

**Office of International Student,  
Faculty, and Staff Services**

Reed Hall, 1<sup>st</sup> Floor  
1620 McElderry Street  
Baltimore, MD 21205  
(410)955-3371/FAX (410) 955-0871  
[www.hopkinsmedicine.org/intlsvcs](http://www.hopkinsmedicine.org/intlsvcs)

**The Johns Hopkins University, School of Medicine****REQUEST FOR CERTIFICATION FOR EXCHANGE VISITOR STATUS**

In order to comply with the provisions of the U.S. Mutual Educational & Cultural Exchange Acts, the Responsible Officer, designated by the United States Department of State for the administration of the Johns Hopkins University (JHU) Exchange Visitor Program P-1-04644, is required to make certain determinations regarding the alien's eligibility for certification for Exchange Visitor Status prior to issuing the Form DS 2019. The attached form is the official process by which the JHU Medical Institutions (JHMI) determines an alien's suitability for participation in JHMI's J-1 Exchange Visitor Program (P-1-04644).

While the JHU School of Medicine wishes to maintain its international prominence in the postgraduate education, there is genuine confusion concerning the appropriate visa status for candidates applying for postgraduate degree programs, clinical and non-clinical training positions, employee positions, observer positions and faculty positions at the JHU School of Medicine. The local and federal regulations governing visa sponsorship have been subject to broad and often inappropriate interpretation. Therefore, please contact the Office of International Student, Faculty & Staff Services (OIS) with any questions you may have concerning a visa status for an incoming international visitor.

The Responsible Officer for all immigration-related matters is ultimately the Dean of the School of Medicine or his/her designee. The Dean of the School of Medicine has officially delegated this responsibility to the Director and other staff members of OIS. Faculty or administrators are not authorized to sign visa petitions or visa forms (such as the DS-2019). All interactions with private attorneys representing an employee, student, observer, trainee, visitor, faculty, etc. should be immediately referred to OIS at 410.955.3371.

**PROCEDURES**

- Complete the Request for Certification for Exchange Visitor Status, including the SEVIS fee payment section (see below). Be sure to include all financial information/proof and FedEx account number, as requested, on page 2.
- Obtain all required signatures on the request form.
- For initial certification and transfer applications only*, submit the entire information packet for approval to the School of Medicine, Office of Postdoctoral Programs, 733 N. Broadway (Broadway Research Building), Suite 147. (Phone: 410-955-3191)
- Upon approval, the Office of Postdoctoral Programs will forward the request form and this cover sheet concerning SEVIS fee payment to the OIS.

***[Extension requests should be submitted directly to the OIS as they do not require Office of Postdoctoral Programs approval.]***

**\*\*\*REQUIRED AS OF 09/01/2004: SEVIS FEE INFORMATION\*\*\***  
**(CHECK ONE BOX)**

Please note that as a result of the events of September 11, 2001, the U.S. Department of Homeland Security requires \$180 fee payment for all forms generated by the Student and Exchange Visitor Information System (SEVIS). Please indicate how this fee will be handled for the incoming international for whom this form applies.

The international applicant (incoming F student or J exchange visitor) will pay the SEVIS fee in the home country using the internet.

The international applicant (incoming F student or J exchange visitor) will pay the SEVIS fee directly to the U.S. Department of Homeland Security via U.S. mail and wait for the receipt to be sent back via U.S. postal service to the home country.

The Sponsoring Hopkins Department will pay the SEVIS fee. The OIS will complete this request, forward the SEVIS ID to the Department so that the Department can pay the fee and forward original proof of payment to Office of International Services.

A third party other than the sponsoring Hopkins department will pay the SEVIS fee and forward proof of payment directly to the incoming F student or J exchange visitor in the home country.

**The Johns Hopkins University School of Medicine**  
**REQUEST FOR CERTIFICATION FOR EXCHANGE VISITOR STATUS**

This is a request for (check one):  Initial Certification  Program Extension\*  Transfer\*  Amendent

\*Please be advised that certain J-1 categories may remain in the U.S. for strictly limited periods of time which will vary according to specific circumstances. The Office of International Services will advise on a case by case basis.

