



DS-2019 APPLICATION FOR J-1 STATUS SPONSORSHIP: APPLICANT DATA FORM

PURPOSE: The DS-19 Application is required when J-1 international scholars seek to engage in research and/or training opportunities at Cedars-Sinai Medical Center.
INSTRUCTIONS: To be completed by the J-1 Applicant no later than 3 months prior to anticipated program start date. Select N/A checkbox if not applicable.
A DS-2019 will be issued within 15 business days and **returned to the department sponsoring the application.**

SECTION 1: EXCHANGE VISITOR INFORMATION

(Enter the name as it appears on your passport biographical page)

1. Last Name:		First Name:		Middle Name:	
2. E-mail:		3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
5. Date of Birth: (mm/dd/yyyy)		6. City of Birth:		7. Country of Birth:	
8. Country of Citizenship:		9. Country of Legal Permanent Residence:		10. U.S. Residential Address: <input type="checkbox"/> To be determined	
11. Permanent Foreign Address:		12. What is the current or last professional activity you were involved in, in <i>your home country</i> (country of citizenship/permanent residence)? If a student, please specify the level and name of the institution. If employed, specify your job title and name of your employer.			
13. Highest Academic Degree Received: (Equivalent to US Degrees) <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD <input type="checkbox"/> MD, DO, MBBS, MBCh <input type="checkbox"/> Other: _____				14. Date Awarded: (Month, Year)	

SECTION 2: DEPENDENT INFORMATION

(See Instructions Sheet for more information)

Complete this section to request J-2 dependent status for your legally married spouse and unmarried children under 21 years old. Do not include information for family members who are sponsored on a separate visa or otherwise have their own status.

NOT APPLICABLE - I do not have any dependents requiring J-2 visa sponsorship

(Skip this section. Proceed to Section 3)

Dependent #1:					
Last/Family Name		First/Given Name		Middle Name	Relationship
Date of birth (mm/dd/yyyy)		City of Birth		Country of Birth	Country of Citizenship
Email Address:					
Dependent #2:					
Last/Family Name		First/Given Name		Middle Name	Relationship
Date of birth (mm/dd/yyyy)		City of Birth		Country of Birth	Country of Citizenship
Email Address:					
Dependent #3:					
Last/Family Name		First/Given Name		Middle Name	Relationship
Date of birth (mm/dd/yyyy)		City of Birth		Country of Birth	Country of Citizenship
Email Address:					
Dependent #4:					
Last/Family Name		First/Given Name		Middle Name	Relationship
Date of birth (mm/dd/yyyy)		City of Birth		Country of Birth	Country of Citizenship
Email Address:					
15. For new J-1 applicants: Do you plan to enter the U.S. together with your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				16. If traveling separately, what is your dependent's expected arrival date? <input type="checkbox"/> N/A	

SECTION 3: U.S. IMMIGRATION HISTORY (See INSTRUCTIONS SHEET for additional information on how to complete the following section).

17. During the last 24 months, have you been issued a J-1 and/or J-2 visa? No Yes
 If YES, please complete the following section. Begin with your most recent visa status and work backwards chronologically. Attach a copy of DS-2019 and visa stamp and current I-94 card (if applicable).

Visa Classification (DS2019 #4) (J-1 Research Scholar, Short-Term, Student, etc.)	Begin and End Dates (i.e. Jan 1, 2007- Dec. 31, 2007)	Purpose of Stay (research, student, dependent, etc.)	Name of J Visa Sponsoring U.S. Institution or Agency

18. Were you subject to the two-year home country residence requirement (212e) as part of the current or previous J-1/J-2 visit?
 Unknown No Yes

19. If subject to the 212(e) rule, have you applied for a waiver with the U.S. Department of State?
 Not Applicable- I was not subject to 212e No Yes (Attach Recommendation Letter or Approval Notice from USCIS if approved)

20. Have you ever filed for an immigrant (I-140) or alien relative (I-130) petition for U.S. permanent residency "green card" status?
 No Yes (Attach receipt or approval notices)

