

Preliminary DS-2019 Checklist

This form should not be sent to the potential Exchange Visitor to complete. This form is for the department to collect information from the EV for the production of the actual DS-2019 by the IAO. **Please allow the IAO four weeks to process the DS-2019 request.** Further, in determining a begin date for the DS-2019, factor in the 4 weeks at the IAO, possibly one week for mailing/fedexing the document and the uncertain processing times at a U.S. Consulate/Embassy (from one week to several months possibly due to a security clearances.)

Please use this checklist to ensure that a complete J-1 application is submitted to IAO

Did you complete all information requested?

- Personal information
- Funding information
- Location where research will take place
- SEVIS subject/field code
- Dependent information
- Required faculty sponsor and department signatures

Did you attach all supporting evidence? (**required for new or extension requests**)

- Proof of funding (translated, if necessary) **
- Personal page of passport for J-1 and J-2 dependents
- C.V.
- Copy of diploma with English translation
- Description of activities
- Signed insurance affidavit

****If funding changes during period of stay, notify IAO immediately.**

PLEASE NOTE: U.S. Consulates/Embassies are required to interview all applicants who are applying for a visa for the first time, or those renewing a visa that has been expired more than 12 months. In light of this, please advise your potential J-1 visitor to call the consulate/embassy in advance to inquire when an appointment is available. **IAO processing time will not be altered for earlier appointments.**

EXCHANGE VISITORS MUST REPORT TO THE IAO WITHIN 30 DAYS OF START DATE LISTED ON DS-2019. Failure to do so can result in violation of status with serious consequences. **If an Exchange Visitor is unable to arrive and report to the IAO within the 30 days, please notify IAO. Notification must be made before the expiration of 30 day period.**

If the J-1 visa is denied, please notify the IAO immediately. If the Exchange Visitor decides not to come to Columbia University for any reason, the IAO must be notified and the original DS-2019 must be returned to IAO as soon as possible.

Departments must submit application 8-12 weeks before applicant plans to enter USA

Columbia University, Health Sciences Campus, International Affairs Office
Preliminary DS-2019 Form (formerly IAP-66), Application For J-1 Visa Status

Part I

1. Purpose of form: New ___ Extension ___ Transfer ___ Amend ___ Change of Status From ___ Visa
 a. **New Applicants:** Has individual been in the U.S. previously on a J-1 visa? Yes ___ No ___. If yes, please submit copies of any previous DS-2019/IAP-66 forms and I-94 cards. (If the individual was on a J-1 within the last 12 months, for a period of 6 months or more, s/he cannot use the J-1 in the Research Scholar category.)
 b. **Extensions/Transfers/Changes of Status:** Have you applied for a waiver of the two-year home residency requirement? Yes ___ No ___. Do you have plans to travel abroad in the near future? Yes ___ No ___
 c. **Transfers and Changes of Status:** Attach copies of documents from any other visa status held, e.g. DS-2019 form, both sides of the I-94 card etc.
2. Has this individual visited Columbia University previously? If so, when _____ and on what visa ____?
Month/ Day /Year
3. Name _____ 4. Male ___ Female ___
Family Name First/Given Name Middle Name (must be completed)
5. Date and place of Birth _____, _____, _____
(Month/ Day /Year) city, state or province country
6. Country of Citizenship: _____ Permanent Resident of _____
7. Permanent address (in home country): _____
8. Passport Expiration Date: _____, _____, _____
(Month / Day / Year)
9. **Sign and return the attached "Acknowledgement of understanding and promise to comply with DOS medical coverage requirements for J-1 Exchange Visitors". We will accept a faxed signature.**

Part II

1. Requested Period of Stay (up to 3 years): From _____, _____, _____ To _____, _____, _____
(Month / Day / Year) (Month / Day / Year)
2. Estimated Financial Support: Year 1: _____ Year 2: _____ Year 3: _____
IF FUNDING CHANGES DURING PERIOD OF STAY, YOU MUST NOTIFY IAO
3. Source and Breakdown of Support: *(If the individual is receiving a paycheck from Columbia Univ., please indicate Columbia as the source of support and indicate the grant account that will be charged.)*

Source of Funds	Total Amount of Funds (USD)	Name and Description of Funding Source (include documentation w/translation)
<input type="checkbox"/> Columbia University		CU grant account #: _____
<input type="checkbox"/> U.S. Government Agency***		
<input type="checkbox"/> International Organizations		
<input type="checkbox"/> Exchange Visitor's Government		
<input type="checkbox"/> Other Organizations Providing Support		
<input type="checkbox"/> Personal Funds (current bank statement, etc.)		

