supplemental Visiting Fellowship Award		Case Number (for FIC/ISB use only)	
Summary of Instructions (See <i>Instructions</i> 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 doctoral degree (if in Latin, translation not necessary). • Bibliography. • Three letters of reference (less than one year old). • ECFMG certificate, if incidental patient contact is anticipated. • Curriculum Vitae, Resume, or any other written format applicant may choose which includes the information requested under <i>Note 1</i> of the top tear-off sheet, "Instructions for Completing Form 829-7." • Copy of Supplemental Fellowship Agreement. • Copies of all correspondence between ICD and candidate. • Proof of funding for postdoctoral fellows on NIH's J-1 visa. Note 1: Award is not official until visa status is cleared by FIC/ISB. Note 2: For ICDs without training authority, award is not official until visa status is cleared and official award letter is issued by FIC/ISB.		PROGRAM INFORMATION 1. Type of Appointment <input type="checkbox"/> PREDOCTORAL <input type="checkbox"/> POSTDOCTORAL <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> TRANSFER (Inter/intra ICD) 2. Common Acct. No. (CAN) 3. ICD (use initials) 4. Lab/Branch (spell out name) 5. Proposed NIH location (Bldg./room) 6. Phone 7. FAX	
CANDIDATE INFORMATION 8. Name (FAMILY NAME, first, middle) Spell out entire name (CAPITALIZE family name). 12. Degrees and dates of degrees 14. Mailing address (Do not use an NIH location)		9. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male 10. Date of Birth (month/day/year) 11. Social Security No. 13. City and country of birth 15. Country of citizenship 16. Country of legal permanent residence (If Permanent Resident of U.S., attach copy of Resident Alien card.) 17. Present position title, name of institution, and address	
18. Current Phone No. 19. Current FAX No. 20. Proposed stipend 21. Start and End Dates		22. Outside funding institution's name and address (See instructions if supplemental fellow in NIH's J-1 visa.) 23. Amount of Funding 24. If predoctoral, name and phone number of U.S. university's foreign student advisor	
IMMIGRATION INFORMATION For new appointment if applicant is already in the U.S. 25. Visa status 26. Date of entry into the U.S. Attach copies of appropriate immigration documents for applicant & dependents, e.g., Forms I-94, IAP-66, I-20, and pages of passport.		OD/OIR APPROVAL 27. Is this an exception requiring OD/OIR approval? (If yes, send request directly to OD/ OIR.) <input type="checkbox"/> Yes <input type="checkbox"/> No OD/OIR Signature and date:	
SPONSOR INFORMATION 28. Name (please type)		29. Title, ICD, lab/branch	
30. Signature Date		31. Bldg./room 32. Phone 33. Fax	
APPROVAL SIGNATURES Only provide those required by your ICD's delegation of authority.			
34. Laboratory Chief (Type name, Sign.) Date		35. ICD Scientific Director (Type name. Sign.) Date	
36. ICD Admin. Officer (Type name. Sign.) 37. Phone Date		38. ICD Director (Type name. Sign.) Date	

Request for NIH Supplemental Visiting Fellowship Award

39. a. State general research area (e.g., genetics, biochemistry): _____
b. Describe proposed research program and experience to be obtained.

ADDITIONAL INFORMATION--

41. MDs only: Check one, complete information, and attach documents as requested. See instructions before completing.

☐ a. No patient contact

☐ b. Incidental patient contact. *Furnish:*

☒ Four-Point Memorandum ☐ No change in program (*for renewals only*)

☒ ECFMG Certificate No. _____ dated _____ (*attach copy*)

<i>FAMILY NAME, First, Middle</i>	<i>Relationship</i>	<i>Date and city and country of birth</i>	<i>Nationality (citizenship)</i>	<i>Country of Legal Permanent LReside</i>	<i>If in the U.S.: Passport No./ expiration date/ issuing country</i>	<i>If traveling to U.S. separately: Approximate date of travel</i>
a.						
b.						
c.						
d.						