21. Please select the appropriate action below:

- I will apply for a J-1 visa stamp at the U.S. Consulate/Embassy located in _____ (city, country)
- I'm requesting to change my immigration status inside the U.S. by submission of Form I-539: Change of Status application to USCIS. Complete Questions #22-26 below.
- I'm currently in J-1 status at a U.S. institution and requesting a transfer to CSMC. Complete Questions #22-30 below.
- I'm currently in J-1 status at CSMC and requesting for an extension of stay. Complete Questions #22-26 below

N/A **QUESTIONS 22-26: FOR CANDIDATES CURRENTLY INSIDE U.S.**

22. Current immigration status (i.e. F-1 OPT, J-1, J-2, etc): **23. Current Status End Date:**

24. Do you or your dependents have plans to travel outside of the U.S. during the next 6 months? No Yes, travel details below:

25. Travel Date: N/A **26. Destination:** N/A

N/A **QUESTIONS 27-30: FOR J-1 TRANSFER APPLICANTS ONLY**

27. International Officer/Immigration Coordinator Name: **28. Coordinator's Phone Number:**

29. Coordinator's E-Mail: **30. Last Day of Employment/Program at Current Institution:**

SECTION 4: HEALTH INSURANCE REQUIREMENTS

The U.S. Code of Federal Regulations governing Exchange Visitor (EV) Programs (22CFR § 62.14) requires that the EV and their dependent(s) obtain health benefits, accident, medical evacuation and repatriation of remains insurance for the duration of their exchange visitor status. Proof of health insurance coverage is required upon your arrival at CSMC.

HEALTH INSURANCE CERTIFICATION

- I understand that the Department of State requires me and all of my J-2 dependent family members to have the following minimum health insurance coverage throughout my stay:
 - ◆ Medical benefits of at least \$100,000 per accident or illness
 - ◆ Repatriation of remains in the amount of \$25,000
 - ◆ Medical evacuation expenses in the amount of \$50,000
 - ◆ Deductible not to exceed \$500 per accident or illness
- I understand that I will need to pay for the above-noted insurance unless my sponsoring department at Cedars-Sinai Medical Center has informed me in writing that they will provide the insurance.
- I understand the cost of this insurance may vary depending on the provider I choose. If I choose my own insurance policy, the insurance corporation underwriting the policy must have one of the following ratings:
 - ◆ A.M. Best rating of "A-" or above
 - ◆ Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above
 - ◆ Standard & Poor's Claims paying Ability rating of "A-" or above
 - ◆ Weiss Research, Inc. rating of B+ or above
- I understand that insurance coverage backed by the full faith and credit of the government of my home country will also meet the rating requirements.
- I understand that I may be required to provide proof of insurance coverage at any time during my sponsored status at CSMC.
- I understand that government regulations require CSMC to notify the Department of State and terminate my J-1 status if they determine that I or my family members fail to comply with the health insurance requirements.

31. Please indicate how you will comply with the health insurance requirements by selecting one of the following options:

- The sponsoring department at CSMC is providing health insurance coverage as a program benefit.
- I will be covered by my home country health insurance plan during my stay in the USA.
- I will purchase an independent health insurance plan on my own.

32. Name of Insurance Provider/Company:

33. Policy Number:

SECTION 5: EXCHANGE VISITOR CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM. Your signature indicates that you agree to the following:

- I will engage only in activities that are consistent with the intended CSMC program, and will **not** engage in any clinical activity without authorization from Academic Human Resources & Visa & Immigration Services Administration (VISA) office.
- The proposed activity is suitable to my background, needs and experience.
- I will **not** misrepresent information on the application for issuance of an initial or renewal DS-2019.
- I will **not** engage in continued research activities beyond the expiration date listed on the DS-2019.
- My family members and I are aware of the financial support needed for our stay.
- I am aware of the health insurance requirements and have a clear understanding of who will be responsible for paying the insurance premiums.
- I have a clear understanding of what office/lab space, equipment, computer access, facilities, etc. will be available.
- I have the sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- I authorize the staff of the VISA office to retrieve my I-94 arrival and departure information from U.S. Customs and Border Protection's website as needed for the duration of my stay at CSMC.
- I will immediately inform the VISA staff if any of the following occur:
 - Change in financial support
 - Change in position title/appointment
 - Change in hours of work (i.e. part-time and/or full-time)
 - Change in department
 - Change in site of activity
 - Termination and/or completion of program
 - Leave of Absence
 - Any changes to your program and/or status that would affect your eligibility or maintenance of your legal status in the U.S.

