

## **Transfer DS-2019 Application for J-1 Exchange Visitors**

***International Student and Scholar Services (ISSS) does not determine the employment category of a prospective Exchange Visitor (J-1). No immigration documents will be issued without an appropriately issued and signed offer letter.***

### **Postdoctoral Fellow or Visiting Research Scholar (Graduate)**

Send this form and supporting documents with appropriate employment documentation [available at [www.temple.edu/grad/pfo/guidelines.html](http://www.temple.edu/grad/pfo/guidelines.html)] to:

Dr. Zeb Kendrick  
Associate Dean, Graduate School  
[zkend@temple.edu](mailto:zkend@temple.edu)  
215-204-8526

### **Visiting Research Scholar (Postgraduate) or Visiting Faculty**

Send this form and supporting documents with appropriate employment documentation [available at [www.temple.edu/vpfaculty/appointments/VisitingResearchScholar.htm](http://www.temple.edu/vpfaculty/appointments/VisitingResearchScholar.htm)] to:

Evy Lopez-Feliciano  
Office of the Senior Vice Provost for Faculty Development & Faculty Affairs  
Suite 350 Carnell Hall (040-18)  
[elopez@temple.edu](mailto:elopez@temple.edu)  
215-204-4952

The inviting department must ensure that the individual will be paid any stipend or salary promised to the individual. For stipends, contact Accounts Payable to determine the correct steps; for a salaried J-1, contact your HR liaison. **International Services is not involved in payment issues.**

**Plans to transfer an individual in J-1 status should begin at least one month prior to start date listed on the appointment/invitation letter. Please contact Sharon Loughran at [sharon.loughran@temple.edu](mailto:sharon.loughran@temple.edu) or 215-204-3805 with any immigration questions that you may have.**

**Provide all information requested; missing information will cause unnecessary delays.**

### **A Complete Application Includes:**

- Completed application form signed by the J-1 Applicant, her/his future supervisor and the Department Chair;
- Properly issued and signed invitation/appointment letter;
- Documentation of sufficient funding;
- Proof of insurance for the duration of time listed on the appointment/invitation letter;
- Copy of all diplomas earned by J-1;
- Copy of J-1's current *curriculum vitae*; and
- Copies of all previously issued immigration documents including copies of passport photo page, ALL DS-2019s, most recent I-94 card and most recent J-1 visa stamp

**J-1 Applicant will received Form DS-2019 at her/his mandatory J Transfer Orientation with ISSS**

**Section 1. Departmental Information: Provide all information requested**

Department Name	
COMPLETE Department Address:	
Contact Name in Department:	
Email Address:	
Secondary Contact Name:	
Email Address:	
Name of J-1 Applicant:	
Area of research/scholarship ( <b>Organic Chemistry, Comparative Law, etc</b> ):	

Does department agree to provide support services (including obtaining TU ID), office space and collegial contact to ensure applicant's successful experience at Temple?  Yes  No

**Section 2. Location Where J-1 Will Engage in Program Activity**

Complete Address where J-1 will engage in research, teaching, etc :	
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Will J-1 Applicant Be Expected to Engage in any Program Activities Off\_Campus?  Yes  No

In general, all J-1 research scholars will conduct their activities at Temple University. In rare situations, the J-1 activity might occur at a non-Temple site. In such cases, department must also attach a letter from the TU Department Chair which includes the following:

1. Dates of Visit
2. Nature of activities
3. Site of activity, including full address
4. How the J-1 activity will be closely tied to the Temple department's on-going research projects/programs
5. Relationship between the Temple department and the non-Temple site of activity
6. Name and title of Temple faculty or PI who will supervise the J-1 program activity throughout the J-1's stay in the US
7. Funding arrangements

### **Section 3. Foreign Medical Graduates (FMGs)**

22 C.F.R. § 62.27 distinguishes between two kinds of alien physicians:

1. 22 C.F.R. § [62.27\(b\)](#). Physicians who are coming to participate in a clinical exchange program such as a medical residency or clinical fellowship, involving patient contact and care, within a program of graduate medical education or training conducted by accredited U.S. schools of medicine or scientific institutions. The only exchange program sponsor authorized to bring exchange visitors for this purpose is the Educational Commission for Foreign Medical Graduates (ECFMG).
2. 22 C.F.R. § [62.27\(c\)](#). Physicians who are coming to participate in a non-clinical exchange program at a U.S. university or academic medical center, either with no patient contact or care, or where patient contact is only incidental to the physician's primary activity of teaching, research, consultation, or observation.

Has the J-1 applicant earned a medical diploma from a non-US institution?  Yes  No

Is the prospective J-1 participant a practicing physician in her/his home country?  Yes  No

Which best describes the activities in which the J-1 Applicant will partake?

