



**The Johns Hopkins University
Bloomberg School of Public Health**

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 Exchange Visitor Program, is required to make certain determinations regarding the alien's eligibility for certification for Exchange Visitor Status prior to issuing the Form DS 2019.

While the Johns Hopkins University Bloomberg School of Public Health wishes to maintain its international prominence in the postgraduate education, there has been genuine confusion concerning the appropriate visa status for candidates applying for postgraduate degree programs, trainee positions, employee positions, observer positions and faculty positions at the Johns Hopkins University Bloomberg School of Public Health. 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 attached Request for Certification for Exchange Visitor Status and information concerning SEVIS fee payment below. Be sure to include all financial information and FedEx account information as requested on page 2.
- ~ Obtain all required signatures on the request form, including Dean's approval signature as required for initial requests. See bottom of page two for required signatures. **NOTE: Duplicate signatures are NOT allowed.**
- ~ Initial requests are forwarded to OIS by the appropriate SPH Dean's Office with all signatures and proof of funding. Extension requests are forwarded to OIS from the appropriate sponsoring department with the signatures of the academic advisor/preceptor and department chair along with proof of funding. The OIS on-campus address is Office of International Services, 1st Floor, Reed Hall. The OIS fax number is 410.955.0871.

*****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 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 Bloomberg School of Public Health
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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.

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 _____

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.)

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 _____

Bloomberg School of Public Health 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 International Health, Division of Nutrition):

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: _____

*If this request is for a Postdoctoral Fellow, you MUST attach a copy of the letter of acceptance. If this request is for any other appointment category (e.g., faculty, visiting scholar/scientist, etc.), you MUST attach a copy of the Department Chair's letter to the Dean requesting an academic appointment.