

Documents Needed from Prospective “Transitional Scholar” (Job Code 0811) to Request J-1 Visa Sponsorship

Please complete all 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 (OIA) 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 with English translation, if needed
- A “credential equivalency evaluation” of highest foreign university degree to establish the equivalent U.S. academic degree. (See enclosed list of agencies that will prepare this evaluation.)

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 III—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): _____

SECTION IV—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: _____

MANDATORY INSURANCE COVERAGE

I agree to buy "medical evacuation and repatriation of remains" 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 medical evacuation and repatriation 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: <input type="checkbox"/> Will be purchased on arrival in U.S. <input type="checkbox"/> 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: <input type="checkbox"/> Will be purchased on arrival in U.S. <input type="checkbox"/> 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: <input type="checkbox"/> Will be purchased on arrival in U.S. <input type="checkbox"/> 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: <input type="checkbox"/> Will be purchased on arrival in U.S. <input type="checkbox"/> 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 “Research 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. The minimum mandatory insurance coverage amounts for each J-1 visa holder and J-2 dependent is:

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”