

New J request for a form DS-2019 DEPARTMENT Checklist and Questionnaire

Form and supporting documentation **required of the host department:**

- For SMD DS-2019 requests only: [SMD J-1 Scholar Job Code Proposal Form](#)
- Completed J-1 Scholar Department Questionnaire
- Completed J-1 English Assessment Form, with supporting documentation
- Copy of the signed offer or invitation letter provided to the J-1 scholar by the host department
- Signed host responsibilities agreement (page 6)

Department administrators, please check the exchange visitor's questionnaire and documents for completeness. **Please ensure ALL of the following are included**, as the ISO cannot begin to process a request for a DS-2019 if any items are outstanding.

Forms and supporting documentation **required of the Exchange Visitor:**

- Completed J-1 Scholar Exchange Visitor Questionnaire
- A photograph of the J-1 applicant with name printed on the back of the photograph(s) (for ISO immigration file, not the Dept. of State)
- Copy of identity pages of a valid passport for J-1 applicant
- Current curriculum vitae
- Proof of permanent residency if applicant is a citizen of one country but legal permanent resident of another
- People who are not going to be paid by the University of Rochester **MUST** provide proof of funding and it must be:
 - Written in English
 - On letterhead from the funding source
 - Signed by someone with the authority to dispense the funds from the funding organization
 - Include the specific dates of funding coverage
 - Include amount of funding in US dollars
- Copies of degrees and certificates earned

If the J-1 scholar will be accompanied by dependents:

- Copy of identity pages of a valid passport for each dependent
- For spouse, a copy of marriage certificate translated into English
- For child(ren), a copy of birth certificate translated into English
- A photograph of each J-2 dependent, with name printed on the back of the photograph(s). (For ISO immigration file)



J-1 Scholar Department Questionnaire

1. Name of visitor: _____
surname or family name as on passport/birth reg. given name middle name

2. Gender: [] male [] female

3. J Category: [] Professor [] Research Scholar [] Short-Term Scholar

4. Type of Request: [] Original J Request [] Transfer Request (From another J program to the U of R's J Program)

5. Is the exchange visitor bringing a spouse and/or children? [] Yes [] No If yes, how many? _____

6. Start date _____ End date _____
month/day/year month/day/year

(Please allow two months from the time ISO receives all paperwork for the DS-2019 request, and the anticipated start date.)

7. University department _____
Name location fax #

8. Department contact person _____
name

U of R Box # telephone # e-mail address

9. When the DS-2019 packet is ready, I would like: [] to pick up the packet at ISO [] the packet to be sent to the UR box number above.

10. Supervisor of exchange visitor: _____
name

U of R address telephone # e-mail address

11. Exchange visitor's position at the University: _____

If applicable: U of R HRMS title: _____ U of R position code: _____

12. Where at the University will the exchange visitor be located? _____

13. Describe the purpose of the exchange visitor's program. Include the goals to be achieved, the educational and experiential requirements, how the exchange visitor meets the requirements, and the length of time required to achieve the goals. The details of financial support should be listed under the funding section. If a letter of agreement between the department and exchange visitor has been written, please attach a copy to this questionnaire.

[Empty rectangular box for providing details for question 13]

14. Is the exchange visitor a graduate of medical school? Yes No

If "yes" check below to indicate the patient care level appropriate to the physician's intended activities at the University. Activities of foreign medical graduates are specifically limited by federal and state law. **A physician involved in clinical training or clinical research as a resident or clinical fellow** cannot participate in the University's J Exchange Visitor Program. They must be sponsored by the Education Commission for Foreign Medical Graduates (ECFMG). Judy Marshall at (585) 275-1795 is the University's ECFMG liaison.

- The program in which the physician will participate involves **no element of patient care services**.
- The program in which the physician will participate involves **incidental patient contact**. All such patient contact will be under the direct supervision of a physician who is a U.S. citizen or permanent resident that is licensed to practice medicine in the State of New York. The foreign physician will not be involved in or responsible for the diagnosis and/or treatment of patients. The foreign physician will not be involved in any patient care activity, which would normally require a medical license. No experience gained in this program will be creditable toward any clinical requirements for medical specialty board certification. (Please note that graduates of medical schools cannot be registered as or treated as medical students for patient care services.)
- The physician will be a **faculty member engaged primarily in teaching and research, which may involve patient care incidental to the teaching and research**. The physician will obtain a New York State limited permit before beginning any patient care activities. All such patient contact will be under the direct supervision of a physician who is a US citizen or permanent resident that is licensed to practice medicine in the State of New York.

English Language Requirements

In accordance with new provisions to federal regulation Section 62.10(a)(2) now in effect, an attestation of [English language proficiency](#) is required if the University of Rochester will sponsor an individual in the J-1 non-immigrant visa status. This form must be completed by the host department confirming the J-1 exchange visitor possesses a sufficient level of proficiency in the English language and attesting to the means used to make this determination. Once signed and dated, the form and supplemental documentation must be submitted with the J-1 sponsorship application.

Regulations require the ISO retain this assessment form and all supporting evidence so it may be made available to the U.S. State Department upon request.

