



J-1 STATUS APPLICATION: DEPARTMENT REQUEST FORM

PURPOSE: The DS-19 Application is required when inviting J-1 international scholars to engage in research and/or training opportunities.

INSTRUCTIONS: To be completed by CSMC sponsoring department no later than 3 months prior to the anticipated program start date. Select N/A if not applicable. A DS-2019 Form will be issued within 15 business days and **returned to the department.**

SELECT TYPE OF REQUEST	NEW/INITIAL REQUEST		AMENDMENT OF CURRENT J-1	<input type="checkbox"/> EXTENSION OF J-1 STATUS Currently in J-1 status sponsored by CSMC
	<input type="checkbox"/> Initial (Outside of U.S)	<input type="checkbox"/> Transfer In (Current J-1 from another U.S. Institution)	<input type="checkbox"/> Funding Update	
	<input type="checkbox"/> Change of Status (Currently inside U.S. on different visa)		<input type="checkbox"/> Position Title Update	
			<input type="checkbox"/> Biographical Data Update	
			<input type="checkbox"/> CSMC Departmental Transfer	
	CATEGORIES	PRIMARY ACTIVITY AT CSMC	LENGTH OF STAY	
SELECT J-1 CATEGORY	<input type="radio"/> RESEARCH SCHOLAR	A researcher or person with advanced education or equivalent experience and accomplishments participating in research, teaching, observing or consulting in connection with research projects. May hold a Postdoctoral Scientist or visiting appointments.	Minimum: 6 months Maximum: 5 years (including any time spent at another institution on J-1 visa)	
	<input type="radio"/> SHORT-TERM SCHOLAR	A researcher or person with similar education or accomplishments as Research Scholar participating in short-term research, teaching, observing, consulting, training, or demonstrating special skills. May hold a Postdoctoral Scientist or visiting appointments.	Minimum: 1 day Maximum: 6 months	
	<input type="radio"/> SPECIALIST	An individual who is an expert in field of a specialized knowledge or skill coming to the U.S. for the purpose of observing, consulting, training, or demonstrating special skills for up to 12 months.	Minimum: 1 day Maximum: 12 months	

EXCHANGE VISITOR'S NAME & PROGRAM INFORMATION. Enter the name as it appears on the Exchange Visitor's passport

1. Last Name:	First Name:	Middle Name:
2. Program Begin Date: (Month/Day/Year)	Program End Date: (Month/Day/Year)	3. Possible Future Extension? <input type="radio"/> Yes <input type="radio"/> No
4. Payroll/ Non-Paid Title: select from drop down menu Select title from list	5. Is this a tenure track or faculty position? <input type="radio"/> Yes <input type="radio"/> No	6. Requisition Number : <input type="checkbox"/> N/A (for NEW requests only)

7. FINANCIAL SUPPORT INFORMATION
Indicate all applicable funding sources relevant to the EV's program. Proof of financial support (in English and shown in USD) is required. Refer to the Instruction Sheet for additional information.

FUNDING SOURCE	AMOUNT PER MONTH (USD)	# OF MONTHS	TOTAL AMOUNT
			\$ 0
Cedars-Sinai Medical Center (includes government grants)			\$ 0
US Government Agency (includes grants given directly to visitor for international exchange)			\$ 0
Visitor's Home Government (paid directly to EV only)			\$ 0
International Organization (paid directly to EV only, i.e. NATO, UN, WHO)			\$ 0
Binational Commission (paid directly only, i.e. Fulbright)			\$ 0
Personal Funds (Copy of most recent bank statement in English is required)			\$ 0
Other (specify name/source below, i.e. name of home institute, scholarship, etc.):			\$ 0

8. Describe the proposed research/training activity or duties at CSMC. Please include specific areas or fields of research:

9. Department Name:	Division:
----------------------------	------------------

10. Physical Location(s) of Site of Activity: Please select **all** relevant on-campus and/or off-campus sites.

Primary Location:	Secondary Location: <input type="checkbox"/> N/A
--------------------------	---------------------------------------------------------

Others, please specify site name and address: N/A

11. SPONSORING DEPARTMENT CERTIFICATION
Please read carefully before signing this form. Your signature indicated that you agree to the following:

