

Documents Needed from Prospective Visiting Junior Fellow to Request J-1 Visa Sponsorship

Please complete all of the forms in this package and provide the additional documents listed below. The completed checklist items should be sent at the same time to the departmental administrator who supports your prospective UT Southwestern mentor/supervisor. For information or assistance with the application materials contact the Office of International Affairs at InternationalAffairsOIA@utsouthwestern.edu , or call 214-648-0010.

You will find important information about the visa process, housing, international student/scholar organization contact information, and tips to facilitate your life as a new-comer to the Dallas area and to UT Southwestern on the International Affairs website at www.utsouthwestern.edu/international .

- Completed “J-1 Visa Application” form and “Supplement 1” for accompanying dependents
- Copy of C.V. indicating that you are enrolled in a graduate degree program in your country
- Copies of passport biographical page for you and your accompanying family members
- Copy of highest foreign university degree (if any) with English translation if needed
- If you have already received a foreign university degree provide a “credential equivalency evaluation” to establish the equivalent U.S. academic degree. (See enclosed list of agencies that will prepare this evaluation.)
- Documentation that you have purchased minimum required health and medical evacuation and repatriation insurance. You must purchase this insurance from Academic Health Plans. (Ask OIA Specialist about enrollment details)
- Documentation of financial support in the amount of at least \$30,000 U.S. per year (\$2,500 U.S. per month.) This may be from a UT Southwestern mentor and/or external organization in your country. (Personal funding is accepted for visits of three months or less, only.)

J-1 Visa Application for Prospective UTSW International Visitor

Instructions: Type or print the information requested below and forward with other checklist items to the departmental administrative contact for your future UT Southwestern sponsoring department.

SECTION I – PERSONAL INFORMATION

Family Name: _____ Given Name(s): _____
Gender: Female ___ Male ___ Marital Status: Married ___ Single ___ Highest Degree Earned: _____
Date of Birth: Month _____ Day _____ Year _____ City of Birth: _____
Country of Birth: _____ Country of Legal Residence: _____ Country of Citizenship: _____
Home Country Occupation: _____ Home Country Employer: _____

SECTION II—Current or Previous U.S. Immigration Status

Are you currently in the U.S.? ___Yes ___No If “Yes,” what is your current US visa classification?: _____
Have you ever held a J-1 visa in the U.S.: Yes ___ No ___ If “Yes” Provide Start and End Date of J-1 Program: _____
Select J-1 Category: ___ Student ___ Student Intern ___ Research Scholar ___ Short Term Scholar ___ Alien Physician Trainee ___ Other
I have a valid ECFMG Certificate: Yes ___ No ___ U.S. Social Security Number (if any): _____

SECTION IV—FUNDING AND DEPARTMENTAL INFORMATION FOR UT SOUTHWESTERN VISIT

Faculty Member I will work with at UT Southwestern: _____ Department Name: _____
I will receive funding from UT Southwestern: Yes ___ No ___ If “Yes,” Provide Amount (U.S. Dollars): _____
I will receive funding from another entity or organization outside of UT Southwestern: Yes ___ No ___
If “Yes,” provide name of entity or organization: _____
Purpose for which entity/organization awarded the funds to you: _____
The above funding provider is a government organization: Yes ___ No ___
I will visit UT Southwestern for 3 months or less and will be financed by personal funding: Yes ___ No ___

SECTION V—CONTACT INFORMATION, TRAVEL PLANS

Provide physical street address for Federal Express/courier delivery of visa document. (Please do not use a Post Office box address.)

Street Number and Name: _____ City: _____
Province: _____ Country: _____ Postal Code: _____
Telephone Number: _____ E-Mail Address: _____
Expected Date of Arrival: _____ Expected Date of Departure: _____

HEALTH INSURANCE COVERAGE—Mark the statement below that applies to your situation

___ I agree to buy health insurance and “medical evacuation and repatriation insurance” that meets the requirement for J-1 visa holders for myself/spouse/children.

___ I agree to buy only “medical evacuation and repatriation” coverage for myself/spouse/children since I will be paid a full time salary by UT Southwestern and will qualify for employee health insurance benefits.

I certify that the above information is accurate and I will comply with the health insurance requirements for J-1 visa holders and J-2 dependents

Signature: _____ Date: _____

Supplement-1

Attach when more than one person is included in the petition or application.
(List each person separately. Do not include the person you named on the form.)