Host departments will be responsible for the cost of formal English language training for exchange visitors who arrive with inadequate English language skills. Cost of training: approx. \$30/hour for a minimum of 24 hours (12 weeks) or more as needed.

SEVIS Fee Requirements

New J-1 applicants are required to pay a SEVIS fee to begin a new exchange visitor program. The SEVIS fee is in addition to the visa fee and any other fees paid to the US Consulates. The SEVIS fee must be paid prior to the visa interview. People exempt from visas, such as Canadians, are required to pay the SEVIS fee prior to crossing the border. Anyone (department, exchange visitor or third party) can pay the fee for the J-1 and no fee is required for any J-2 dependents. Form I-901 is used to pay the SEVIS fee. We encourage visiting the Student Exchange Visitor Program (SEVP) website at www.ice.gov/sevis/i901/ to review the "I-901 Fee Frequently Asked Questions" and to www.fmjfee.com to complete the online I-901 and pay the fee online.

Funding and Insurance Requirements

The U.S. government requires the UR to verify adequate financial support and health insurance for all exchange visitors and their accompanying dependents. **It is the hosting department's responsibility to verify that all exchange visitors meet at least the minimum funding requirements and are covered by health insurance for the duration of their program.** ISO will provide each exchange visitor with MEDEX (medical evacuation and repatriation of remains) insurance.

Departments are encouraged to work out a realistic budget with exchange visitors prior to arrival in the U.S. Estimated costs are listed below for some real-life necessities:

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|--|--|
| 1. Health insurance. Individual and family plans are very expensive. (\$1600-\$10000/year) | 7. Transportation (vehicle, insurance, maintenance) |
| 2. Food, laundry products and personal care items (\$4,000-6,000 per year) | 8. Uncovered dental and medical care expenses (prescriptions, contraceptives, doctor visits) |
| 3. Clothing | 9. Utilities (gas, electric, telephone, internet – (\$1,500-2,500 per year) |
| 4. Childcare (\$7,800-10,400 per year) | 10. Return transportation home |
| 5. Rent | 11. Travel expenses |
| 6. Moving and settlement expenses to Rochester (\$1,000-2000) | 12. Other miscellaneous expenses |

Proof of Funding:

Verification of financial support for the total length of the visitor's program is required. Funding may come from the department, the visitor's government or employer, personal funds or a combination of these sources. When the funding is questionable, the hiring department will need to guarantee support before the ISO will issue a DS-2019. The U.S. Embassy or Consulate will also need to see the funding documents at the time of visa application by the exchange visitor. **People who will not be paid by the University of Rochester MUST provide proof of funding that is:**

1. Written in English
2. On letterhead from the source
3. Signed by someone with the authority to dispense the funds from the funding organization
4. Include the specific dates of funding coverage
5. Include amount of funding in US dollars

Will the exchange visitor be paid through the University payroll system? Yes No

If yes, what is pay schedule? Weekly Bi-weekly Semi-monthly Monthly Other _____

Will the exchange visitor be eligible for health insurance through the University as a benefit of his/her appointment? Yes No

Minimum Funding Requirements:

Listed below are the minimum amounts of funding required, per ISO policy. Please note that these figures are the bare minimum and do not include the cost of health insurance coverage, which is very expensive if not received as a benefit of the appointment.

- **\$2333 per month for J-1 exchange visitor (equivalent to \$28,000 per year)**
- **\$500 per month for each dependent (spouse or child)**

Type of Funds	Amount (in USD) Per <input type="checkbox"/> Month or <input type="checkbox"/> Year	Name of Funding Source
University of Rochester		
Foreign Employer		
Foreign Government		
International Organization		
Foreign University		
Personal Funds		
Other		
Total Funding: _____ From _____ To _____		

Host Department Responsibilities

1. **Determine if the program is suitable to the exchange visitor's** education, experience and needs. **Determine the exchange visitor's competency** in his or her field.
2. **Determine if the exchange visitor possesses sufficient proficiency in the English language** to participate in the program. J-1 regulations require all Exchange Visitors to have the ability to speak and understand verbal English as well as the ability to read and comprehend written English. Departments will be responsible for the cost of English language training for Exchange Visitors who arrive with inadequate English language skills. At the minimum, a telephone interview should be conducted if a face to face interview is not possible. E-mail and letters are not sufficient. Please note that U.S. Consulates may deny a foreign national a J-1 visa for insufficient English skills.
3. **Establish a written agreement that details the program** in which the exchange visitor will participate. The agreement should include but not be limited to: the purpose of the exchange visitor's program and goals to be achieved, the educational and experiential requirements, length of time required to achieve the required goals, and details of financial support.
4. **Assign a department member to serve as host and provide an orientation** to the University and the Rochester area for the exchange visitor and any accompanying family members. The departmental host will need to assist the exchange visitor with such things as: housing, furniture and house goods rental or purchases, enrolling children in school, finding a childcare provider, locating the nearest bank, grocery store, clothing store, how to obtain emergency medical care, how to choose a doctor, how to purchase health insurance, how to contact the fire and police departments, how to buy a used car and obtain a driver's license and insurance, life and customs in the United States, and the cost of living in the Rochester area. The departmental host must have excellent English skills.
5. **Provide the exchange visitor with an emergency departmental contact and telephone numbers** for days, evenings and weekends.
6. Work in conjunction with the International Services Office **to ensure that the exchange visitor has and maintains throughout his or her stay, the required health insurance and medical evacuation and repatriation of remains insurance** for him or herself and any accompanying family members.
7. **Determine that the exchange visitor has enough financial support to provide for him or herself and accompanying family members.** Expenses to consider: Health insurance, housing, food, clothing, childcare, travel expenses, moving and settlement expenses to Rochester, transportation (vehicle, insurance, maintenance), uncovered dental and medical care expenses (prescriptions, contraceptives, and doctor visits), return transportation home, other miscellaneous expenses.
8. **Offer or make available to the exchange visitor a variety of appropriate cross-cultural activities** to give them the broadest exposure to American society, culture, and institutions. **Encourage the exchange visitor to voluntarily participate in activities which are for the purpose of sharing the language, culture, or history of their home county with Americans,** provided such activities do not delay the completion of the program.

