
(Date)

TO: Immigration Specialist, ISB, FIC

FROM: Key Contact, _____
(ICD)

SUBJECT: SUPPORTING DOCUMENTATION FOR NON-NIH VISITING PROGRAM PARTICIPANT:

Check appropriate items:

1. **Category:**

____ Guest Researcher

____ Special Volunteer

____ Exchange Scientist
(Courtesy Associates, Inc.)

____ Professional Services Contract

2. **Action:**

____ New

____ Renewal/Extension

____ Transfer

3. **Visa Assistance:**

____ Please furnish visa assistance and a USIA Form IAP-66 to the following individual whom we wish to invite to the U.S. under the NIH Exchange Visitor (J-1) Program.

____ Individual will enter U.S. in _____ status (e.g., B-1, WB) or is currently in U.S. in _____ status (e.g., J-2, A-1, A-2, G-4).

4. **Biographical Data:**

NAME: _____
(FAMILY) (First) (Middle)

SEX: _____ DATE OF BIRTH: _____ CITY OF BIRTH: _____
(MM/DD/YY)

COUNTRY OF BIRTH: _____ CITIZENSHIP: _____

COUNTRY OF LEGAL PERMANENT RESIDENCE: _____

(If different from country of citizenship, must provide proof for FIC/ISB document preparation.)

PRESENT POSITION TITLE, NAME OF INSTITUTION AND ADDRESS:

PROFESSIONAL DEGREES AND DATES RECEIVED: _____

(Include copy of all degrees and English translations. Minimum requirement for NIH J-1 sponsorship: Masters degree in science.)

5. **Current Location:**

COMPLETE MAILING ADDRESS (Do not use P.O. Box for express mail. Include city code, if any.):

PHONE NUMBERS:

HOME: _____ WORK: _____ FAX: _____

Would you like ISB to send documents by express mail to foreign destination?

Yes _____ No _____

If yes, please provide the Common Acct. No. (CAN) to be billed. CAN: _____

If U.S. address, give express mail (e.g., Federal Express) billing number: _____

6. **Current Immigration Information:**

IF IN U.S. INDICATE (Attach copies of immigration documents. See CHECKLIST.):

Visa Status: _____ Date of Entry Into U.S.: _____
(MM/DD/YY)

U.S. Sponsoring Institution or Employer: _____

7. **Assignment:** (provide full off-campus address if not located at NIH.)

PROPOSED DATES OF STAY: _____
(From: MM/DD/YY) (To: MM/DD/YY)

PROPOSED LOCATION:

Bldg./Rm.: _____ - _____ Phone No.: _____ Fax No.: _____

ICD: _____ Lab/Branch: (Spell out name)

STATE GENERAL RESEARCH AREA (e.g., biochemistry): _____

DESCRIBE RESEARCH ACTIVITIES:

IF M.D. (Special Volunteers only): IS INCIDENTAL PATIENT CONTACT

ANTICIPATED? (Available at NIH facilities only.)

Yes _____ No _____ IF yes, attach:

1) "Four-Point" memorandum as described in guidelines for the NIH Visiting Program;

2) ECFMG Certificate: Number: _____ dated _____
(MM/DD/YY)

Note: If there is no change in the program, a "Four-Point" memorandum is not required for renewal. Change in program: No _____ Yes _____

INFORMATION BELOW FOR J-1 VISA HOLDERS ONLY (not applicable to General Fellows)

8. **Funding:**

SOURCE: _____

AMOUNT IN U.S. DOLLARS: _____ **FOREIGN GOVERNMENT FUNDING?** NO _____ YES _____

Proof of funding ***must*** be submitted for each new/renewal/extension action. Please provide verification of funds on source's institutional letterhead and include the following:

- 1) Amount in U.S., dollars;
- 2) Period of time funding will be provided, including beginning & ending dates;
- 3) Translation if verification is not in English.

If supported by personal funds, provide statement from financial institution.