Updated 11/04/2015

Relation to J-1 Visitor	Date of Birth (month/day/year)	Gender
Family Name	Given/Other Names	
City and Country of Birth		Country of Legal Permanent Residence
Health and Medical Evacuation and Repatriation Insurance for Dependent: ___ Will be purchased on arrival in U.S. ___ Already Purchased		If already purchased, provide name of Health Insurance Company and Dates of Validity of Policy: _____

Relation to J-1 Visitor	Date of Birth (month/day/year)	Gender
Family Name	Given/Other Names	
City and Country of Birth		Country of Legal Permanent Residence
Health and Medical Evacuation and Repatriation Insurance for Dependent: ___ Will be purchased on arrival in U.S. ___ Already Purchased		If already purchased, provide name of Health Insurance Company and Dates of Validity of Policy: _____

Relation to J-1 Visitor	Date of Birth (month/day/year)	Gender
Family Name	Given Name	Middle Name
City and Country of Birth		Country of Legal Permanent Residence
Health and Medical Evacuation and Repatriation Insurance for Dependent: ___ Will be purchased on arrival in U.S. ___ Already Purchased		If already purchased, provide name of Health Insurance Company and Dates of Validity of Policy: _____

Relation to J-1 Visitor	Date of Birth (month/day/year)	Gender
Family Name	Given Name	Middle Name
City and Country of Birth		Country of Legal Permanent Residence
Health and Medical Evacuation and Repatriation Insurance for Dependent: ___ Will be purchased on arrival in U.S. ___ Already Purchased		If already purchased, provide name of Health Insurance Company and Dates of Validity of Policy: _____

Education Credential Evaluation Agencies

This page includes a partial listing of private companies who are authorized by the Bureau of Citizenship and Immigration Services to provide evaluations of foreign educational degrees. Many other companies in the U.S. have been authorized to provide these evaluations. Please feel free to use any company you wish.

We recommend that you contact a few different companies to compare fees and processing times. You will need to have only your highest degree evaluated. The evaluation does not need to include a course-by-course evaluation, but simply an evaluation of the diploma itself.

<p><u>Global Credential Evaluators, Inc.</u> P.O. Box 9203 College Station, TX 77842 Phone: 800-707-0979 Phone (International): 718-249-4855 Fax: 979-690-6342 <u>gce@gceus.com</u></p>	<p><u>American Evaluation and Translation Service, Inc.</u> 407 Lincoln Road, Suite 11-J Miami Beach, FL 33139 Phone: 786-276-8190 Fax: 786- 524-0448, 786-524-3300 or 786-870-1205 <u>Email</u></p>
<p><u>Educational Credential Evaluators, Inc.</u> P.O. Box 92970 Milwaukee, WI 53202-0970 Phone: 414-289-3400 Fax: 414-289-3411</p>	<p>Foreign Credentials Service of America 1910 Justin Lane Austin, TX 78757 Phone: 512-459-8428 Fax: 512-459-4565 <u>Email</u></p>
<p><u>Josef Silny & Associates, Inc.</u> International Education Consultants 7101 SW 102 Avenue Miami, FL 33173 Direct: 305-273-1616 Fax: 305-273-1338 Translation fax: 305-273-1984</p>	<p><u>World Education Services, Inc.</u> P.O. Box 745, Old Chelsea Station New York, NY 10113-0745 Phone: 800-937-3895 Fax: 212-966-6395</p>

Health Insurance Policy for J-1 “Students,” “Student Interns,” “Research Scholars,” “Professors,” and “Short Term Scholars” Sponsored Under the UT Southwestern Exchange Visitor Visa Program

Purpose of Policy:

Ensure J-1/J-2 visa holders sponsored by UT Southwestern maintain health insurance and medical evacuation and repatriation insurance that meets State Department regulations and is compliant with the Affordable Care Act.

Summary of the Requirement:

The U.S. Department of State J-1 Exchange Visitor regulations require that all J-1 Exchange Visitors and their J-2 dependents maintain valid major Medical, Medical Evacuation, and Repatriation of Remains Insurance during the period of J status as outlined on the Form DS-2019. In 2015, the minimum mandatory insurance coverage amounts for each J-1 visa holder and J-2 dependent will increase in 2015 to:

1. Medical benefits of at least US\$100,000 per accident or illness
2. A deductible (the amount for which you are responsible) not to exceed US\$500 per accident or illness
3. Repatriation of remains coverage in the amount of US\$25,000
4. Expenses to cover medical evacuation of the visitor(s) to the home country in the amount of US\$50,000
5. Underwritten by an insurance corporation having a rating that meets Department of State requirements, Backed by the full faith and credit of the government of the exchange visitor’s home country, or part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor

NOTE: J-1 exchange visitors who meet rules of the Internal Revenue Service to be treated as U.S. residents for tax purposes may be subject to tax penalties unless they purchase health insurance that is compliant with the “Affordable Care Act.”

Willful failure to comply with this requirement will result in the termination of the exchange visitor’s program. To avoid termination of ‘J’ sponsorship, it is critical that this mandatory compliance requirement be met. Guidelines for meeting the requirement are provided below:

1. All J-1 visa holders and their J-2 dependents in the U.S. must purchase “medical evacuation and repatriation” coverage as indicated above.
2. All J-1 exchange visitors and their J-2 dependents in the U.S. must secure health insurance through one of the following options:
 - a. Employee health insurance benefits plan offered by UT Southwestern or an affiliated hospital*
 - b. UT System student and exchange visitor coverage offered through Academic Health Plans*

*These policies meet requirements of the “Affordable Care Act”