Exchange visitor's supervisor

<i>Name</i>	<i>title</i>	<i>location</i>	<i>telephone #</i>
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Exchange visitor's departmental host (who will assume the responsibilities listed above and assist the exchange visitor). The departmental host must sign the form on page 6.

<i>Name</i>	<i>title</i>	<i>location</i>	<i>telephone #</i>
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The undersigned confirms that he or she is authorized to offer this position to the exchange visitor, that he or she will take responsibility for the supervision of the exchange visitor, will assign a departmental host to the exchange visitor, and that the information contained in this request is correct according to the best information available.

Name and title printed _____
 Department chairperson

Signature _____ Date _____
 Department chairperson

Return this form to:

Sumie Jacoby, International Services Office, 40 Celebration Drive, Suite 100
 P.O. Box 270446, Rochester, New York 14627-0446
 Telephone (585) 275-2929 Fax (585) 244-4503 sumie.jacoby@rochester.edu

DEPARTMENTAL HOST RESPONSIBILITIES

Department: _____

Name of exchange visitor: _____

The departmental host will provide an orientation to the University and the Rochester area for the exchange visitor and any accompanying family members. The host will need to assist the visitor with such things as:

- Obtaining Social Security number
- Opening a bank account
- Housing
- Furniture and household goods rental or purchases
- Enrolling children in school
- Finding a childcare provider
- Locating the nearest bank, grocery store, and clothing stores
- How to obtain emergency medical care
- How to choose a doctor and dentist
- How to purchase medical insurance
- How to contact the fire and police departments
- How to buy a used car and obtain a driver's license and insurance
- Life and customs in the United States
- The cost of living in the Rochester area
- Public transportation options
- Supporting the exchange visitor in participating in cross-cultural activities

Name of Host

Signature of Host

Return this form to:

Sumie Jacoby, International Services Office, 40 Celebration Drive
Suite 100, P.O. Box 270446, Rochester, NY 14627-0446
sumie.jacoby@rochester.edu



Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States – H-1B / O-1 petitions (Part 6 of the Form I-129 Petition for Nonimmigrant Worker) and J-1 DS-2019 Requests.

University of Rochester Policy

The University of Rochester has an [openness in research policy](#), and does not routinely enter into agreements that would impose a fundamental limitation on the ability to publish research results or restrict the participation of individuals (e.g. based on citizenship) from intellectually significant portions of educational and research activities.

U.S. Export Control Laws

The [Export Administration Regulations \(EAR\)](#) and the [International Traffic in Arms Regulations \(ITAR\)](#) control both the:

- Actual shipment or transmission of items and export controlled information out of the U.S.; and
- Releasing or transferring export controlled information and source code to foreign persons in the U.S. (“deemed export”)

The following are generally not subject to U.S. export control laws:

- Published / public domain information
- Information resulting from research in which the results are ordinarily published and shared broadly in the scientific community (results of “fundamental research”)
- Information released by instruction in a catalog course or associated teaching laboratory of an academic institution

The ITAR controls defense articles and defense services, which are information, services and tangible items that are listed on the [U.S. Munitions List \(“USML”\)](#).

Please contact Josef Mejido, the University’s Export Control Officer, at export@rochester.edu if you have any questions about export compliance or this certification



Certification by Hosting Faculty Member, Department Chair or Division Chief

Print name of J-1 Exchange Visitor: _____

Requested Non-immigration status (select one):

H-1B J-1 O-1 Other_____

I, _____, hereby certify to each of the following:
(Department Chair or Division Chief)

- All information that will be released or provided to the above named beneficiary will be:
 - Already published / in the public domain;
 - Information resulting from fundamental research; and/or
 - Information released by instruction in a University catalog course or associated teaching laboratory

- The beneficiary will not work with anything subject to the ITAR

Name (Dept. Chair or Div. Chief): _____
(Print)

Signature: _____

Title (Dept. Chair or Div. Chief): _____

Department: _____

Date: _____
(mm/dd/yyyy)