

**RE: Instructions to Exchange Visitor - Research Scholar, Professor and Short-term Scholar Categories**

Dear Exchange Visitor,

Please read the instructions and information provided on this page before proceeding. In order to consider the request to issue a DS-2019 Certificate of Eligibility for J-1 and J-2 visas, please complete this packet in its entirety and provide the following supporting documentation to your FAU Host Department.

| Documents to submit with application   | Explanation of documents  |
|--|---|
| Exchange Visitor Sections of DS-2019 Request Forms                           | Sections A-C of this packet   |
| Proof of Funding   | Document must be in English and US dollars  |
| Clear copy of passport for J-1 and J-2 applicants                            |   |
| Updated Resume   |   |
| Notification of Insurance Form   |   |
|  |   |
| Documents to provide after you receive your J-1 visa                         | Explanation of documents  |
| Proof of medical insurance, medical evacuation, and repatriation of remains. | Once you receive your J visa, please purchase the appropriate insurance coverage for you and your J-2 dependents, and email proof to <a href="mailto:achowel1@fau.edu">achowel1@fau.edu</a> |

The program start date on your DS-2019 form should be at least 60 days out from when the FAU Host Department submits all required paperwork to the Office of International Employee & Scholar Services.

Exchange Visitors be advised that your FAU Host Department may conduct a background check, a Deemed Export Control Check, and be required to obtain internal department approval in order to request a DS-2019 for you. Therefore, it is important that you work with the FAU Host Department to submit all of your required documents as soon as possible.

If you are issued a DS-2019 from Florida Atlantic University, you will be required to secure your own housing, pay for all fees related to obtaining your J-1 visa, and other related expenses such as health insurance coverage, medical evacuation coverage and repatriation of remains coverage for you and any J-2 dependents.

Our [Pre-Arrival Guide](#) is designed to assist you in preparing for your visit to the United States. You will receive a copy of the Pre-Arrival Guide upon being approved for a DS-2019 Certificate of Eligibility for Exchange Visitor Status. You may review the Pre-Arrival Guide at any time online. If you would like more information on the Exchange Visitor Program as you complete this packet, please visit our website at [www.fau.edu/provost/immigration](http://www.fau.edu/provost/immigration). If at anytime you have any questions or concerns, please do not hesitate to email Adriana Ellison, Director of International Employee and Scholar Services at [achowel1@fau.edu](mailto:achowel1@fau.edu) or speak to your FAU Host Department.

# FLORIDA ATLANTIC UNIVERSITY

## NOTIFICATION OF INSURANCE REQUIREMENT

**Insurance Requirement:** Under the regulations of the United States Department of State, all individuals who receive a Form DS-2019 (J visa document) and enter the U.S. in J-1 exchange visitor status will be required to have medical insurance to cover themselves and any accompanying J-2 dependents for the entire duration of their programs [22 CFR 62.14]. Due to the regulations pertaining to insurance coverage for exchange visitors, all exchange visitors are required to show proof of coverage for the entire duration of their program.

**YOU WILL BE ASKED TO SHOW PROOF OF INSURANCE ON DAY 1 OF YOUR PROGRAM. FAILURE TO COMPLY WITH THE INSURANCE REGULATIONS MAY RESULT IN PROGRAM TERMINATION.**

**PROOF OF COVERAGE IS REQUIRED FROM YOUR START TO YOUR END DATE OF THE PROGRAM.**

**The insurance coverage must provide the following minimum coverage:**

1. Medical Insurance Policy of at least \$ 100,000 of coverage per accident or illness;
2. Repatriation of Remains Policy: \$ 25,000;
3. Medical Evacuation Policy: \$50,000;
4. Deductible of \$500 or less per accident or illness;
5. Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.;
6. Cannot unreasonably exclude coverage for perils inherent to activities of EV program;
7. Waiting period for pre-existing conditions that is reasonable by current industry standards.

