

**INVITING A J-1 VISITING SCHOLAR TO GMU**

SUB 1, Suite 4300, MS 4C3

Tel. (703) 993-2970; Fax (703) 993-2966

The J-1 Exchange Visitor Program operates under the auspices of the United States Department of State’s Bureau of Educational and Cultural Affairs. The purpose of the Exchange Visitor Program is to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges. George Mason University upholds the goals of the exchange visitor program by supporting activities that promote exchange and are of mutual benefit to both George Mason University and the exchange visitor. (Please read page 2 & 3**, “Important Information about the J-1 Immigrant status” prior to completing this form)**

## INSTRUCTIONS

1. Please complete ALL questions on the "DS-2019 Request Form" and return form and attachments to OIPS, SUB 1, Rm. 4300 (MS 4C3). Allow two weeks for preparing the immigration document. Visitor should allow 4-12 weeks (highly variable) for obtaining a visa at US embassy/consulate in home country.
2. Obtain signatures of responsible faculty member and Department Chair or Academic Dean
3. Attach Exchange Visitor’s Curriculum Vitae
4. Attach financial support documentation (see part C)
5. Attach copy of passport identification page
6. Attach English Language test report **or** signed documentation from an academic institution where the language of instruction is English, **or** a documented interview conducted by the sponsor (see part E)
7. Proof of J-1 and J-2 health insurance (for extension only)

**Purpose of this Request (Please check one)**

* New J-1 (for someone not currently in J-1 status), accompanied by \_\_\_\_\_\_(#) dependents
* Extend Mason-sponsored J-1 program, including \_\_\_\_\_\_\_\_\_\_(#) dependents

Did Exchage Visitor apply for a lawful permanent resident status or two-year home residency rule waiver? Yes\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

* Transfer to Mason J-1 program from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (current sponsor). Attach I-94 and DS-2019 copies.

**OIPS Responsibilities:**

Selection of J-1 program participants – OIPS screens prospective exchange visitors to ensure that

1. they are eligible for program participation
2. the program is suitable to the exchange visitor’s background, needs and experience
3. the exchange visitor possesses sufficient proficiency in the English language to participate in his or her program

**Department Responsibilities:**

1) Notify OIPS immediately of any cancellation or delay in start date of an Exchange Visitor (EV).

2) Ensure that the EV makes an appointment with OIPS within 15 days of the start date as listed on the DS2019 form. The purpose of the meeting is to validate the visitor’s SEVIS record, conduct health insurance verification, and to provide a personal orientation, both federal regulatory requirements. If the 15-day deadline passes and the SEVIS record is not validated, SEVIS automatically cancels the Exchange Visitor’s permission to remain in the US.

3) Provide overall guidance to participants to enable the EV to complete their objective, experience the life and culture of the US, share aspects of their home culture with Americans, and to return home upon completion of their program.

4) Remind the EV that there is a mandatory health insurance requirement in order to maintain J-1 status. OIPS verifies compliance with this requirement and can provide information about policies that meet the regulatory requirement. (Note that the University provides insurance coverage only to those who have paid positions with benefits.)

5)Federal regulations require J- 1 program sponsors to “inform the Department of State promptly of any serious problem or controversy which could be expected to bring the Department of State or the sponsor's exchange visitor program into notoriety or disrepute.” Should such a problem or controversy arise with an exchange visitor in a J-1 sponsoring unit at GMU, the department must notify OIPS immediately so that OIPS can contact the Department of State in a timely manner, as required.

