



Greetings and Welcome to the International Student and Scholar Services' (ISS) DS-2019 Application!

In order to better serve the University of Utah's J-1 Scholar population as well as the staff and faculty who support them, we've made a few changes to the DS-2019 Application process. Even if you are familiar with the process of applying for a DS-2019 through the ISS, please read through the application thoroughly. You can expect the following changes:

- Exchange Visitors who are not directly funded by the University and are staying for a semester or longer must be conferred with an appropriate designation via the Graduate School's Visiting Scholar Registry. Please see their website (<http://gradschool.utah.edu/visiting-scholars/>) for policies and procedures.
- A University ID Number (UNID) is now required for all J-1 exchange visitors prior to issuance of the DS-2019 form. You can request the UNID through HR using the electronic affiliate ID request found at <https://www.hr.utah.edu/forms/affiliate.php>
 - This form must be submitted to HR prior to submitting the DS-2019 Application to ISS in order to obtain the J-1 exchange visitor's UNID.
 - Most requests will be processed within 48 hours
 - In the event that the exchange visitor has previously been issued a UNID, there is no need to complete the Affiliate Form.
 - Please direct inquiries regarding the Affiliate ID Request to Kristy Muday (Kristy.muday@utah.edu) or Ryan Smith (ryan.k.smith@utah.edu).
- All exchange visitors must disclose prior J-1 programs in which they have participated. This allows ISS to better uphold the Department of State regulations which govern the J-1 visa type.
- Sponsoring departments must now provide proof of English ability through a recognized language test; receipt of a degree from an institution which instructs in English; or a documented language proficiency interview conducted by the department. ISS has developed an English Proficiency for J-1 Scholars rubric which you will use if conducting a language interview. You can find it at <http://ic.utah.edu/forms-publications/documents/Form-English-Proficiency-J-Scholars.pdf>.
- Exchange visitors must now sign the DS-2019 application prior to submission to certify that the information in the application is correct and they understand the qualifications for a J-1 visa.
- All exchange visitors will need to confirm if there could be possible contact with medical patients regardless of field in order for ISS to ensure compliance.

If you are new to the application process or have questions regarding the application or changes therein, please contact the J Scholar Program Team via email at internationalscholars@utah.edu. You may also call the ISS main office at 801-581-8876 to schedule an in-person or phone meeting.

Thank you very much! We look forward to working with you!

Sincerely,

International Student and Scholars Services, J Scholar Team

ACADEMIC DEPARTMENTS REQUESTING A DS-2019 FOR A J-1 EXCHANGE VISITOR

An **Export Control Questionnaire** was created by the University's Office of General Counsel (OGC) and added to the DS-2019 application. The Export Control Questionnaire must be submitted with all DS-2019 applications received by the ISSS office **on or after November 1, 2016** and receipt of the questionnaire and clearance of the Exchange Visitor is a condition of issuing the DS-2019.

All Exchange Visitors are subject to Export Control, including Research Scholars, Short Term Scholars, Professors, Specialists, Students, and Student Interns. The Questionnaire must be completed and signed by the **Primary Investigator (PI), supervisor**, or other department representative with intimate knowledge of the Exchange Visitor's research.

To provide some context, the University of Utah must comply with United States Export Control regulations, and the Questionnaire is designed to facilitate compliance with export control regulations. These regulations concern transfer or access to export controlled equipment and technologies by foreign nationals. When the University sponsors a J-1 Exchange Visitor (EV), we must (i) review the **Export Administration Regulations (EAR)** administered by the U.S. Department of Commerce and the **International Traffic in Arms Regulations (ITAR)** administered by the U.S. Department of State, and (ii) determine whether or not a license is required to allow the foreign national Exchange Visitor access to export controlled items or technology (laboratory equipment/research instruments, materials, software or technology/technical data).