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**SECTION A:** \*PLEASE ATTACH COPIES OF APPLICANTS PASSPORT I.D. PAGE

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female  Single  Married

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ Date of Birth      /      /       
mm dd yyyy

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Occupation in Home Country: \_\_\_\_\_ Company/Institution Name: \_\_\_\_\_

Address in Home Country: Number and street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

U. S. Address: Number and street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

Address to which DS2019 Form is to be sent: (Note: can NOT be a post office box.) Number and Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

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**SECTION B:**

If the Exchange Visitor is currently in the United States, please complete the following:

Current Visa Status: \_\_\_\_\_ Current Sponsor/School: \_\_\_\_\_ Date of Initial Entry into U.S.: \_\_\_\_\_

(NOTE: If the Exchange Visitor is transferring to the JHMI from another institution, you must attach copies of all previous DS2019 Forms issued to him/her.)

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**SECTION C:**

Doctoral/MD Degree Awarded by: \_\_\_\_\_ on \_\_\_\_\_  
Name of School month/day/year

Date of Hopkins Appointment: From \_\_\_\_\_ to \_\_\_\_\_

Do anticipated activities include patient responsibility or direct patient contact?  Yes  No

Provide percentage of each year devoted to the following:

Teaching \_\_\_\_\_ Research \_\_\_\_\_ Coursework \_\_\_\_\_ Patient contact/care \_\_\_\_\_

**School of Medicine Appointment Status(check one only):**

Research Fellow  Research Trainee  Student (Degree Program: \_\_\_\_\_)  Clinical Fellow (ECFMG# \_\_\_\_\_)

Faculty  Resident/House Staff (ECFMG# \_\_\_\_\_)  Observer  Clinical & Research Fellow (ECFMG# \_\_\_\_\_)

Other (specify title): \_\_\_\_\_

**(This Section MUST include a detailed description)**

Describe the anticipated role of the Exchange Visitor including specific field of study (attach additional sheet if necessary):

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

**Source of financial support:**

Johns Hopkins (specify source & include budget number) \_\_\_\_\_ \$ \_\_\_\_\_  
U.S. Government Agency (direct or indirect payment)\* \_\_\_\_\_ \$ \_\_\_\_\_  
The Exchange Visitor's Government (agency/branch name)\* \_\_\_\_\_ \$ \_\_\_\_\_  
International Organization (agency/organization name)\* \_\_\_\_\_ \$ \_\_\_\_\_  
Personal Funds (give donor's name if not self-supported)\* \_\_\_\_\_ \$ \_\_\_\_\_  
All other organizations providing support\* \_\_\_\_\_ \$ \_\_\_\_\_

\*If funding is a non-Hopkins source, you MUST attach appropriate documentation of funding sources (e.g., bank statements, copies of donor/sponsor letters, etc.).

**SECTION D:**

**Number of Accompanying Family Members:** \_\_\_\_\_ **For each family member, please provide the following information:**

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Salutation:  Dr.  Mr.  Mrs.  Ms.  Male  Female Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN: \_\_\_\_\_ ITIN: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Residence: \_\_\_\_\_

**SECTION E:**

**Department & Division Requesting Sponsorship** (e.g., Department of Medicine, Department of Neurology):

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**Department Administrative Contact:** Name \_\_\_\_\_ Address: Number and street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Fax \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ E-Mail \_\_\_\_\_

**Preceptor / Advisor Contact:** Name \_\_\_\_\_ Address: Number and street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Fax \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ E-Mail \_\_\_\_\_

To ensure prompt and accurate delivery of visa documents, you must provide your **FED EX ACCT #** : \_\_\_\_\_

**Required Signatures**

Preceptor / Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Postdoctoral Office: \_\_\_\_\_ Date: \_\_\_\_\_