EV Name:

Signature:

Date:

Please forward the completed forms along with any additional documentation to your sponsoring department administrator. Do not forward directly to the VISA office. This will only delay the DS-2019 issuance process. The VISA office will begin the process once we have received the entire application from your sponsoring department. The department will be responsible for mailing the pre-arrival packet to you upon issuance.

**HUMAN RESOURCES COMPLIANCE
VISA & IMMIGRATION SERVICES ADMINISTRATION (VISA)**

J-1 APPLICANT DATA FORM INSTRUCTIONS

SECTION 1: EV INFORMATION

- 1. Name:** Enter name as it appears on EV’s passport. Attach a copy of the passport, including amendment pages or extension stamp (if applicable).
- 2. E-Mail:** Provide contact e-mail address. Important pre-arrival information will be sent to this email account.
- 3. Gender:** Select gender.
- 4. Marital Status:** Select current marital status.
- 5. Date of Birth:** Enter in Month, Day,Year (mm/dd/yyyy) format.
- 6. City of Birth:** Do NOT enter province or state. Please provide the city of birth.
- 7. Country of Birth:** Enter name of birth country.
- 8. Country of Citizenship:** Enter the country which the EV holds a valid passport. If EV holds passports from multiple countries, choose the passport country in which the EV will use to enter the U.S.
- 9. Country of Legal Permanent Residence:** Enter only the country which the EV has legal permanent residence and has the intention of residing there permanently. Do not enter the country of temporary or current residence if it is different than the country of citizenship and the EV does not wish to abandon their home country.
- 10. U.S. Residential Address:** Select “N/A” checkbox if residential address is not available. An address is required for all Amendment, Transfer and Extension requests.
- 11. Permanent Foreign Address:** Provide a permanent residential address in the EV’s home country. Family members’ address is acceptable if the individual does not have a current residential address.
- 12. Current/Last Activity in country of citizenship or permanent residence:** Specify the EV’s last occupation or activity in their country of citizenship/permanent residence. For example, master’s or bachelor’s student, research assistant, professor, engineer, medical doctor at a hospital, etc. If a student, provide name of the institution. If employed, provide name of employer and current title.
- 13. Highest Academic Degree:** Indicate the highest degree the EV already received. The degree must be equivalent to a US degree. Do not enter current degree pursuing or pending approval.
- 14. Date of Degree Completion:** Enter the date the degree was awarded or completion of degree.

SECTION 2: DEPENDENT INFORMATION

J-2 status is available for legal spouse and children (under 21 years old), who are not U.S. citizens. **Do not include information for family members who are sponsored on a separate visa or otherwise have their own status.** Family members are also allowed to enter the U.S. in other statuses, such as B-1/B-2 or WT/WB for short-term visits.

Select “Not Applicable” checkbox if you do not have any dependents requiring J-2 sponsorship.

- 15. Dependent Travel:** Indicate if you will enter the U.S. together with your J-2 dependent(s) during your initial entry.
- 16. Separate Travel: (Initial requests only)** If you J-2 dependent(s) will enter the U.S. at a later time, provide expected entry date.

A copy of each dependent’s passport is required. For current Transfer J-2 dependents or Change of Status requests, include a copy of the dependent’s immigration documents such as current DS-2019, I-20, EAD card, etc.

SECTION 3: IMMIGRATION HISTORY

- 17. Previous J status:** If you have been in J status within the past 2 years, please specify the exact dates and status, beginning with the most recent and work backwards chronologically. Attach a copy of the last DS-2019, J visa stamp, and I-94 card (if applicable).
- 18. 212(e):** Indicate if you were subject to the Two Year Home Residence requirement (212e) requirement from the previous program. This info can be found on the previously issued DS-2019 and J-1 visa stamp.
- 19. 212(e) Waiver:** Indicate if you have ever applied for the 212(e) waiver. If so, attach a copy of the Dept. of State recommendation letter or approval notice from USCIS.
- 20. Immigrant Petition:** Indicate if an I-140 (immigrant petition) or I-130 (through marriage/family) has ever been filed for permanent residence in the U.S. If yes, a copy of the receipt or approval notice must be attached.