As a general principle, the University of Utah adheres to principles of openness in research based on its mission of education, research and public service. Consistent with these principles, the University will not generally enter into a contract nor accept a grant to carry out research if the grant or contract restricts the freedom of the University to publish results or limits the participation of researchers on the basis of citizenship. However, there are exceptions to this general position that trigger export control restrictions, so each EV must be evaluated.

If research is subject to Export Control regulations, and an exemption is not available, the government will require the University to obtain a license before allowing foreign nationals to participate in the controlled research. Licenses are not easily obtained and require careful preparation and a significant amount of lead-time. Noncompliance with export control regulations subjects both individuals and the University to penalties, which may include monetary and criminal punishment.

Information about Export Controls and the University's commitment to compliance can be found at: <http://osp.utah.edu/policies/export-controls.php>.

Thank you for your cooperation and please let us know if there are any questions.

Best,

J-1 Scholar Team



J-1 VISA/EXPORT CONTROL QUESTIONNAIRE

The questionnaire must be completed and signed by the Supervisor/Principal Investigator or other appropriate University authority with direct oversight of the foreign national exchange visitor's work. This is required for all Exchange Visitors (Research Scholars, Short Term Scholars, Professors, Students, and Student Interns)

SECTION I

Name of Exchange Visitor: _____
Title: _____
Countries of Citizenship (include dates): _____
Country of Birth: _____
Name and Title of person filling out the form: _____

1. Is the J-1 exchange visitor ("EV") (i) classified as a J-1 Student "Non-degree" or "Bachelor", and (ii) not currently applying for academic training, and (iii) not a Student Intern? (If "Yes," proceed to Section VI) [] Yes [] No

2. Will the EV be working in the core sciences (medical and non-medical), e.g., biomedical sciences, computer sciences, space or space launch sciences, engineering (chemical, electrical, mechanical, semiconductor, nuclear), material sciences, atmospheric sciences/astronomy, geophysics, physics, chemistry, medicine, nanotechnology, marine science, artificial intelligence, robotics, etc. and including IT services in these departments/fields.

Check one:

[] No, the EV's program will not involve, expose or potentially expose the applicant to any core scientific discipline, including but not limited to the ones listed above. Please sign and date this form in Section VI.

[] Yes, the EV's program will involve, expose or potentially expose the beneficiary to a core scientific discipline (including but not limited to one or more of those listed above). Proceed to Section II.

SECTION II

3. Will the EV engage in research? (If "No," proceed to Section III) [] Yes [] No

4. Is the research to be performed or funded, in whole or in part, by another university, nonacademic research institution, company, or the federal or state government? [] Yes [] No

If yes, please provide:

If the entity is located abroad, please identify name and location

If the EV is collaborating with an institution abroad as part of the research, in what capacity?



Please provide us with a copy of any contract governing the research collaboration or funding.

If there a Project ID#, please provide it: _____

Project Title _____

Name of the PI _____

SECTION II

- 5. Will the research results be taught, published or otherwise shared with the interested public? Yes No
- 6. Are there any restrictions on publication of your research results? (Examples include, but are not limited to an absolute publication restriction or time delay or opportunity for review and/ or comment by third party or sponsor.) Yes No
(If "Yes", please provide a copy of any agreement).
- 7. Are there any citizenship restrictions on who can access the technology or technical data being used in your research or research results? (If "Yes", please provide a copy of any agreement). Yes No
- 8. Is any aspect of your research subject to any Non-Disclosure Agreement (NDA) or other confidentiality agreement that permits access to confidential, not publicly available information, data or software from a sponsor/third-party? Yes No
- 9. If you answered "yes" to question 8, will the EV have access to confidential, not-publicly available information, data or software? (If "Yes", please provide a copy of any NDA or other confidentiality agreement). Yes No
- 10. Where the research results in software, will the software be commercialized and licensed? Yes No