**The company providing the insurance must have:**

1. A.M. Best rating of A- or above;
2. McGraw Hill Financial/Standard & Poor's Claims-paying ability rating of A- or above;
3. Weiss Research, Inc. rating of B+ or above;
4. Fitch Ratings, Inc. rating of A-;
5. Moody's Investor Service rating of A3 or above; or
6. Such rating as the DOS may specify; or
7. Backed by EV's home government; or
8. Part of health benefits program offered on a group basis to employees or enrolled students; or
9. Offered through or underwritten by an HMO or eligible Competitive Medical Plan as determined by Centers for Medicare and Medicaid.

For your convenience, below are links where you can find information on purchasing insurance: [www.insuranceforstudents.com](http://www.insuranceforstudents.com); <https://www.insubuy.com>; <https://www.psiservice.com>; <http://www.betins.com>; <https://www.internationalinsurance.com/students/j-1-visa.php>. You are not required to use any of the companies listed above. You are responsible for making sure that the coverage you select, and company you select, meets the insurance regulations and provides coverage for the entire duration of your visit.

|   |  |
|---|--|
| <b>INSTRUCTIONS: Please select one of the statements below that indicates how you plan to meet the insurance requirement.</b> |  |
|   | <p><b>I will be eligible for health insurance through FAU as an employee. <span style="color: red;">IMPORTANT: If eligible for the FAU medical insurance, you are still required to purchase all required policies until your FAU employee insurance is active and available to provide coverage.</span></b> The FAU medical coverage <u>does not</u> include Repatriation of Remains and Medical Evacuation coverage. You will be required to purchase the Repatriation of Remains and Medical Evacuation coverage separately: This coverage can be purchased by any company of your choice. For example, this coverage is available by visiting: <a href="https://www.insuranceforstudents.com/supplemental-plans/medical-evacuation-repatriation">https://www.insuranceforstudents.com/supplemental-plans/medical-evacuation-repatriation</a></p> |
|   | <p><b>I plan to or have purchased insurance from an insurance company that provides a policy with all required limits and is rated as described above.</b> (Please provide documentation in English &amp; US Dollars).</p>   |
|   | <p><b>I will have insurance coverage backed by my home government and the insurance is accepted as coverage in the United States.</b> (Please provide documentation in English &amp; US Dollars).</p>  |

I understand that I am required to maintain health insurance with the minimum coverage as specified above for myself and any accompanying dependents. I hereby affirm that I have obtained or will obtain the required insurance by the time I begin my program with Florida Atlantic University, and I will provide proof of coverage. Exchange visitors who willfully fail to comply with the insurance requirements, or who make "material misrepresentations" of their compliance with the regulations will be subject to the termination of their J1 program. The insurance will be active for the effective period of all valid forms DS-2019 issued to me.

\_\_\_\_\_  
Exchange Visitor Signature

\_\_\_\_\_  
Exchange Visitor Name (Print)

\_\_\_\_\_  
Date

**Submit proof of funds as outlined below.**

**Proof of Sufficient Funds:**

Exchange Visitor must show proof that funds are available for the requested period of stay must meet minimum living expense requirements. A combination of funding sources can be provided. Use the table below to determine the minimum required levels of funding.

| Estimated Expenses (housing, food, insurance, transportation, etc.) | Exchange Visitor | Exchange Visitor with Spouse | Exchange Visitor with Spouse and One Child | Exchange Visitor with Spouse and Two or More Children |
|---|------------------|------------------------------|--|---|
| Monthly Estimated Living Expenses                                   | \$1,500          | \$1,920                      | \$2,170                                    | \$2,420   |
| Yearly Estimated Expenses   | \$18,000         | \$23,040                     | \$26,040                                   | \$29,040  |

**Proof of funding documentation:**

1. Must be in English or with an official translation (cannot be self-translated)
2. Must reflect liquid assets - no real estate, stocks/bonds, or salary to be earned
3. Must identify the source,
4. Must identify funding amount,
5. Must identify type of currency in US dollars,
6. Must state dates of coverage
7. Must be current (6 months old or less) and must be original