*****Check only if the individual is receiving funds DIRECTLY from U.S. Government Agency**

Part III

1. Exchange visitor's most recent position in home country: _____

All Columbia sponsored J-1 Exchange Visitors, including those working at Columbia University affiliates, must receive a Columbia University academic appointment. Appointments to clinical titles are NOT permitted.

2. Academic Appointments at Columbia University: *(Please check one.)*

The titles listed below fall within the guidelines of the J-1 program. Tenure or tenure track positions as well as support staff and administrative titles are disallowed. If considering another title, please call IAO.

- | | |
|--|--|
| <input type="checkbox"/> Staff Associate | <input type="checkbox"/> Visiting Research Scientist |
| <input type="checkbox"/> Postdoctoral Research Fellow | <input type="checkbox"/> Visiting Research Scholar |
| <input type="checkbox"/> Postdoctoral Research Scientist | <input type="checkbox"/> Visiting Associate Professor |
| <input type="checkbox"/> Postdoctoral Research Scholar | <input type="checkbox"/> Visiting Sr. Research Scientist |
| <input type="checkbox"/> Visiting Associate Research Scientist | <input type="checkbox"/> Visiting Sr. Research Scholar |
| <input type="checkbox"/> Visiting Associate Research Scholar | <input type="checkbox"/> Visiting Professor |
| <input type="checkbox"/> Visiting Assistant Professor | |

Please note: these two titles are NOT the same as the Visiting Scholar/ Scientist Designation given by the Provost's Office, which is not allowed on the J-1! These are academic appointments equal to an Associate Professor level!

3. Please **attach** copy of personal page from passport for J-1 applicant and all J-2 dependents.

4. Please **attach** a copy of C.V. with current permanent foreign address.

5. Please **attach** a copy of diploma. If official diploma has not yet been issued, please submit a letter from the academic institution stating that the individual has fulfilled all requirements for the degree and the date the degree will be conferred. *(include copy of both foreign diploma and English translation)*.

6. **Attach** a description of the activities in which the exchange visitor is intended to participate. Include a description of the specific area of research, consultation, or teaching.

7. **New requirement under SEVIS:** Review the attached list of Subject/Field Codes and provide a code for the closest, most general code that relates to the area of research, consultation or teaching (e.g. Biomedical Sciences, General, 26.0102). Subject/Field Code:_____. (If the list does not provide an appropriate code, please call the IAO before submitting this request.)

8. Location(s) where exchange visitor will engage in research, consultation, or teaching: *(If the work location changes at any time during the period of stay at Columbia, the International Affairs Office must be notified.)*_____

9. Is this individual a graduate of a foreign medical school? Yes___ No___

If yes indicate the level of clinical care in which the exchange visitor will engage:

___**A.** The program in which the physician will participate involves **no element of patient care services**.

___**B.** The program in which the physician will participate involves **incidental patient contact**. All such patient contact will be under the supervision of a physician who is a U.S. citizen or permanent resident who 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 board certification. (Please note that graduates of medical schools cannot be registered as or treated as medical students for patient care services.)

___**C.** The program in which the physician will participate involves **clinical training or clinical research**. **If C is checked please stop.** The individual must be sponsored by ECFMG or apply for an H-1 visa. For information on how to contact ECFMG, or how to apply for an H-1 visa, please contact the IAO.

Part IV

Will immediate family members accompany the exchange visitor? Yes _____ No _____

If yes, please complete Page 4 of this form.

Part V

Without the following authorization from the Faculty Sponsor and the Departmental Administrator, the DS-2019 Form cannot be issued.

1. Full Name of Faculty Sponsor (**Required**) _____ Phone _____

THE UNDERSIGNED CONFIRMS that he or she is authorized to offer this position, that he or she will take responsibility for the supervision of the international visitor, and that information contained in this request is correct according to the best information available.