- This request is based on an **actual appointment** and the department is responsible for following up with the appropriate CSMC respective offices and units for the necessary appointment/position approval.
- The Exchange Visitor (EV) 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 and Visa & Immigration Services Administration (VISA) office.
- The proposed activity is suitable to the Exchange Visitor’s background, needs and experience.
- Will **not** misrepresent information on the application for issuance of an initial or renewal DS-2019.
- Will **not** compensate exchange visitor below the allowable for issuance of an initial or renewal DS-2019.
- Will **not** allow the exchange visitor to stay or engage in continued research activities beyond the expiration date listed on the EV’s DS-2019.
- The EV and family members are aware of the financial support needed for their stay.
- The EV is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying the insurance premiums.
- The EV has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The EV has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- Will inform the VISA office of the following:
 - Change in financial support
 - Change in position title/appointment
 - Change in hours of work (FTE %)
 - Change in department
 - Change in site of activity
 - Termination and/or completion of program
 - Leave of Absence
 - Any changes to the EV’s program and/or status that would affect their eligibility or maintenance of their legal status in the U.S.

Department Contact Name:	Department Contact Phone Number:
---------------------------------	-----------------------------------------

NAME	TITLE	SIGNATURE	DATE
Manager:			
Faculty PI/Supervisor:			
Department Chair:			

After obtaining the appropriate signatures, please return the form along with any required additional documentation to HR Compliance- VISA, PACT 600. Upon issuance of the DS-2019 form, VISA office will notify the Department Contact for pick-up to be forwarded to the Exchange Visitor. Contact your department’s Immigration Partner, Renata Giron at (310) 423-2427 or Hao Nguyen at (310) 423-1907 for any questions or concerns.

PROCESSING TIME: 15 BUSINESS DAYS (3 WEEKS) FROM RECEIPT OF COMPLETE APPLICATION

CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY

Instructions: This form is to be completed by the CSMC department for submission with a completed J-1 Application for all "Begin New Program" and "Transfer In" requests.

The U.S. Department of State requires J-1 Exchange Visitors to have "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11(a)(2)]

Indicate how the Department has certified English proficiency for the prospective Exchange Visitor. Select one from below:

Exchange Visitor Name:

(Last Name, First Name)

Date:

Certification by a recognized English language test

- A copy of the test score is required
 - The test must have been taken within the past 5 years
 - TOEFL test score must be 550 (paper based), 80 (internet based iBT)
 - IELTS overall band score must be 6 or higher

Certification by an academic institution or English language school

- A copy of the letter must be attached
 - Issued on letterhead in English within the past 6 months
 - Includes signature from school official (eg. Registrar, Academic faculty members, program director, supervisor, etc.)
 - Verifies the Exchange Visitor possesses English language proficiency high enough to function daily within the CSMC position and within the local U.S. community

Certification of Interview Conducted by the CSMC Sponsoring Host

Minimum requirement: The candidate should have general effective command of the English language and the demonstrated ability to understand and use fairly complex language. The candidate should be able to handle communication in his or her own field and daily interactions. Example interview questions may test the candidate's ability to ask for directions, understand what they're signing, read program requirements, understand rights and responsibilities, follow safety rules of lab, understand and follow relevant policies, understand health insurance requirements, seek and obtain housing, discuss research topics, etc.

Date of Interview: _____

Duration of Interview: _____ minutes

The Interview was conducted: **In Person** **By Video Conference** **By Phone** (if in Person or by Video is not available)

I attest under penalty of perjury that I have interviewed the above-named prospective Exchange Visitor (EV) in English, if by Phone interview, neither in person or video conferencing is available, and I can certify that the EV's English language proficiency is sufficient to function daily within their CSMC position and within the local U.S. community.

Sponsoring Host Name

Sponsoring Host Signature



CLINICAL ACTIVITY CERTIFICATION FORM FOR FOREIGN PHYSICIANS

Pursuant to the Department of State’s regulations, 22 C.F.R. § 62.27(c), sponsoring departments must certify whether an Exchange Visitor who holds a medical degree (MD, DO, MBBS, etc.) will engage in any patient contact or care during their stay. CSMC’s J-1 program is for the purpose of research, teaching, consultation or observation therefore patient contact may be allowed only if it is incidental to the physician’s primary activity and upon approval of the VISA office. NOTE: A foreign physician wishing to pursue a medical residency or clinical fellowship program must be sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), in the Alien Physician category. Contact ECFMG for more information.

