

INSTRUCTIONS

All international visitors in need of J-1 status to lecture, observe, consult, engage in specialized training, conduct research, teach, or demonstrate special skills or knowledge at the University of Texas Health Science Center at San Antonio should submit this form with all the required documents indicated on the J-1 Exchange Visitor Checklist to the department hosting their visit to the Health Science Center. The J-1 Exchange Visitor Checklist can be found on the Office of International Services (OIS) website, [www.uthscsa.edu/ois](http://www.uthscsa.edu/ois), under the J-1 Exchange Visitors tab. Once the hosting department has submitted a complete J-1 Exchange Visitor visa application packet to the Office of International Services (OIS), within 30 days the OIS will send you a DS-2019 Form. The OIS will email you to notify you when the DS-2019 form is being shipped to you. If you are currently outside of the U.S., you will need to present the DS-2019 Form to the U.S. embassy/consulate in your home country to apply for a J-1 Exchange Visitor visa. (If you are currently in the U.S. in J-1 status, you will need to transfer your J-1 record. If you are currently in the U.S. but not in J-1 status, please contact the OIS for advice.) The issuance of the DS-2019 Form does not guarantee that the consular officer will issue you a visa. Instructions about the visa interview process will be sent to you with the DS-2019 Form.

Visa processing times at the U.S. embassies/consulates vary so please submit this form and the documents indicated on the J-1 Exchange Visitor Checklist to your hosting department at least four (4) months before the proposed start date of your Exchange Visitor program. If you are applying to extend or transfer your existing J-1 visa status, the hosting department must submit a complete J-1 Exchange Visitor visa application packet to OIS at least 30 days prior to the proposed start date of the new Exchange Visitor program.

APPLICANT BIOGRAPHIC INFORMATION

Name (LAST, First, Middle): \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender:      Male      Female

Marital Status:      Single      Married

Country of Birth \_\_\_\_\_ Province of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Lawful Permanent Residence \_\_\_\_\_

Occupation/Position in Home Country: \_\_\_\_\_

Employer: \_\_\_\_\_

Professional Title: \_\_\_\_\_

If student, please indicate level:      Graduate      Undergraduate      Other:

Home Academic Institution: \_\_\_\_\_

Major Field of Study at Home Institution: \_\_\_\_\_

Expected graduation date (mm/dd/yy): \_\_\_\_\_

Will you continue to be enrolled at your university abroad for the duration of your J-1 program in the US?      Yes      No

Permanent Foreign Home Address:

Number and Street

City

State/Province

Country

Postal Code

Current U.S. Address if in U.S.:

Number and Street

City

State/Province

Country

Postal Code

Address to Send DS-2019 Form: (Postal boxes are not acceptable.)

Permanent Foreign Address, as listed above

Current U.S. Address, as listed above

Other Address Indicated Below:

Number and Street

City

State/Province

Country

Postal Code

E-mail address \_\_\_\_\_ Phone number: \_\_\_\_\_

Will any dependents, spouse and/or children under 21 years old be applying for J-2 dependent status:    Yes                      No

**APPLICANT U.S. IMMIGRATION INFORMATION**

Have you ever held J-1 Exchange Visitor or J-2 Dependent visa status in the U.S.?                      Yes                      No

If yes, please provide periods of stay in the U.S. in J-1 or J-2 nonimmigrant status below (Attach separate sheet if necessary.):

From (mm/dd/year)

To (mm/dd/year)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, have you applied for a waiver of the 212(e) Two Year Home Residency Requirement?                      Yes                      No

Visa Status If Currently In U.S.: \_\_\_\_\_

Date Status Expires: \_\_\_\_\_ Date of Last U.S. Entry: \_\_\_\_\_

If you are currently in the U.S. in a status other than J-1, do you intend to \_\_\_\_ apply to change status within the United States or \_\_\_\_ leave the U.S. to apply for a J-1 visa?

If you are in the U.S., do you intend to travel outside of the U.S. prior to beginning of your Exchange Visitor program at the UT Health Science Center at San Antonio?      Yes      No

If 'yes', provide exact dates and destination(s) of travel: \_\_\_\_\_

Have you or has anyone on your behalf applied for U.S. permanent residency ("green card")?      Yes      No

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### **FINANCIAL SUPPORT**

**\*You must show that you have at least \$26,000 per year (or \$2,167 per month) in funds available to support your visit at the Health Science Center. An additional \$4, 675 per year (or \$390 per month) is required for each dependent on a J-2 visa.\***

Are you receiving funding for your visit from any entity other than the UT Health Science Center at San Antonio?      Yes      No

Are you receiving funding from your home country government?      Yes      No

If 'yes', how much? \$ \_\_\_\_\_

Are you receiving funding from the United States government?      Yes      No

If 'yes, how much? \$ \_\_\_\_\_

Please give the exact name of any other organizations that are providing funding to you for your visit and the amount provided:

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name : \_\_\_\_\_ Amount : \_\_\_\_\_

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### **TWO YEAR HOME RESIDENCY REQUIREMENT**

By participating in a J-1 Visa Exchange Visitor Program, you will be subject to the two-year home country foreign residency requirement if the exchange program is 1) funded by either your home country's government or the U.S. government or 2) involves specialized knowledge or skills deemed necessary by your home country. If this requirement applies, you must return to your home country (country of citizenship or lawful permanent residence as indicated on the Form DS-2019 used to apply for J-1 visa status) for a cumulative total of two years at the end of the exchange visitor program before you are eligible for certain employment-based temporary visas (H-1 or L-1) or U.S. permanent residency. Moreover, if the two-year home residency requirement applies to you, you will not be able to change your status while in the U.S. to another U.S. temporary nonimmigrant status.

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### **MANDATORY INSURANCE**

The U.S. Department of State requires all exchange visitors in J-1 exchange visitor nonimmigrant status and their J-2 dependents to purchase comprehensive sickness and accident insurance for the entire J-1 exchange visitor program duration in the United States. Read carefully the Sickness and Accident Insurance Statement of Compliance for J-1 Exchange Visitors and J-2 Dependents (which is found on the OIS website at [www.uthscsa.edu/ois](http://www.uthscsa.edu/ois) under the J-1 Exchange Visitor tab) for detailed information about the U.S. Department of State mandatory insurance requirements and the documents that you must submit to the OIS to show that you have the required insurance for you and all J-2 dependents for the duration of your J-1 Exchange Visitor Program.

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DECLARATION

**By signing below I attest that all the information I provided above is true and correct and that I understand that as a J-1 Exchange Visitor,**

I will be responsible for maintaining my own legal immigration status;

I must ensure that my immigration documents do not expire;

If I allow the date on my DS-2019 Form to expire and I remain in the U.S., I will not be in lawful immigration status and may be subject to deportation by the U.S. Department of Homeland Security;

I must follow and comply with the sickness and accident insurance requirements and policies as described in detail on the Sickness and Accident Insurance Statement of Compliance for J-1 Exchange Visitors and J-2 Dependents;

I must have adequate financial resources to support myself (and any accompanying dependents) while in the U.S.; and

**I will not engage in any patient care or contact unless it is specifically authorized on my Form DS-2019. I understand that prohibited patient contact and care includes physically touching, talking with, obtaining a medical history from, performing an examination of, counseling, assisting in surgery or any other procedure in regards to, providing treatment for, or otherwise interacting with patients.**

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions, please call the OIS at 1-210-567-6241 or email [international@uthscsa.edu](mailto:international@uthscsa.edu).*