**Acceptable Proof of Funds:**

| Examples of acceptable funding documents  | Examples of unacceptable funding documents  |
|---|---|
| <ul style="list-style-type: none"> <li>• Savings and Checking Accounts</li> <li>• Money Market Accounts</li> <li>• Deposits with no withdrawal restrictions or maturity dates</li> <li>• Scholarship or Grant award letters from U.S. government, foreign government, or international agency specifying covered expenses and any upper limits on those expenses</li> <li>• Letter/Memo from FAU Department awarding scholarship, fellowship, assistantship, tuition waivers</li> </ul> | <ul style="list-style-type: none"> <li>• Certificate of Deposit not matured or with withdrawal restrictions</li> <li>• Investment accounts (stocks, bonds)</li> <li>• Funds already used to support another F-1 or J-1 visa holder</li> <li>• Real estate holdings</li> <li>• Life insurance policies</li> <li>• Credit card limits or balances</li> <li>• Business accounts without an individual account holder name</li> </ul> |

**Government Funding:**

Exchange Visitors who received any direct funding from either their home government or the U.S. government during their J-1 program or those who receive indirect government funding through an international organization are subject to *Section 212(E). Two Year Home Residency Requirement*. If the indirect government funding was granted to the university and paid to the Exchange Visitor as salary, this does not make the J-1 subject unless the scholar's name is on the grant or the grant was specifically designed to support international exchange.

**Funding by Personal Funds:**

Individuals who are funded completely through personal funds must have ties with a research institution or university abroad and must have written permission from the home institution for the period of the DS-2019 request, and may only receive a DS-2019 for up to 12 months.

## OFFICE OF INTERNATIONAL EMPLOYEE & SCHOLAR SERVICES

### PART II: EXCHANGE VISITOR'S DS-2019 APPLICATION - RESEARCH SCHOLAR, PROFESSOR & SHORT-TERM SCHOLAR SECTION A- EXCHANGE VISITOR IMPORTANT INFORMATION

#### *TO BE COMPLETED BY INCOMING SCHOLAR/EXCHANGE VISITOR PARTICIPANT*

The U.S. Department of State (Bureau of Educational and Cultural Affairs) administers and monitors the J Exchange Visitor Program. According to program regulations, all J Exchange Visitors and their accompanying dependents must be familiar with the rules and regulations governing the program and must comply with the mandatory medical insurance requirements.

**INSTRUCTIONS: Exchange Visitor Participant, please read and sign the bottom of this page confirming that you have read the requirements.**

- 1. Accompanying Dependents:** Exchange Visitors may request DS-2019 forms for accompanying dependents by documenting the funding to support them while in the US.
- 2. Medical Insurance Requirement:** U.S. Department of State requires that all J-1 and J-2 visa holders to have medical insurance. Medical Insurance must be in effect for the entire duration of the program (start date through the end date). This means the Exchange Visitor Participant (J-1 visa holder) will need to show proof of insurance starting day 1 of the start of your program. Failure to comply with this requirement may lead to termination of the program.
- 3. Section 212(E). Two Year Home Residency Requirement:** J-1 holders may become subject to a two-year home residency requirement, which means that they are required to return to their home countries for two years after completion of J-1 program. Subject if any of the following apply: (1) Government funded Exchange Program, (2) Specialized Knowledge or Skill, or (3) Graduate Medical Education/Training
- 4. 12-Month Bar:** Individuals who have been in the U.S. for more than six months in the previous year (12 months) in any J visa status are not eligible to enter the U.S. as a J-1 Research Scholar or Professor for a 12-month period. Time spent in the J-1 Short-term Scholar category does not count towards the 12-month bar. The 12-month bar applies to both the J-1 principal and any J-2 dependents. The 12-month bar does not prevent individuals from returning to the U.S. in any other visa status or in some other J categories such as Short-Term Scholar or Student.
- 5. 24-Month Bar on Repeat Participation:** Any individual who participates in an Exchange Visitor program in the Professor or Research Scholar categories on or after 11/18/06 is subject to a 24-month bar on "repeat participation" in those categories. Scholars subject to the bar may not return to the U.S. as a J-1 scholar in the Professor or Research Scholar categories for the 24-month period. This bar also applies to J-2 dependents.
- 6. Maintaining Status:** Exchange Visitors' eligibility to stay in the U.S. is contingent upon the Exchange Visitor's status. Therefore, it is critical that the basic requirements listed below are always followed and adhered to.  
(1) Maintain valid immigration documents, (2) Notify the J-1 sponsor of a change of address, email, or phone number within 10 days, (3) Pursuing the primary program objective for which you were originally sponsored as stated in your DS- 2019, (4) Obtain and maintain health insurance that complies with the regulatory requirements.