INSTRUCTIONS: The sponsoring host/supervisor must complete OPTION 1 if the foreign physician’s research program does NOT involve patient contact or OPTION 2 if patient contact is necessary. **If OPTION 2 is selected, the department will also need to complete a 5-Point Statement Letter signed by the Division Director and forward to Dr. Sholmo Melmed, Sr. Vice President, Academic Affairs, Dean of Medical Faculty, for his signature.**

NAME OF J-1 FOREIGN PHYSICIAN:	POSITION TITLE:
DEPARTMENT NAME:	DIVISION NAME:

PLEASE SELECT OPTION 1 OR 2 BELOW:

OPTION 1: THE FOREIGN PHYSICIAN’S PROGRAM DOES NOT INVOLVE PATIENT CONTACT.

This certifies that the program in which the above-named physician is to be engaged in is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved. 22 CFR. § 62.27(c)(1)(i)

OPTION 2: THE FOREIGN PHYSICIAN’S PROGRAM WILL INVOLVE INCIDENTAL PATIENT CONTACT.

A 5-Point Statement Letter is also required. Refer to template for additional details.

Pursuant to 22 C.F.R. § 62.27(c)(1)(ii): “The dean of the involved accredited United States medical school or his or her designee certifies to the following five points and such certification is appended to the Form DS-2019 issued to the perspective exchange visitor alien physician:

- A. The program in which the above-named foreign physician will participate is predominantly involved with observation, consultation, teaching, or research.
- B. Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of California.
- C. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- D. Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the alien physician is pursuing the program.
- E. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

BRIEFLY DESCRIBE NATURE AND SCOPE OF INCIDENTAL PATIENT CONTACT ACTIVITIES:

DEPARTMENTAL APPROVAL

Host/Sponsor Name and Title:	Sponsor Signature:	Date:
Department Chair Name:	Department Chair Signature:	Date:



5-POINT STATEMENT LETTER FOR INCIDENTAL PATIENT CONTACT

The sponsoring department must include a 5-Point Statement Letter for any foreign physician participating in CSMC's J-1 exchange program and who may, in the course of his or her work or program requirements, have contact with incidental patients. The language of the "Five-Point Statement" is prescribed by federal regulations at 22 CFR § 62.27(c)(1)(ii) therefore please do not alter the content below. The statement is reviewed by consular officers at the time of visa application and by immigration inspectors at the time of entry into the United States.

INSTRUCTIONS:

1. Transfer the following text onto your department's letterhead to be signed by the Division Director of the sponsoring department.
2. Then, obtain the signature of Dr. Shlomo Melmed, Sr. Vice President, Academic Affairs and Dean of Medical Faculty.
3. Once signed by both the director and Dr. Melmed, forward the letter to the Visa & Immigration Services (VISA) office.

Insert Date

U.S. Consulate & Embassy
U.S. Customs and Border Protection
U.S. Citizenship & Immigration Services

Re: J-1 Exchange Program 5-Point Statement Letter for (insert full name of foreign physician and degree title i.e. M.D, MBBS, DO, etc.)

Pursuant to the U.S. Department of State's regulations stated in 22 CFR § 62.27(c)(1)(ii), this is a certification that the program in which Dr. (insert full name of foreign physician) will participate is predominantly involved with observation, consultation, teaching, or research.

Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of California.

The alien physician will not be given final responsibility for the diagnosis and treatment of patients.

Any activities of the alien physician will conform fully with the California state licensing requirements and regulations for medical and health care professionals in the State of California in which the alien physician is pursuing the program.

Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Sincerely,

Insert Name and Title of Division Director &
Department Name

Shlomo Melmed, MD, MACP, FRCP
Sr. Vice President and Dean of the Medical Faculty

Renata Giron, RO/Diem Hao Nguyen, ARO
J-1 Exchange Visitor Program, P-2-03215
Visa & Immigration Services Administration

ADMINISTRATIVE SERVICES FEE AGREEMENT

INSTRUCTIONS: To be completed by the CSMC sponsoring department and forward to the Visa & Immigration Services Administration (VISA) office for processing.

OVERVIEW

The VISA office charges CSMC departments an administrative service fee for the processing of visa sponsorship applications. The fees are used to offset the administrative costs associated with the preparation and administration of non-immigrant and immigrant visa programs at CSMC. These fees are not charged, or in any way deemed to be related to legal counsel, advice or consultation. The sponsoring department is responsible for **all** fees/costs associated with the beneficiary's visa sponsorship. The department may choose to cover the expenses related to the dependents (spouse and children) visa petitions.