SECTION III

- 11. Does the EV have citizenship from any of the following countries: Cuba, Iran, North Korea, Syria or Sudan? Yes No
- 12. Will the EV have access to proprietary technology for the development of cryptography or proprietary source code containing cryptographic functionality (whether or not actually required for the work assignment and whether through hard or soft copy)? Yes No

SECTION IV

- 13. Will the EV have access to technical data or information that has been stamped or otherwise designated by the sponsor/third party as "export controlled"? This includes U.S. government or sponsor/collaborator furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled software. Yes No
- 14. Will the EV have access to one or more laboratory instruments where the all 6 of the following activities occur (all 6 relative to one particular instrument): operation, installation, maintenance, repair, overhaul and refurbishing? Yes No



If yes, what is (are) the instrument(s)? Please include the name, manufacturer, model, university inventory number (if any), supplier (if available), serial number (if available), and a copy of the purchasing paperwork (if available).

And, will the EV be given specific information about the instrument that will support these activities (e.g., manual, schematics provided by the vendor, software code)?

Yes No

If yes, what will the EV be given?

SECTION V

15. Confirm that you have reviewed the link below to the U.S. Department of State’s (ITAR) Munitions List of “defense articles.” Defense articles include any item (equipment, instruments, materials, software, and/or technical data) specifically designed, developed, or modified for military or space applications. The term “defense articles” also includes any item that is built/compiled or designed/modified to military specifications as well as space launch applications, such as military-grade electronics and components. The fact that the item is commercially available does not remove it from this list.

Yes No

http://www.pmdotc.state.gov/regulations_laws/documents/official_itar/2013/ITAR_Part_121.pdf

16. Based on the foregoing definitions per Question 15, will the EV be provided access to ITAR “defense articles”? “Access” means any visual or physical access to the item, regardless of whether such access required for the program.

Yes No

17. Will the EV have access to confidential, not-publicly available equipment, Information, data or software that is ITAR controlled “technical data” related to a “defense article” that was commercially procured or received through intra-institutional collaboration? Please note that information or data can exist in any form (e.g., blue print, sketches, specifications, documented technology, vendor operational manual/instructions, data results) and can be conveyed through hard copy, soft copy, or spoken communication.

Yes No

SECTION VI: CERTIFICATION

I hereby certify that I am personally knowledgeable of the duties and other particulars of the J-1 program of the foreign national listed above, and hereby affirm that the contents of the foregoing certification questionnaire are true to the best of my knowledge, information and belief.

I further understand that failure to accurately complete this questionnaire can result in U.S. Government export control violations for which civil and criminal penalties can be assessed against (i) any individual (including a PI) found to have caused or facilitated a violation, and/or (ii) the University of Utah.

Supervisor/PI (printed name) Signature Title Date MM/DD/YY



APPLICATION FOR DS-2019

Below is the DS-2019 Application for J-1 Scholars and Students. Please complete **all** information listed. Incomplete applications **will not** be processed and will be returned to your department for further information. Applications that have been modified or shortened will not be considered.

Forms which are noted as necessary for your program can be found online at

<http://internationalcenter.utah.edu/forms-publications/>

Once your application is complete, including all supporting documentation, you may deliver it to the International Students and Scholars Services (ISS) Office in 410 Olpin Union M-F between 8am and 5pm. You may also send completed electronic copies to the J Program Team (internationalscholars@utah.edu)

International Students and Scholars processes applications in the order in which they are received. **We are not able to provide priority or rush processing of documents.**

PLEASE ALLOW TEN BUSINESS DAYS FOR DS-2019 PROCESSING AND FOUR TO SIX WEEKS FOR VISA PROCESSING.

PURPOSE OF DS-2019

_____ **Begin New Program** or change to J-1 visa accompanied by _____ family member(s).

_____ **Transfer of J-1 Visa** to University of Utah or change to J-1 visa from another US institution (include copy of DS-2019).