**No patient care** 22 C.F.R. § [62.27\(c\)\(1\)\(i\)](#)

By checking this box, your department certifies that the program in which the J-1 applicant is to be engaged is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved.

**Public health and preventive medicine programs** 22 C.F.R. § [62.27\(d\)](#)

An alien physician who comes to the US for the purpose of participating in a public health or preventive medicine program is not required to pass medical or English language exams if his or her duties will not involve any patient care. By checking this box, your department certifies that the program in which the J-1 Applicant is to be engaged does not include any clinical activities involving direct patient care.

**Incidental patient contact** 22 C.F.R. § [62.27\(c\)\(1\)\(ii\)](#)

If incidental patient contact is involved in the alien physician's duties, your department must include a statement in this application signed by the dean of the medical school or the dean's designee, certifying the following 5 points, verbatim:

"(A) The program in which [name of 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 Pennsylvania.

(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 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 toward any clinical requirements for medical specialty board certification."

## **Section 4. Information To Be Completed By J-1 Applicant**

Last (Family) Name:			
First Name:		Middle Name:	
Email Address:		Phone# Outside US:	
Address Outside the US:			
Country of Permanent Residence:		Country of Citizenship:	
If Applicant is in US, Current US Address:			
Highest Degree Earned to Date:			
Field of Study on Diploma:			
Have you applied for US Permanent Residence [a green card]? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you filed for a Waiver of the Two Year Home Residency Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received a Waiver Recommendation from the State Dept? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**INSURANCE STATEMENT:** I understand that the US Department of State (DOS) mandates that I purchase health adequate insurance for myself and my accompanying J-2 dependents from my program start date to my program end date. I understand that I must purchase health insurance from a company listed at [www.nafsa.org/resource/library/default.aspx?id=8823](http://www.nafsa.org/resource/library/default.aspx?id=8823) or from **PSI ([www.psiservice.com](http://www.psiservice.com))**.

Individuals who are eligible to purchase Temple University health insurance must purchase additional coverage for medical evacuation and repatriation. The suggested vendor for this additional coverage is MEDEX, whose web address is [www.medexassist.com/Individuals/Products/MEDEXPlusScholastic.aspx](http://www.medexassist.com/Individuals/Products/MEDEXPlusScholastic.aspx).

I understand that I must provide proof of this insurance coverage when I meet with Sharon Loughran for my J-1 Transfer Orientation prior to commencement of employment at Temple University.

**By signing this form, you agree to comply with Temple University policy and US State Department regulations.**

Signature of J-1 Applicant:		Date:	
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## **Section 5. Financial Documentation**

The J-1 must be able to document a minimum of \$21,000. per year. Submit all financial documentation in English.

<b>SOURCE</b>	<b>AMOUNT</b>
<b>Temple University</b>	
<b>U.S. Government [ONLY if funds are specifically for applicant, not funds paid to TU or TU affiliate]</b>	
<b>International Organization</b>	
<b>Exchange Visitor's Government</b>	
<b>All other organizations</b>	
<b>Personal</b>	

**Instructions on how to document financial sources can be found on our website at [www.temple.edu/ois/home/h1b1j1/DocumentingFinancialSources.htm](http://www.temple.edu/ois/home/h1b1j1/DocumentingFinancialSources.htm)**

## **Section 6. Departmental Declaration**

**Please note that the information contained in this application will be transferred to a controlled US Government Document; any falsification of information may subject the University to sanctions and/or penalties.**

By signing below and submitting this application, we agree to abide by all applicable Temple University policies and US Department of State regulations. We authorize ISSS to issue a Form DS-2019 on behalf of our department for the person named on Page 2 to participate in the program as described in this application. Moreover, we agree to:

- Ensure that department contacts ISSS at 1-7708 to schedule an appointment for the J-1 to meet with Sharon Loughran prior to J-1's commencement of employment at Temple University;
- Ensure that the J-1 and all J-2 dependents have purchases the required complete medical insurance coverage for the duration of the J Program;
- Assist J-1 with all Human Resources paperwork;
- Assist J-1 with housing in the Philadelphia area, setting up an office, obtaining computer access, securing library privileges, and obtaining Temple ID; and
- Immediately inform ISSS if J-1 does not come to Temple or if J-1 leaves Temple before the end date on Form DS-2019.
- Notify ISSS PRIOR to any changes made to applicant's J Program (change of title, funding, etc)

<b>Supervisor's Name:</b>		<b>Email:</b>	
<b>Supervisor's Signature:</b>		<b>Date:</b>	
<b>Dept Chair's Name:</b>		<b>Email:</b>	
<b>Chair's Signature:</b>		<b>Date:</b>	