



# J-1 Academic Training Application Packet

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*If you wish to apply for J-1 Academic Training, please use this packet and follow the directions below. This packet explains the exact procedures you must follow to apply for J-1 Academic Training.*

If you have any questions or concerns after reviewing this information, please contact the Office of International Services at (410)-955-3371 and make an appointment to see an OIS advisor. The OIS is located at 1620 McElderry Street in Reed Hall. Our office hours are 8:30 a.m.– 5:00 p.m., Monday through Thursday and 8:30 a.m. – 12:00 on Friday. We are closed during the lunch hour from 12:00 p.m.– 1:00 p.m.

## Procedure Checklist

1. Read the accompanying “Academic Training for J-1 Students” information sheet.
2. Obtain the Employer’s letter offering the training position directly related to your field of study. Refer to accompanying sample Employer’s letter.
3. Obtain the faculty advisor or dean’s recommendation letter. Refer to accompanying advisor’s letter worksheet.
4. Submit the completed documents above with a **photocopy** of your Form IAP-66 to the OIS. An OIS advisor will review your application and will complete the necessary academic training authorization letter within five (5) to seven (7) business days after submission all required documentation to the OIS. If the application is incomplete or additional information is required, the student will be notified by the OIS, however, this may delay the processing of your request.
5. Employers are required to have prospective employees fill out an I-9 form. Documents you will need to show proof of employability include an unexpired Form IAP-66, Responsible Officer’s authorization letter for academic training, I-94 card, valid passport, and social security card.

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## Frequently Asked Questions

1. **Is it possible to utilize the “Academic Training” benefit prior to my program completion?** Yes, a J-1 student may be authorized to engage in academic training prior to their program completion date. This means that during the regular school term, a J-1 student meeting the eligibility requirements could participate in either paid or unpaid training opportunities with a specific employer. The student must maintain full-time course enrollment during regular school terms. Any portion of the academic training used will be subtracted from the overall Academic Training allotment of 18-months or 36-months. [Important Note: Part-time academic training is counted as full-time towards this allotment.]
2. **What is the maximum amount of academic training a J-1 student may engage in?** Students in degree programs are permitted an overall limit of 18 months of Academic Training. However, the total Academic Training period may not exceed the amount of time spend in the full course of study. J-1 students completing a doctoral degree, are permitted an overall limit of 36 months of Academic Training. [Important Note: These totals include all academic training, whether before or after completion of studies.]



# Academic Training for J-1 Students

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Under certain circumstances, a J-1 student may apply for Academic Training upon completion of his/her degree program. The application must be made prior to the completion of the program and prior to the expiration of the current Form IAP-66. Individuals who complete doctoral programs (e.g., Ph.D., Dr.P.H., etc.) are eligible for up to 36 months of postdoctoral Academic Training [granted in 18-month intervals]. Individuals who complete graduate degree programs other than doctoral (e.g., MPH, M.Sc., M.S., etc.) are eligible for up to 18 months of Academic Training. ***Please note: The Responsible Officer (RO) or Alternate Responsible Officer (ARO) of The Johns Hopkins Medical Institutions' Exchange Visitor Program will make the final determination of eligibility for Academic Training at the time of application.***

An application for post-completion Academic Training must include the following:

- I. Letter from the employer which includes a description of the position, the dates of employment, the number of hours per week, amount of financial compensation, and the location of the employment.
- II. Approval from academic advisor or faculty preceptor at the JHMI that establishes the following:  
( Please also see attached worksheet)
  1. Outlines the goals and objectives of the specific training program;
  2. Describes the training program, its location, the name and address of the supervisor, the number of hours per week, and exact dates of the training.
  3. Explains why the training is an integral part of the student's academic program;  
and
  4. Relates the training being sought to the student's major field of study.
- III. Photocopies of the following: all Forms IAP-66 issued to date, valid passport and front and back I-94 Arrival/Departure card.

These items must be submitted to the Responsible Officer (RO) or Alternate Responsible Officer (ARO) of The Johns Hopkins Medical Institutions' Exchange Visitor Program in the Office of International Services. Upon receipt, the RO/ARO will review the documentation and determine eligibility. If the student is eligible, the RO/ARO will authorize the employment in the form of an official letter of employment authorization and, if applicable, issue a new Form IAP-66 for the training.

***Please note that failure to follow these employment authorization procedures is a serious violation of J-1 student visa status that may result in deportation***

If you have any questions or need additional information, please make an appointment with a staff member in the Office of International Services.

# Advisor's Recommendation for J-1 Student Academic Training Worksheet

(To be completed by Academic Advisor or Department Chair)

Dear Alternate Responsible Officer for the JHMI:

Mr./Ms. \_\_\_\_\_ [*Name of Student*], a **J-1 student at the Johns Hopkins Medical Institutions School of \_\_\_\_\_** [Public Health, Medicine or Nursing] **in the Department/Division of \_\_\_\_\_**, wishes to engage in the Academic Training program discussed below.

## I. DESCRIPTION OF TRAINING PROGRAM

Location: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Direct Supervisor: \_\_\_\_\_  
Address of Direct Supervisor: \_\_\_\_\_  
Hrs per wk: \_\_\_\_\_ Dates of Training: From: \_\_\_\_\_ To: \_\_\_\_\_

## II. GOALS AND OBJECTIVES OF THE TRAINING PROGRAM

\_\_\_\_\_  
\_\_\_\_\_

## III. HOW DOES THE TRAINING RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY?

\_\_\_\_\_  
\_\_\_\_\_

## IV. WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE ACADEMIC PROGRAM OF THE EXCHANGE VISITOR STUDENT?

\_\_\_\_\_  
\_\_\_\_\_

As the student's Academic Advisor or Department Chair, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter I recommend that you authorize this student to participate in the "Academic Training" program that I have described.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Academic Advisor or Dept. Chair

Name and title (please print or type) & Date

## EVALUATION BY RESPONSIBLE OFFICER

1. I have reviewed this letter and determined that the "Academic Training" being requested \_\_\_\_\_ IS \_\_\_\_\_ IS NOT warranted.
2. The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4) \_\_\_\_\_ ARE \_\_\_\_\_ ARE NOT satisfied.
3. In order to ensure the quality of the "Academic Training" program, I hereby evaluate the effectiveness and appropriateness of the "Academic Training" in achieving the stated goals and objectives as follows: \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY.

\_\_\_\_\_  
\_\_\_\_\_

Signature Responsible Officer

Date