SPONSORING DEPARTMENT INFORMATION

Department requesting DS-2019 _____

Departmental street address _____

_____ Zip Code _____

Department campus address _____

Contact person (professor or admin assistant) to be contacted for more information or inquiries

Phone _____ Email _____

Professor in department requesting DS-2019 _____
Print

Signature _____

Department Chair _____
Print

Signature of Department Chair _____



EXCHANGE VISITOR PERSONAL INFORMATION

Name of Exchange Visitor, Gender, Birthday, Email, Birthplace, Country of Citizenship, Country of Permanent Residency, Degree Held, Last Occupation, Will the Exchange Visitor apply for J-2 dependent DS-2019s?

EXCHANGE VISITOR'S PROGRAM INFORMATION

Time period of initial DS-2019 from, Exchange Visitor's University ID Number (UNID), Check which J-1 category the exchange visitor's program will be: Researcher, Professor, Short-term Scholar, Student Intern, Specialist, Non-Degree Student, The EV will be engaged in the following activity, Has the Exchange Visitor Completed a Previous J-1 Program in the US?, Will this J-1 program be in a medically related field of research or study?, If Yes, will the J-1 Exchange visitor have contact with patients?



EXCHANGE VISITOR’S FINANCIAL INFORMATION

It is necessary to demonstrate funding in a minimum amount of \$1,300 USD per month for the duration of the EV’s stay. Please itemize total funding by funding source or agency. Documentation of funds will be required for completion.

University of Utah *	\$ _____
U.S. Government Agency _____ Name	\$ _____
International Organization _____ Name	\$ _____
Exchange Visitor’s Government	\$ _____
Other agencies or organizations _____ Name	\$ _____
Exchange Visitor’s personal funds	\$ _____

*When an EV is being paid through a University grant designated for research and not for the purpose of promoting international exchange, the EV is considered to be paid through the University and not the US government, even if it is a government grant to the University.

CHECKLIST OF REQUIRED ADDITIONAL INFORMATION

The following documentation **MUST** be provided for the application to be considered complete:

_____ **Photo Page of EV’s Passport (copy)**

_____ **Verification of Finances**

It is necessary to demonstrate minimum funding in the amount of \$1,300 USD per month for the duration of the EV’s stay. This can be proven through University of Utah funds as verified in the **Position Disclosure Form** funding from an outside source with an official letter as verification, or personal funds with a certified bank statement.

_____ **Objective Measure of the EV’s English Ability**

Proven through one of the following:

- A recognized English test such as TOEFL or IELTS.
- A documented interview conducted by the sponsoring department. Include the **English Proficiency for J-1 Scholars** rubric if using this method.

_____ **Position Disclosure Form (Included in Application)**

The department must complete and sign this page. Per federal regulations, the information contained within the form must be disclosed to the Exchange Visitor prior to arrival. A copy will be included in the visitor’s welcome packet.

_____ **Proof of the EV’s Qualifications**

Examples include copies of degrees earned and CV.

_____ **Patient Contact Confirmation (Included in Application)**

For all fields, a No Patient Contact form must be submitted. For those in a medically related field with incidental contact with patients (via an observership, for example) the department must include the **Medically Related Incidental Patient Contact** form.

_____ **Student Interns**

If EV is a Student Intern please provide the following:

- A letter from the student’s home institution stating how the internship will fulfill educational objectives for his/her current degree program. The letter should also state the student is in good academic standing at their institution and will be returning to their home institution to complete his/her degree after completing the internship.
- Complete and sign the **DS-7002 Training Placement Plan** and have the J-1 Student Intern sign the form as well. Our office will sign the form as the sponsor. Your office will sign as the supervisor.
- A written evaluation of the intern’s performance at the end of the program. If the internship is longer than six months, provide a midpoint and concluding evaluation.



J-2 DEPENDENT APPLICATION

The following information is required for each dependent:

Dependent's first, middle, and last name	_____
	First name Middle name Last name
Relationship to Exchange Visitor	_____
Dependent's birth date: month, day, year	_____
	MM / DD / YY
City and country of birth	_____
Country of citizenship	_____
Spouse Email Address (If Applicable)	_____

For additional dependents, please complete an additional J-2 Dependent Application with supporting documentation.