*Note: USCIS application filing fees and external legal counsel fees are not included in the administrative services fee. Additional fee applies. Contact the VISA office for a listing of all applicable fees.

Visa Candidate Last Name:		Visa Candidate First Name:		
SELECT THE VISA REQUEST TYPE				
B-1: VISITOR	O-1: EXTRAORDINARY ABILITY	E-3: SPECIALTY WORKER - AUSTRALIA		TN: NAFTA CANADA & MEXICO
<input type="radio"/> Initial \$100	<input type="radio"/> Coordination Fee* \$300	<input type="radio"/> Coordination Fee* \$300 (External Counsel) <input type="radio"/> Internal by VISA \$500	<input type="radio"/> Initial or Extension by Travel \$100 <input type="radio"/> USCIS Extension (inside U.S.) \$250 <input type="radio"/> USCIS Change of Status \$450	
J-1: EXCHANGE VISITOR		H-1B: SPECIALTY WORKER		PERMANENT RESIDENCY*
<input type="radio"/> Initial \$300 <input type="radio"/> Extension \$300 <input type="radio"/> Amendment \$100 <input type="radio"/> Separate J-2 Request \$200	<input type="radio"/> Initial \$1,300 <input type="radio"/> Extension \$1,300 <input type="radio"/> Amendment \$550 <input type="radio"/> Coordination Fee* \$300 (External Counsel)		<input type="radio"/> EB-1: Outstanding Researcher/ Extraordinary Ability \$500 <input type="radio"/> EB-2: PERM Advanced Degree \$750 <input type="radio"/> EB-3: PERM Skilled Workers \$750	
PAYMENT INFORMATION				
Enter the sponsoring departmental Cost Center and Fund information below for recharge, including Project and Activity numbers if applicable. Incomplete information will result in delays of visa processing.				
AMOUNT	DEPARTMENT (COST CENTER)	FUND	PROJECT (IF APPLICABLE)	ACTIVITY (IF APPLICABLE)
\$ 0				
DEPARTMENTAL APPROVAL				
The department has read the foregoing Agreement and agrees to the terms and conditions set forth herein.				
Department Name:		Department Contact/Administrator Name:		Contact Phone:
Payment Authorized by: _____ (Name & Title)		Authorization Signature: _____		Date _____

DEPARTMENT REQUEST FORM INSTRUCTIONS

INSTRUCTIONS: The CSMC sponsoring department must submit the entire application packet to the Visa & Immigration Services Administration (VISA) office at least 4 months prior to the program start date. Upon the issuance of the DS-2019 form, the VISA office will notify the Department Contact for pick-up and forward to the Exchange Visitor (EV).

APPLICATION PACKET

Sponsoring departments should deliver or mail the following forms to the VISA office (PACT 600). Incomplete applications will delay the process:

FOR NEW/INITIAL, CHANGE OF STATUS or TRANSFER REQUESTS:

- DS-2019 Application: Department Data Form
- DS-2019 Application: Applicant Data Form
- Administrative Service Fee Agreement
- Passport Biographical Page, including dependent's
- Proof of Financial Funding, i.e. scholarship letter, bank statement, etc.
- Resume/CV
- English Language Proficiency Certification Form
- Clinical Activity Certification Form, if applicable
- 5-Point Statement, if applicable
- Proof of health insurance, if applicable

Additional requirements for Change of Status & Transfer Requests:

- I-94 Admission Record/card (front & back), including dependent's
- Current immigration documents i.e. I-20, EAD, I-797 Approval Notice, DS-2019, etc., including dependent's

FOR EXTENSION REQUESTS:

- DS-2019 Application: Department Data Form
- DS-2019 Application: Applicant Data Form
- Administrative Service Fee Agreement
- I-94 Admission Record or Card (front & back), including dependent's
- Proof of health insurance
- Clinical Activity Certification Form, if applicable
- 5-Point Statement, if applicable

FEES

An administrative service fee is charged to the sponsoring department in connection of the DS-2019 issuance. Departments must provide the department's cost center and account information by completing the Administrative Service Fee Agreement. A \$300 service fee is charged for a New or Extension request and a \$100 is charged for Amendment requests.