**By signing below, I certify that I will follow the U.S. Department of State Regulations, Florida Atlantic University policies and procedures, and that I have read and understand the requirements provided.**

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Signature

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Date (Month, Day, Year)

# FLORIDA ATLANTIC UNIVERSITY

## OFFICE OF INTERNATIONAL EMPLOYEE & SCHOLAR SERVICES

### PART II: EXCHANGE VISITOR'S DS-2019 APPLICATION - RESEARCH SCHOLAR, PROFESSOR & SHORT-TERM SCHOLAR SECTION B – EXCHANGE VISITOR DATA

TO BE COMPLETED BY EXCHANGE VISITOR AND TO BE REVIEWED BY HOST DEPARTMENT

#### J-1 EXCHANGE VISITOR INFORMATION (information as it appears on passport)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Gender:  Male  Female  
Marital Status:  Married  Single Date of Birth (month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residency: \_\_\_\_\_

#### HOME COUNTRY ADDRESS AND CONTACT INFORMATION:

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### POSITION IN HOME COUNTRY:

I am a student in my home country.  
Provide the name of your educational institution: \_\_\_\_\_  
 I hold a professional occupation in my home country.  
Position/Occupation in Home Country: \_\_\_\_\_  
Type of Employer:  Educational Institution  Government  Private  
Name of Employer: \_\_\_\_\_

#### EDUCATION:

Highest level of degree completed:  Bachelors  Masters  Ph.D.  
Degree major: \_\_\_\_\_  
Date of completion (month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently in school:  Yes  No  
What degree are you pursuing:  Bachelors  Masters  Ph.D.  
Degree major: \_\_\_\_\_  
Expected completion date (month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PREVIOUS J-1 STATUS:

Have you held a J-1 or J-2 status in the last 24 months:  Yes\*  No  
*(\*If Yes, please provide copies of your I-94, visa stamp, and all previous DS-2019)*

#### CURRENT LOCATION:

Are you currently in the United States:  Yes  No  
\*If Yes, please answer the questions below:  
SEVIS Number: \_\_\_\_\_ US University or Entity: \_\_\_\_\_  
Program End Date: \_\_\_\_\_ ARO Name: \_\_\_\_\_  
ARO Email: \_\_\_\_\_ ARO Phone Number: \_\_\_\_\_

# FLORIDA ATLANTIC UNIVERSITY

## OFFICE OF INTERNATIONAL EMPLOYEE & SCHOLAR SERVICES

### PART II: EXCHANGE VISITOR'S DS-2019 APPLICATION - RESEARCH SCHOLAR, PROFESSOR & SHORT-TERM SCHOLAR

#### SECTION C – ACCOMPANYING DEPENDENTS

Enter the information as it appears on passport

Legal spouses and children (under 21 years old) of J-1 visa applicants are eligible to apply for the J-2 dependent visa. Proof of the relationship (marriage license, birth certificate, etc. is required for the visa appointment/interview.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_ Male or \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_ Spouse \_\_\_ Unmarried Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_ Male or \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_ Spouse \_\_\_ Unmarried Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_ Male or \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_ Spouse \_\_\_ Unmarried Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

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By signing below, I certify that all the information being provided for a DS-2019 Certificate of Eligibility is true and correct. Furthermore, I certify that I will provide Florida Atlantic University with all supporting documentation upon request.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Month, Day, Year)