OFFICE OF INTERNATIONAL PROGRAM SERVICES (OIPS)
MOREHOUSE SCHOOL OF MEDICINE

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J-1 EXCHANGE VISITOR REQUEST FORM

(1.) ***Exchange Visitor Information*: (Required ONLY if no passport page is attached)**:

_____ ☐ Male ☐ Female
(FAMILY NAME IN CAPS) *(Given)* *(Middle)*

Born_____ _____ _____ in _____ _____
(Mo) *(Day)* *(Year)* *(City)* *(Country)*

Citizen of _____ Legal Permanent Resident of_____
(Country) *(Country)*

Has the person been in the U.S. in exchange visitor status (J-1) in the last two years? No_____ Yes_____

(2.) ***Sponsoring Department Information*:**

Sponsoring Department/Center/Institute _____

Exchange Visitor will work under the direction of _____ _____
(Name) *(email)*

(3.) ***Length of appointment*:** Begin date _____ _____ _____ End date _____ _____ _____
(Month) *(Day)* *(Year)* *(Month)* *(Day)* *(Year)*

(4.) ***Category*:** ☐ Research Scholar ☐ Short-Term Scholar ☐ Student: Prescribed Course of Study
See definitions of categories on first page. The category is **not** the Visitor's current position in home country.

Indicate field and subfield specialty and describe the activity in which the exchange visitor will engage:

Field: _____ Subfield Specialty: _____
(e.g. Medicine) *(e.g. Medical Research, Pediatrics, Neurology)*

(5.) ***Financial Support*:** Minimum support for single professor/researcher is $1750/month, plus $500/month for spouse and $200/month per child excluding the cost of health insurance for each.

$_____MSM funds *per year/per entire period* (circle appropriate) Account #_____
If funding is not from MSM, attach documentation in English verifying source and amount of funds

$_____Additional funds *per year/per entire period* provided by _____
Indicate additional amounts and sources of funds below:

(6.) If family member(s) will accompany Exchange Visitor to the U.S., complete the following (not needed if passport pages attached or if transferring from another institution):

Name (LAST, First)	Relationship (with gender)	Date of Birth	Place of Birth (city/country)	Country of Citizenship
_____	_____	___/___/___ mm/dd/yy	_____	_____
_____	_____	___/___/___ mm/dd/yy	_____	_____
_____	_____	___/___/___ mm/dd/yy	_____	_____
_____	_____	___/___/___ mm/dd/yy	_____	_____

(7.) Complete this section ONLY if Exchange Visitor is a physician whose activities will primarily involve observation, consulting, teaching or research BUT may also involve incidental patient contact.

a. The exchange visitor_____, has been appointed as an Advanced Trainee in the specialty of _____research under the specialty jurisdiction in the Department of _____, of the Morehouse School of Medicine.
b. All incidental patient contact involving the Visitor will be under the direct supervision of_____ _____(Chair or Designee), who is a U.S. citizen or a permanent resident of the United States and is licensed to practice medicine in the State of Georgia.
c. I agree that the visitor will NOT be given the final responsibility for the diagnosis and treatment of patients and that this responsibility will be left to the Chairman or his/her Designee.
d. I agree that any activities performed by the Visitor fully conform with the state licensing requirements and regulations for health-care professionals in Georgia.
e. I understand that any experience gained in this research program will NOT be credited toward the clinical requirements for medical specialty NBME certification.

_____ Date_____
(Signature of Chair or Designee)

(8.) What should be done with Form DS-2019 when ready? (skip this section if transferring from another institution)
☐ Hold for pick-up at OIPS
☐ Telephone Department when ready for pick-up Name & Telephone_____
☐ Mail, via Federal Express, directly to Exchange Visitor (OIPS will forward copies to Department)
Exchange Visitor's mailing address: _____
_____
_____
Telephone_____ Federal Express Departmental Account # _____

(9.) Compliance Requirements:

☐ The Department/Center understands that all Exchange Visitors on MSM's J-1 Program are required to attend a 1 hour orientation session at the OIPS. We will notify the OIPS upon the exchange visitor's arrival to schedule the orientation.
☐ The Department/Center understands that all Exchange Visitors on MSM's J-1 program and their accompanying dependents must be covered under a health insurance policy that meets the minimum federal standards. We further understand that failure to comply with this requirement may warrant termination from the Exchange Visitor Program.
☐ The Department/Center understands that the Exchange Visitor is required to engage ONLY in the activities described on this form, in the Department/Center indicated on this form, for the length of time indicated on this form. **The OIPS will be notified immediately if any changes are desired and before any changes are made.**
☐ The Department/Center will notify the OIPS when this Exchange Visitor completes this program.

_____ _____ ____/_____/_____
(Chairperson's Name) *(Signature)* *(Date)*

CHECKLIST OF SUPPORTING DOCUMENTATION FOR EXCHANGE VISITOR REQUESTS

For Prospective Exchange Visitors not currently at Morehouse School of Medicine, please provide:

_____ Exchange Visitor Request Form

_____ Curriculum vitae (indicating current position, and in format required by Dean's office)

_____ Copy of a diploma for an advanced degree relative to exchange visitor's anticipated program

_____ Copy of letter of invitation from supervisor to prospective exchange visitor, if one exists

_____ Evidence of financial support if coming from source outside MSM; financial support (from MSM or an external source) must include at minimum $1750/month per exchange visitor, $500/month for spouse, and $200/month per child

_____ Supervisor's statement that Exchange Visitor has the necessary English language proficiency to successfully pursue program, to include brief description of assessment method used (unless education was obtained at institution where English is primary language)

_____ All copies of prior forms DS-2019, if the prospective exchange visitor has been in the United States in J status within the past two years

_____ Biographic page(s) of passport, if one exists (include passport pages for all dependents as applicable; only necessary if they will be applying for J-2 dependent visas)

ADD'L DOCUMENTATION REQUIRED BY THE DEAN'S OFFICE FOR INITIAL APPOINTMENT:

_____ Letter of nomination for initial appointment from chairperson to dean

_____ Personnel Action (PA) Form (**NOTE: a PA is not required if there is no MSM funding**; **an RP is not required for J-1 appointments**)

_____ Original letter of reference addressing candidate's qualifications

_____ Academic Non-Faculty Employment application

Please submit the request form, along with supporting documentation indicated on this checklist, to the OIPS. Completed requests will be processed within five days of receipt by the OIPS. Upon issuance of the form DS-2019, OIPS will provide the department with photocopies of the form and OIPS' letter of invitation to the exchange visitor. Upon imminent arrival of the Exchange Visitor, OIPS will submit the department's documentation to the Dean's office for further processing. **The supervisor must be in touch with the prospective exchange visitor regarding their arrival date as indicated on the form DS-2019; any arrival later than 30 days past the start date will jeopardize the exchange visitor's ability to enter the United States and pursue their program. The OIPS must be informed of any changes regarding the arrival date well before the start date as listed on the PA; the department will have to modify the PA accordingly.**