SEVIS Fee: All new J-1 applicants must pay this mandatory SEVIS fee to the U.S. Department of Homeland Security. This fee must be paid by the J-1 scholar prior to applying for the visa stamp, entry to the U.S. or submission of the Change of Status application to USCIS.

PROCESSING TIME

Departments should submit the 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. Embassy/Consulate: Average between 2-6 weeks

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

ELIGIBILITY

Applicants are not eligible for J status under the following circumstances:

1. If the applicant has completed a previous J program (e.g. Student, Specialist, etc.) which lasted more than 6 months and is now requesting J status as a **Research Scholar** to start a new program, there must be a 12-month gap between the end date of the previous J1/J2 program and the starting date of the new J program.
2. If the applicant has completed a **previous J program** in the **Research Scholar** category, they are subject to a **24-month Bar (gap)** to start a new J program as a **Research Scholar**. This does not apply to current J-1 holders requesting for a transfer.
3. If the applicant has applied for an **H-1B** visa status or US **Permanent Resident status** (green card).
4. If the applicant has applied for a **Waiver of the Two-Year Home Residence Rule** and received **approval** notification from the US Department of State or the US Citizenship and Immigration Services (USCIS).
5. If the position at CSMC is **tenure track** or permanent.

REQUEST TYPES

NEW/INITIAL REQUEST: For prospective candidates to begin a new J-1 program.

- **Initial:** Request for EV who are currently abroad
- **Transfer IN:** For EV currently in J-1 status at another institution wishing to transfer to Cedars-Sinai Medical Center
- **Change of Status:** For EV currently on a different status wishing to change to J-1 status without traveling abroad

AMENDMENT: Select for updating current CSMC J-1 EV's funding, change in department, change in appointment, etc. Complete only the relevant Sections and obtain the necessary department signatures on the Department Data Form. Include a copy of the ePAF, if applicable.

EXTENSION: Select for current CSMC EV requesting to extend their J-1 program participation.

J-1 CATEGORIES				
RESEARCH SCHOLAR	A researcher or person with advanced education or equivalent experience and accomplishments participating in research, teaching, observing or consulting in connection with research projects. May hold a Postdoctoral Scientist or visiting appointments.	Minimum: 6 months Maximum: 5 years (including any time spent at another institution on J-1 visa).		
SHORT-TERM SCHOLAR	A researcher or person with similar education or accomplishments as Research Scholar participating in short-term research, teaching, observing, consulting, training, or demonstrating special skills. May hold a Postdoctoral Scientist or visiting appointments.	Minimum: 1 day Maximum: 6 months An extension beyond 6 months is not allowed.		
SPECIALIST	An individual who is an expert in field of a specialized knowledge or skill coming to the U.S. for the purpose of observing, consulting, training, or demonstrating special skills for up to 12 months.	Minimum: 1 day Maximum: 12 months An extension beyond 12 months is not allowed.		
EV NAME & PROGRAM INFORMATION				
<ol style="list-style-type: none"> Name: Enter name of EV as it appears in their passport. Attach a copy of the passport, including amendment pages or extension stamp (if applicable). Period of Sponsorship Requested: Enter the actual dates of association or official appointment at CSMC. This will determine the J-1 program category and health insurance eligibility, therefore it must be accurate. *Note: EVs are allowed to enter the U.S. up to 30 days prior to start date and remain in the U.S. 30 additional days after their program ends for personal reasons. For Extension requests: Enter the date following the EV's current DS-2019 end date in <i>Program Begin Date</i>. There cannot be a gap in sponsorship period. Extension: Indicate if there is a possibility of extending the EV's appointment beyond the current requested date. Payroll or Non-Paid Position Title: Must select from drop-down list. If "OTHER" is selected, please type in Position Title next to drop down menu. *NOTE: All appointments or positions must be approved either by HR Recruitment and/or Academic HR. Please contact your Research Recruiter and/or Academic HR Program Advisor to determine the appropriate title, wage, and position posting instructions. Tenure: Indicate if the current appointment is a permanent i.e. faculty (tenure-track) position at CSMC. If so, the J-1 is not the appropriate visa therefore please contact VISA office for assistance. Requisition Number: Enter the appropriate assigned requisition number. Not required for extension requests. 				
FINANCIAL SUPPORT INFORMATION				
7. The minimum annual financial support required for J-1 non-immigrants is as follows:				
	Annual	Monthly	Annual	Monthly
Single:	\$20,000	\$1,666	Married w/ 2 children: \$35,000	\$2,916
Married or Single w/ child:	\$27,000	\$2,250	Married w/ 3 children: \$39,000	\$3,250
Married w/ child:	\$31,000	\$2,583	Married w/ 4 children: \$43,000	\$3,583
<p>Proof of funding is required and a full month's funding must be accounted, even if the EV's stay is less than one full month. All documentation must be translated to English and the amount must be converted to US dollars.</p> <ul style="list-style-type: none"> Cedars-Sinai Medical Center: This includes salary paid from federal grants disbursed through CSMC payroll system. Do not include benefits cost, only base salary is considered. US Government Agency: Only if directly paid to the EV independently from CSMC's funds. Visitor's Home Government: Only if directly paid to EV, such as any governmental agency, ministry or department. International Organization: Only if directly paid to the EV; for example, NATO, UN, WHO Binational Commission: Only if directly paid to the EV; for example, Fulbright Personal funds: Attach a recent bank statement in English and converted to US dollars. Other: For example, home country's employer, institute, university, private foundation, including grants not paid directly to EV. Please specify the name and attach proof of funding. 				
8. Activity Description: Provide a brief description of the research or training duties. Please include the field of research or subject related to their activity at CSMC. Keep it general and short, i.e. Biology, Computer Science, Information Technology, etc. This may be different than the field of their degree or the department name.				
9. Department Name & Division: Indicate name of sponsoring department and Division.				
PHYSICAL LOCATION				
10. Site of Activity: Indicate the EV's primary location of work. Include all relevant locations if applicable. If the physical work location is not on CSMC main campus, please specify the name of building/institution and physical address.				
DEPARTMENT CERTIFICATION				
The department is responsible for obtaining the appropriate signatures from the department chair, faculty sponsor, and department manager. This certifies that the department agrees to the terms and conditions as stated on the form. VISA will contact the listed department administrator for any questions and when the DS-2019 is ready for pick-up.				