21. Select the appropriate action to obtain J-1 status:

- J-1 visa stamp at a U.S. Consulate/Embassy outside of the U.S.:** Indicate location where you will apply for the visa stamp.
 - Canadian citizens: Indicate the departing Canadian airport or border crossing by land.
- Applies to new J-1 applicants who wish to apply for J-1 status outside of the U.S. through travel and re-entry.
Form I-539 Change of Status with USCIS. Select this option if you are currently inside the U.S. in a different immigration status and would like to obtain the J-1 status without departing the U.S. Contact the VISA office for assistance
 - **Include the following documents:**
 - o Copy of the I-94 record/card (front and back) including dependents
 - o Copy of I-20 for F-1 students and any accompanying dependents
 - o Copy of passport biographical page for EV and dependents
 - o Copy of EAD card if applicable
 - o Copy of I-797 approval notice if applicable
- J-1 Transfer:** Select this option if you are currently in J-1 status at a different institution and requesting a transfer to CSMC.
 - **Include the following documents:**
 - o Copy of I-94 record/card for EV and dependents (front and back)
 - o Copy of ALL previous DS-2019 documents for EV and dependents
 - o Copy of passport biographical page for EV and dependents
- J-1 Extension:** Select this option if you are currently in J-1 status sponsored by CSMC and requesting for an extension of stay.
 - **Include the following documents:**
 - o Copy of I-94 record/card for EV and dependents (front and back)
 - o Evidence of health insurance coverage

QUESTIONS 22-26: FOR CANDIDATES CURRENTLY INSIDE THE U.S.

22. Current Immigration Status: Indicate your current immigration status. (i.e. J-1, F-1, B-1, B-2, etc.)

23. End Date: Provide end date of your immigration status or last day of your work permit

24. Travel: Indicate if there are any travel plans prior to starting at CSMC or while the extension application is pending.

25. Travel Date: Provide travel date. Select N/A if you do not have travel plans

26. Destination: Provide destination. Select N/A if you do not have travel plans

QUESTIONS 27-30: FOR J-1 TRANSFER APPLICANTS ONLY

27. Immigration Advisor Name: Provide name of immigration advisor at current institution so VISA office can contact for transfer process

28. Immigration Advisor Phone: Provide phone number of immigration advisor at current institution

29. Immigration Advisor E-Mail: Provide e-mail address of immigration advisor at current institution

30. Last Day of Employment: Specify the last day of employment or program participation at current institution

SECTION 4: HEALTH INSURANCE REQUIREMENTS

This serves as your official notification of the health insurance requirements as part of the J-1 visa requirements. This form certifies that you understand the insurance requirements for yourself and any J-2 family members. Please indicate what type of insurance coverage you will have during your stay in the US.

- Most paid employees will receive health benefits from CSMC as part of your employment benefits. Further details regarding the coverage and enrollment will be provided at your New Employee Orientation upon arrival. Please refer to your employment offer letter for confirmation of offered benefits.
- Health insurance plans from your home country must also meet the J-1 health insurance minimum requirements and you must provide evidence of coverage to the VISA office
- Refer to the VISA's office health insurance information sheet for a list of independent health providers in order to purchase your own plan. You may also contact your Embassy/Consulate for a referral list of providers.

SECTION 5: EV CERTIFICATION

Please read carefully before signing. Your signature indicates that you understand and agree to all requirements and/or conditions of your program participation at CSMC.

Sign and forward the completed application along with any supporting documentation to your inviting department administrator/faculty.

PROCESSING TIME

Sponsoring departments should submit the completed DS-2019 application 4-6 months prior to the proposed program start date.

VISA office processing time: 15 business days from receipt of a completed application packet

Visa stamp issuance from U.S. Consulate/Embassy: 2-6 weeks

Change of Status processing time with USCIS: 3-4 months