2. Signature of Faculty Sponsor (**Required**) _____ Date _____

3. Columbia University Department _____

4. Location of Lab or Office _____

5. Name of Columbia Departmental Administrator (**Required**) _____

6. Signature of Columbia Departmental Administrator (**Required**) _____ Date _____

7. Name of Columbia Departmental Chairperson or Director (Optional) _____

8. Signature of Chairperson, Director (Optional) _____ Date _____

9. Contact Person: _____, _____
Name and Title Phone Ext.

Return this form to the International Affairs Office, Black Building, Room 1-126B, or call (212) 305-5455, (5-5455), if you have any questions.

Request for J-2, Dependent Visa Status for Immediate Family Member(s)

Name of Principal Exchange Visitor/J-1 Holder: _____
Family Name First/Given Name Middle Name

If J-1 holder is already in the U.S.:

Daytime Phone Number: _____ Date of entry into U.S. ____, ____, ____

Name of Spouse _____ Male _____ Female _____
Family Name First/Given Name Middle Name (must be completed)

Date and Place of Birth ____, ____, ____
month/day/year city, state or province country

- Spouse will travel with exchange visitor.
- Spouse will arrive later. Expected arrival date _____.
- Spouse is already in the U.S. and will need a transfer, extension, or change of status.
- Other. Please explain: _____.

Name of Child _____ Male _____ Female _____
Family name First/Given Name Middle Name (must be completed)

Date and Place of Birth ____, ____, ____
month/day/year city, state or province country

- Child will travel with exchange visitor.
- Child will arrive later. Expected arrival date _____.
- Child is already in the U.S. and will need a transfer, extension, or change of status.
- Other. Please explain: _____.

Name of Child _____ Male _____ Female _____
Family name First/Given Name Middle Name (must be completed)

Date and Place of Birth ____, ____, ____
month/day/year city, state or province country

- Child will travel with exchange visitor.
- Child will arrive later. Expected arrival date _____.
- Child is already in the U.S. and will need a transfer, extension, or change of status.
- Other. Please explain: _____.

Please continue on an additional page if necessary.

Acknowledgment of Understanding and Commitment to Comply with Medical Insurance Coverage Requirements for Exchange Visitors

Print name

I, hereby attest and acknowledge that I have been informed that, for the duration of my J-1 Exchange Visitor program at Columbia University, I am solely responsible for obtaining and maintaining medical insurance coverage meeting the minimum requirements of the Exchange Visitor Program Regulations for myself and any of my dependents in the United States on J-2 status (if applicable); and

II. I have been informed of and understand the specific minimum medical insurance coverage requirements of the U.S. Department of State; and

III. I understand that I may carry medical insurance coverage meeting these minimum requirements from a source within or without the United States; and

IV. I will be in compliance with these medical insurance coverage requirements upon commencing my participation in Columbia University's J-1 Exchange Visitor Program Regulations or immediately thereafter; and

V. My failure to comply with these medical insurance coverage requirements will constitute a violation of the Exchange Visitor Program Regulations and may result in termination of my affiliation with Columbia University and termination of my J-1 and any dependents' J-2 status (if applicable).

(Exchange Visitor's Signature)

(Print Name)

(Date)

Minimum medical coverage shall provide (in U.S. Dollars):

- A) Medical benefits of at least \$50,000 per accident or illness;
 - B) Repatriation of remains in the amount of \$7,500;
 - C) Expenses associated with medical evacuation to home country in the amount of \$10,000;
 - D) A deductible not to exceed \$500 per accident or illness;
- An insurance policy secured to fulfill these requirements **may** include provisions for co-insurance of up to 25% of covered benefits;
- An insurance policy secured to fulfill these requirements **must**:
- i) Be underwritten by an insurance corporation having at least the following ratings by one of the main industry rating services: A.M. Best "A"
 - ii) Standard & Poors "A-", Insurance Solvency International "A-", Weiss Research Inc. "B+"; or
 - ii) Be backed by the full faith and credit of the Exchange Visitors home government; or
 - iii) Be part of a health benefits program offered on a group basis to employees or enrolled students by Columbia University; or
 - iv) Be offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Plan, determined by the U.S. Dept. of Health and Human Services.

**INTERNATIONAL AFFAIRS OFFICE
TERMINATION FORM
FOR: J-1, H-IB, O-1 or TN**

Form **MUST** be submitted to IAO within 5 days of termination of
scholar/employee
(to meet USCIS mandatory reporting requirements)

Name: _____
(Last name) (First name) (Middle name)

Please check one: J-1__, H-IB__, O-1__ or TN__

C.U. Title: _____

Department: _____

Termination Date: _____

Reason for Termination: (i.e. funding, transfer to another institution, family or medical emergency, returned to home country, etc. Please be specific.)