**Please provide contact information below. OIPS will call you when the DS-2019 is**

**ready to pick up for express mailing. Otherwise, the form will be sent via U.S.**

**mail to the Exchange Visitor’s address below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**(Dept. contact name - please print) (Email) (Tel. no.)**

**Date submitted to OIPS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exchange Visitor’s complete mailing address: (please print)**

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* **Department Will Pick Up and Mail**
* **Fedex from OIPS (attach Fedex airbill with your account number)**
* **Eship Global Slip Has Been Generated for mailing**

**\*\* To generate a Fedex Slip Using your credit card number. Register for an account:**

[**https://oips.gmu.edu/shipping-options/**](https://oips.gmu.edu/shipping-options/)

#### IMPORTANT INFORMATION ABOUT J-1 IMMIGRATION STATUS

The J-1 Exchange Visitor Program is intended to promote the interchange of persons,

knowledge, skills, and developments in the field of education, the arts, and sciences;

and to promote mutual understanding between the United States and the people of

other countries. This program is administered by the Department of State. George

Mason University has been designated as an approved "sponsor" of the J-1 program.

The J-1 program is often used by departments desiring to bring professors and

researchers to GMU for a limited period of time. George Mason is not authorized to sponsor interns. Individuals sponsored in the scholar or professor category must document credentials equivalent to faculty. The only exception is for those who are doctoral students in the dissertation phase at their home institutions.

The immigration form that is used to enter the U.S. as a J-1 Exchange Visitor is called a form DS-2019. **Before offering a position to a foreign national, it is strongly recommended that you consult with an Exchange Visitor advisor in OIPS (703 993-2970).**

**Time limitations**: The total time allowed in J-1 scholar status (PROFESSOR, RESEARCH SCHOLAR) is five years. However, forms can only be generated for three years, with the possibility of a two-year extension. SHORT-TERM SCHOLARS have a maximum of six months. There is a twelve-month bar on program participation as a "professor" or "research scholar" for people that held J immigration status during any portion of the twelve-month period immediately preceding the beginning date on the Form DS-2019. An exemption to the 12-month bar for is granted to J-1s who participated in an exchange visitor program for *six months or less*, or who came as a Short-Term Scholar.

**J-1 Program Extensions**: The J-1 Responsible Officer has the discretion to extend a participant's program to its maximum regulatory duration, that is, to the limit imposed by the regulations specific to a program category or to a program sponsor's designation. A new Form DS-2019 reflecting the extension is issued to the participant.

Extensions beyond the maximum program duration are allowed in some program categories for exceptional or unusual circumstances, with approval from the Department of State. To obtain approval for such extensions, the Responsible Officer (Exchange Visitor advisor in OIPS) must submit a written request that justifies the petition and provides supporting documentation to the Department of State on behalf of the participant. The request must be accompanied by a nonrefundable fee of $198 payable to the U.S. Department of State.

**Changing Categories**: The J-1 Exchange Visitor is **not eligible to change J-1 categories**, i.e. from "scholar" to "student". The scholar is admitted to the U.S. for the sole purpose of carrying out the program stated on the DS-2019 form.

**Accompanying Dependents**: Exchange Visitors may request DS-2019 forms for accompanying dependents by documenting the funding to support them while in the US. Note that the medical insurance requirement applies equally to J-2 dependents, who also forfeit their legal status if they do not hold insurance that complies with published federal regulations. The eligibility for a J-2 dependent to enter, and remain in, the United States derives from the legal stay of the J-1 principal participant; therefore the J-1 Exchange Visitor may not travel outside the US while the J-2 dependent remains here. An Exchange Visitor who wishes to travel outside the US for a brief period, typically for reasons associated with his or her J-1 program, should consult with the Exchange Visitor advisor in OIPS.

**2-Year Home Residency Requirement**: J-1 visa holders (and dependents) are subject to the 2-year home residency requirement under the following conditions:

1. if the scholar's financial support comes totally or in part from the U.S. government, international organizations, or the scholar's home government,
2. if the scholar's country and skills are specifically listed on the "Skills List" (countries where persons with specialized skills are in short supply),
3. if the scholar is a medical trainee.

**Medical Insurance Requirement**: The Exchange Visitor is required to have **medical insurance** in effect for him/herself and all accompanying family members from the very first to the very last day in the US. Failure to comply with this requirement may lead to termination of the program.