9. **Health Insurance:**

J-1 visa holders are required to provide proof of having obtained health insurance coverage for themselves and any J-2 dependents. Health insurance coverage must meet the mandatory minimum requirements of USIA's J-1 regulations. The minimum requirements are:

- medical benefits of no less than \$50,000 per accident or illness;
- a maximum \$500 deductible per accident or illness;
- medical evacuation benefits of \$10,000
- repatriation of remains in the amount of \$7,500

Insurance policy requirements must at a minimum be:

- Underwritten by an insurance corporation having an A.M. Best rating of "A- or above; an Insurance Solvency International Ltd. rating of "A-i" or above; a Standard and Poor's Claims-paying Ability rating of A-" or above; a Weiss Research, Inc. rating of "B+" or above, or such other rating as the USIA may from time to time specify; or
- Backed by the full faith and credit of the government of the exchange visitor's home country; or
- Part of a health benefits program offered on a group basis to employees or enrolled students at designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO), or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

10. **Dependent Information** (Dependents = spouse or unmarried children under age 21):

Complete Columns 1. - 4. for dependents not currently in the U.S.

Complete Columns 1. - 7. for dependents currently in the U.S. and attach copies of immigration documents. Enter "NONE" if there are no dependents.

Note: If dependents will travel separately, give approximate dates of arrival.

1. Name (FAMILY, First Middle)	2. Date of Birth (MM/DD/YY)	3. Relationship	4. City & Country of Birth	5. Nationality	6. Passport Number & Issuing Country	7. Passport Expires on (MM/DD/YY)
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(Signature of Key Contact. For Exchange Scientist request, signature of Project Officer or International Representative.)

CHECKLIST OF DOCUMENTS TO SUBMIT
(Incomplete cases may be returned to the ICD)

_____ Completed Form NIH 590 (Special Volunteer and Guest Researcher Assignment) if Special Volunteer or Guest Researcher.

_____ Copy of signed Purchase Order if Professional Services Contract.

_____ Current CV and bibliography.

_____ Verification of funds (J-1 visa holders only).

_____ Letter from scientist, *if self-supported* J-2 (or other acceptable visa category) visa holder.

_____ Verification of health insurance if provided by a source other than FAES, with English summary of benefits. (J-1 visa holders only).

_____ Copy of all professional degrees and English translations (J-1 visa only).

_____ Dependent information, if applicable (J-1 visa holders only).

_____ For Special Volunteers only: If incidental patient contact is anticipated in J-1 status, attach both:

- _____ Four-Point Memorandum
- _____ Copy of ECFMG certification

_____ Copies of prior correspondence between sponsor and foreign scientist.

_____ **Provide copies of the following immigration documents for individuals already in the U.S., including dependents:**

- _____ Passport (only pages with photo/biographical data, passport number/expiration date, and current U.S. visa stamp; same for any dependents)
- _____ INS Form I-94 "Arrival and Departure Record" (front and back)
- _____ All USIA Forms IAP-66 (front and back), unless J-1 is currently at the NIH
- _____ Other immigration documents as applicable
 - _____ INS Form I-20
 - _____ INS Form I-797, including INS Form I-94 attachment
 - _____ Proof of Employment Authorization (e.g., INS Form I-688B)
 - _____ Other: _____

Note: Please refer to Technical Advisory No. 11 for instructions on submission of renewal requests for individuals who will exceed three years in J-1 status. All such requests must be recommended by the J-1 Visa Extension Review Committee (JVERC), Office of Intramural Research, OD, and approved by the United States Information Agency before FIC/ISB can process the extension of the J-1 visa. ***These requests must be submitted to the JVERC 120 days prior to the expiration of the J-1 visa holder's Form IAP-66.***

(Date)

TO: Immigration Specialist, ISB, FIC

FROM: _____ Key Contact, _____
(ICD)

SUBJECT: **PROGRAM TERMINATION for:**

Guest Researcher _____ Special Volunteer _____

Exchange Scientist _____ Professional Services Contract _____

This is to notify you that

(Family name) (First name) (Middle name)

will be terminating his/her stay at NIH. Please note the following for your records:

1. Last day at NIH: _____

2. Date of departure from U.S.: _____
(if applicable)

3. Forwarding address: _____