Name of person preparing this form: _____ Tel. number: _____

Date: _____

Select Subject Code

Category: Biological and Biomedical Sciences

Subjects/Fields

26.0403	Anatomy
26.0708	Animal Behavior and Ethology (NEW)
26.0804	Animal Genetics (NEW)
26.0707	Animal Physiology (NEW)
26.1304	Aquatic Biology/Limnology (NEW)
26.0202	Biochemistry
26.0299	Biochemistry, Biophysics and Molecular Biology, Other (NEW)
26.0210	Biochemistry/Biophysics and Molecular Biology (NEW)
26.1103	Bioinformatics (NEW)
26.9999	Biological and Biomedical Sciences, Other
26.0101	Biology/Biological Sciences, General
26.1199	Biomathematics and Bioinformatics, Other (NEW)
26.0102	Biomedical Sciences, General (NEW)
26.1101	Biometry/Biometrics
26.0203	Biophysics
26.1102	Biostatistics
26.1201	Biotechnology
26.0301	Botany/Plant Biology
26.0399	Botany/Plant Biology, Other
26.0907	Cardiovascular Science (NEW)
26.0407	Cell Biology and Anatomy (NEW)
26.0903	Cell Physiology (NEW)
26.0499	Cell/Cellular Biology and Anatomical Sciences, Other
26.0401	Cell/Cellular Biology and Histology
26.0406	Cell/Cellular and Molecular Biology (NEW)
26.1307	Conservation Biology (NEW)
26.0404	Developmental Biology and Embryology (NEW)
26.1301	Ecology
26.1399	Ecology, Evolution, Systematics and Population Biology, Other (NEW)
26.0904	Endocrinology (NEW)
26.0702	Entomology
26.1305	Environmental Biology (NEW)
26.1006	Environmental Toxicology (NEW)
26.1309	Epidemiology
26.1303	Evolutionary Biology
26.0908	Exercise Physiology (NEW)
26.0801	Genetics, General (NEW)
26.0899	Genetics, Other (NEW)
26.0806	Human/Medical Genetics
26.0507	Immunology
26.1302	Marine Biology and Biological Oceanography
26.0503	Medical Microbiology and Bacteriology (NEW)
26.0803	Microbial and Eukaryotic Genetics (NEW)
26.0599	Microbiological Sciences and Immunology, Other (NEW)
26.0502	Microbiology, General (NEW)
26.0205	Molecular Biochemistry (NEW)
26.0204	Molecular Biology
26.0206	Molecular Biophysics (NEW)
26.0802	Molecular Genetics (NEW)
26.1002	Molecular Pharmacology (NEW)

26.0902	Molecular Physiology (NEW)
26.1005	Molecular Toxicology (NEW)
26.0506	Mycology (NEW)
26.0405	Neuroanatomy (NEW)
26.0906	Neurobiology and Neurophysiology (NEW)
26.1003	Neuropharmacology (NEW)
26.0911	Oncology and Cancer Biology (NEW)
26.0505	Parasitology
26.0910	Pathology/Experimental Pathology (NEW)
26.1001	Pharmacology
26.1007	Pharmacology and Toxicology (NEW)
26.1099	Pharmacology and Toxicology, Other (NEW)
26.0208	Photobiology (NEW)
26.0901	Physiology, General (NEW)
26.0999	Physiology, Pathology, and Related Sciences, Other (NEW)
26.0805	Plant Genetics (NEW)
26.0308	Plant Molecular Biology (NEW)
26.0305	Plant Pathology/Phytopathology
26.0307	Plant Physiology
26.1306	Population Biology (NEW)
26.0209	Radiation Biology/Radiobiology
26.0905	Reproductive Biology (NEW)
26.0207	Structural Biology (NEW)
26.1308	Systematic Biology/Biological Systematics (NEW)
26.1004	Toxicology
26.0504	Virology
26.0909	Vision Science/Physiological Optics (NEW)
26.0709	Wildlife Biology (NEW)
26.0701	Zoology/Animal Biology
26.0799	Zoology/Animal Biology, Other