Providing Support to the J-1 exchange visitor: The faculty member who signs the DS-2019 form as the primary responsible party plays an extremely important role in the success of the J-1 program at Mason, with respect to both academic/professional development as well as cultural exchange. To the greatest extent possible, the Exchange Visitor (and dependents where possible) should be invited and included in activities where cultural learning can occur. One of the first challenges for most EV’s is the search for housing. OIPS can refer EV’s to online resources but we do not provide personal assistance with the details of finding housing, arranging utilities, assisting dependents with school registration, and the like.

### DS-2019 REQUEST FORM

The information on this REQUEST FORM will be used to enter the Exchange Visitor in the Student and Exchange Visitor Information System (SEVIS) and prepare an official immigration document "Certificate of Eligibility for Exchange Visitor (J-1) Status" for the Exchange Visitor. Legible writing is therefore essential.

**Part A: BIOGRAPHICAL INFORMATION**

***All information is REQUIRED.*** *Please make sure that the spelling of the scholar's name on this form is correct and matches the spelling used in their passport.*

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Name First Name Middle Name**

**2. \_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_ Female**

**3. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*month/day/year*

**4. City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Country of Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

8. Occupation in home country (please provide position title, place of employment and describe type of employment, if known). For students in the dissertation phase of doctoral studies, “Graduate Student” is an appropriate position.

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9. If a spouse and/or children will accompany the exchange visitor, the following information is mandatory for each dependent (list on separate page):

* Name of Dependent (LAST NAME, first name, middle name)
* Relationship to J-1 (e.g. spouse, child)
* Gender
* Date of Birth
* City of Birth
* Country of Birth
* Country of Citizenship
* Country of Legal Permanent Residence (usually same as country of citizenship)

**Part B: POSITION INFORMATION at GEORGE MASON**

**1. Specify academic field and type of research, training or professional activity to be conducted at GMU, as well as a description of the proposed activity. This information will be entered on the Form DS-2019:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Provide actual location/address of the work to be conducted while on this J-1 program. If the location is not on one of the Mason campuses, please describe the relationship between the off-campus location and the GMU Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. Category of Exchange Visitor (please read and choose carefully):**

\_\_\_\_\_\_ **Short-term Scholar**: A professor, research scholar, specialist, or a person with

similar education or accomplishments coming to the United States on a short-term visit

for the purpose of lecturing, observing, consulting, training, or demonstrating special

skills at research institutions. May engage in collaborative research. **This is an ideal**

**category for programs and visits of short-term duration lasting anywhere from**

**one day to a maximum of six months. No program extensions will be considered.**

\_\_\_\_\_\_ **Research Scholar**: An individual primarily conducting research, observing or consulting in connection with a research project. The research scholar may also teach or lecture, if allowed. 5 years maximum.

\_\_\_\_\_\_ **Professor**: An individual primarily teaching, lecturing, observing, or consulting. A professor may also conduct research, if allowed. 5 years maximum.

**4. Period of Appointment at GMU: (list complete dates, not to exceed 36 months)**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**mm/dd/yyyy mm/dd/yyyy**

**5. If the visitor is already in the U.S., please enclose a photocopy of the current immigration document and U.S. entry visa. The exchange visitor category and subject/field of research and teaching must remain the same to transfer J-1 programs. If the visitor is currently in J-1 status, please complete the following items below:**

Location of Current J-1 Program (name of institution, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date of Current J-1 Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Is this person an alien physician? \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no**

**If yes, a certification statement must be completed (see sample in Appendix A) and submitted to OIPS with this form. If there is no patient care or if the patient contact is only incidental, the physician is not required to pass special medical or English language exams. However, written confirmation using prescribed language must accompany the Form DS-2019. For more information call OIPS.**

**7. Has this person ever been to GMU before this visit? \_\_\_\_\_ yes \_\_\_\_\_ no**

If so, in what capacity/visa type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. tourist, student, etc.)