ENGLISH LANGUAGE PROFICIENCY CERTIFICATION

To be completed by the sponsoring department for all "New/Initial" requests. The sponsoring host must certify that the EV have sufficient proficiency in the English language to successfully participate in their program and to function on a day-to-day basis by selecting one of the three available options:

- **Certification by a recognized English language test:** Test scores within the past 5 years from an international recognized English language test such TOEFL, IELTS, etc. is acceptable. The EV must provide a copy of the scoring sheet.
- **Certification by an academic institution or English language school:** A letter from the academic institution certifying that the EV possesses the English language proficiency is acceptable.
- **Certification of Interview conducted by the CSMC sponsoring host:** An interview must be conducted by the CSMC host either in person, by video conference or by phone.

CLINICAL CERTIFICATION

- This form must be completed if the EV holds a medical degree (M.D., MBBS, DO, etc.)
- The sponsoring department must certify whether the EV will engage in any patient contact or care during their stay.
- CSMC's J-1 program is for the purpose of research, teaching, consultation or observation therefore patient contact may be allowed only if it is incidental to the physician's primary activity and upon approval of the VISA office.
- NOTE: A foreign physician wishing to pursue a medical residency or clinical fellowship program must be sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), in the Alien Physician category. Contact ECFMG for more information.

INSTRUCTIONS:

- Select OPTION 1 if the foreign physician's research program will NOT involve patient contact.
- Select OPTION 2 if the research program involves patient contact. A **5-Point Statement Letter** is also required.

5-POINT STATEMENT LETTER

The sponsoring department must include a 5-Point Statement Letter for any foreign physician who may, in the course of his or her work or research program, have contact with patients.

The language of the "Five-Point Statement" is prescribed by federal regulations at 22 CFR § 62.27(c)(1)(ii) therefore please do not alter the content of the letter.

The letter must be signed by the department's Division Director and forward to Dr. Sholmo Melmed, Sr. Vice President, Academic Affairs, Dean of Medical Faculty, for his signature.

INSTRUCTIONS:

1. Transfer the sample text onto the department's letterhead to be signed by the Division Director of the sponsoring department.
2. Then, obtain the signature of Dr. Shlomo Melmed, Sr. Vice President, Academic Affairs and Dean of Medical Faculty.
3. Once signed by both the director and Dr. Melmed, forward the letter to the VISA office for final signature.