

RE: Instructions to Exchange Visitor – Internship Category

Dear Exchange Visitor,

Thank you for your interest in an internship at Florida Atlantic University. 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	
Academic Certification Form	To be completed by your educational institution
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 achowel1@fau.edu

ACADEMIC STATUS CERTIFICATION FORM

Prospective Applicants for the Intern Program
J Exchange Visitor Program at Florida Atlantic University
Office of Immigration Services and Compliance
[Email: achowell1@fau.edu](mailto:achowell1@fau.edu)

This form is a required part of the application process for the Intern category under the J Exchange Visitor Program. The form must be completed and signed by an academic advisor or another authorized representative from the home institution where the prospective intern is currently enrolled or s/he last attended.

1. Name of Student: _____
2. Name of Institution: _____
3. Address of Institution: _____
4. Institution Website Address: _____
5. Type of Institution: ☐ Post-Secondary ☐ Other (explain): _____
6. Is the student currently enrolled at this institution?
 - a. ☐ Yes. Dates of Enrollment: From _____ to Present
Degree in progress: _____
Expected completion date: _____
 - b. ☐ No. Dates of Enrollment: From: _____ to _____
Degree Earned: _____
 - c. Field of Study _____
7. Will this internship be used to fulfill requirements towards degree completion? ☐ Yes ☐ No
8. Additional comments: _____

9. Authorized signature:

Name: _____

Signature: _____

Position: _____

Date: _____

Telephone #: _____

Fax #: _____

Email address: _____

Place Official University Seal or Stamp Here

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, we will not accept month to month coverage. 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 benefits of at least \$ 100,000 per accident or illness;
2. Repatriation of remains: \$25,000;
3. Medical Evacuation: \$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.

You can find many insurance companies online. For your convenience, below are links where you can find information on purchasing insurance: 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 above links to purchase your insurance. 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.

INSTRUCTIONS: Please select one of the statements below that indicates how you plan to meet the insurance requirement.

<input type="checkbox"/>	I am eligible for health insurance through FAU as an employee. (You WILL NEED to purchase Repatriation and Medical Evacuation coverage separately). Medical Evacuation and Repatriation plan information can be found at: https://www.insuranceforstudents.com/insurance-plans/medical-evacuation-repatriation
<input type="checkbox"/>	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.
<input type="checkbox"/>	I will have insurance coverage backed by my home government and the insurance is accepted as coverage in the United States. (Please provide documentation in English).

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

OFFICE OF IMMIGRATION SERVICES AND COMPLIANCE

INSTRUCTIONS TO EXCHANGE VISITOR FOR FUNDING INFORMATION

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

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 IMMIGRATION SERVICES AND COMPLIANCE

PART II

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.

Signature

Date (Month, Day, Year)

OFFICE OF IMMIGRATION SERVICES AND COMPLIANCE

PART II

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: _____

OFFICE OF IMMIGRATION SERVICES AND COMPLIANCE

PART II

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: _____

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: _____

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: _____

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)