Dates of visit, if known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Within the last 24 months, has this person held J status as a Research Scholar or Professor? If yes, specify the dates and list all sponsors.**

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**Part C: FINANCIAL INFORMATION**

A financial guarantee for J-1 Exchange Visitors is required by federal law before a form DS-2019 can be made. The minimum maintenance figures needed to meet basic living expenses (excluding health insurance) at GMU are:

**$1,800** per month**/$21,600** per year for J-1 visa holder with no dependents

**$ 600** additional per month**/$7,200** per year for spouse (J-2 visa holder)

**$ 400** additional per month**/$4,800** per year for each child (J-2 visa holder)

Requests that do not meet the minimum maintenance figure will not be processed. Funding can come from a combination of sources (GMU, personal funds, home government, home institution). Personal funds only do not qualify.

# Will the scholar be paid by GMU?

□ **Yes**, the scholar will be paid by GMU

Amount paid:

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(indicate per month/year/visit)

□ Check here if this is government money intended solely for the purpose of international educational exchange

□ **No**, the scholar will not be paid by GMU. Indicate source of funding if other than GMU.

Amount of outside funding:

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**

(indicate per month/year/visit)

Source of outside funding:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Check here if this is government money intended solely for the purpose of international educational exchange

**Documentation of outside funding must be attached to this DS-2019 Request Form.** (e.g. letter from company or university in home country stating financial support for the scholar; personal bank statement of funds, etc.)

**Part D: HEALTH INSURANCE INFORMATION**

**Will GMU provide health insurance benefits? \_\_\_\_\_ yes \_\_\_\_\_ no**

**If yes, please understand that this scholar will be required to select the health insurance offered that has a $500 or less deductible per accident or illness.**

**If no, OIPS will provide assistance to the scholar in finding a plan that will meet the J-1 requirements.**

**Part E: Verification of English Language Proficiency (ELP)**

**\* To be completed by the George Mason University faculty member who verified the English level:**

**State Department regulations 22CFR§62.10(a)(2)** Selection of exchange visitors. Sponsors must establish and utilize a method to screen and select prospective exchange visitors to ensure that the exchange visitor possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. **A sponsor must verify an applicant’s English language proficiency through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option.** The State Department has reminded sponsors to retain evidence of how they measured applicants’ English language proficiency so that it may be made available to the Department upon request.

Prospective Exchange Visitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please be sure name matches passport)*

This has been verified by *(please indicate one of the following three options):*

[ ] **Recognized English language test report**

Name of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(please attach score report)*

[ ] **Signed documentation from academic institution where language of instruction is English**

Name of academic institution or school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please attach)

[ ] **Through a documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option. Please describe (and sign below):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Evidence of the measurement of the applicant’s English language proficiency will be retained at the Office of International Programs and Services (OIPS) and will be available to the Department of State upon request.**

**I certify that the exchange visitor named above possesses sufficient proficiency in the English language to successfully participate in his or her program and to function on a day-to-day basis in the United States.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED SIGNATURES**

*REQUESTED BY:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print or type name of faculty member)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of faculty member) Date**

*APPROVED BY:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print or type name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of Dean or Director required) Date**

*DEPARTMENT/SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**APPENDIX A**

**FOR ALIEN PHYSICIANS COMING TO GEORGE MASON UNIVERSITY**

* **If the J-1 Exchange Visitor coming to George Mason University is an alien physician, and any incidental patient contact will be involved in the duties of the J-1 program**, a statement must be prepared and signed by the dean or dean’s designee. It will be attached to the Form DS-2019. The certification statement must contain these 5 points, verbatim:
  1. “The program in which (name of physician) will participate is predominantly involved with observation, consultation, teaching, or research.
  2. Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a US citizen or resident alien and who is licensed to practice medicine in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  3. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
  4. Any activities of the alien physician will conform fully with state licensing requirements and regulations for medical and health care professionals in the state in which the alien physician is pursuing the program.
  5. Any experience gained in this program will not be creditable toward any clinical requirements for medical specialty board certification.”
* **If NO patient care is involved in the alien physician’s duties,** a certification statement must be prepared, signed by the RO/ARO (Director or Assistant Director in OIPS), and attached to the Form DS-2019, stating:

“This certifies that the program in which (name of physician) is to be engaged is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved.”