Include the following items:

- Copy of biographical (picture) page from passport, showing biographical information.
- Financial support documents with an additional \$3000 per dependent per year of program.
- Relationship to Exchange Visitor – copy of marriage certificate and/or birth certificate.

To The Exchange Visitor:

I have adequate financial resources for the care of my dependents for the duration of my program of study at the University of Utah. I am also aware that my dependents must have health insurance while on the J-2 visa. I am aware that it is a violation of immigration law to provide information intended to mislead or misrepresent the truth, which could result in serious penalties issued by the Department of Homeland Security.

Exchange Visitor Signature _____



I, the undersigned, certify that:

EV initial here The information contained within this application is correct and accurately reflects the following:

- My citizenship and permanent residency;
- Personal biographical information;
- Previous participation in the J-1 Visa Exchange Visitor Program;
- And relationship to any requested dependents.

EV initial here I will maintain health insurance for myself and any accompanying dependents throughout the duration of my J-1 Exchange Visitor Program; and the coverage will meet the following minimum benefits:

- Medical benefit of \$100,000 per accident or illness;
- Maximum deductible of \$500 per year;
- Medical evacuation up to \$50,000;
- Repatriation of remains up to \$25,000.

EV initial here I will show proof of health insurance coverage upon arrival and start of my program.

EV initial here It is my responsibility to follow the regulations of the J-1 Visa type during the duration of my J-1 Visa program and will consult with International Student and Scholar Services regarding maintaining my status.

Exchange Visitor's Name

Exchange Visitor's Signature

_____/_____/_____
Date



POSITION DISCLOSURE FORM

Note: The Exchange Visitor will be given a copy of this form within their welcome packet. The Department of State requires that the following information be provided to visitors prior to arrival.

JOB DESCRIPTION

Position Title:			
Description of Duties:			
Dates of Program (mm/dd/yyyy) From: _____ To: _____	Hours Per Week / %FTE _____	Will EV be Paid by UofU? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much? \$ _____ per _____
Other Relevant Information for Candidate:			
Additional Benefits/Compensation: <input type="checkbox"/> Department Paid Hx <input type="checkbox"/> Exchange Visitor Needs to Purchase <input type="checkbox"/> Other (Please describe)			

EMPLOYEE INFORMATION

Exchange Visitor Name (Last, First, MI)		
Level of Degree	Field of Study	Email Address

PRIMARY SITE OF ACTIVITY

Department or Division Name	Primary Site of Activity Address
Lab or site name (if applicable)	Website (if applicable)
Phone Number	FAX Number

SUPERVISOR CONTACT INFORMATION

Supervisor's Name (Last, First, MI)		Email Address
Phone Number	FAX Number	Supervisor's Title
Supervisor's Signature		Date (mm/dd/yyyy)



CONFIRMATION OF NO PATIENT CONTACT FOR J-1 SCHOLARS

The program in which the Exchange Visitor will participate is predominantly involved with research, observation, consultation, teaching, or attending courses. The J-1 exchange visitor will have **NO patient contact.**

Name of Exchange Visitor _____
First Middle Last name

Anticipated Start Date of EV Program Participation _____ End Date _____
MM / DD / YY MM / DD / YY

Department Sponsoring the EV _____

Professor Sponsoring the EV _____

Department Contact:

Name Signature () - Phone

ISS Contact Approval:

Name Signature / / Date

NOTE:

If the J-1 Scholars' program includes *incidental patient contact*, please disregard this form.

Any prospective exchange visitor pursuing a J-1 Exchange Visitor program in the United States that includes *incidental patient contact* must apply for their DS-2019 with the *Medically Related Incidental Patient Contact* Form and "Five-Point Statement" appended to their application materials.