INFORMATION ABOUT UAB’S FOREIGN STAFF APPOINTMENT FORM

Exchange Visitor Program. The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and to return home to share their experiences. (Federal Register 58, 52, p.15196).

NOTE: J-1 Exchange Visitor Status is only appropriate for a non-U.S. citizen who is coming to UAB temporarily. If the person wishes to come here permanently, then efforts should be made to obtain an immigrant (Permanent Resident) visa. ISSS has information about obtaining immigrant status.

Purpose of this form: This form gives the UAB International Scholar and Student Services (ISSS) the information it needs to complete a Certificate of Eligibility (DS-2019) for a non-U.S. citizen wishing to obtain a J-1 visa to enter the U.S. as a participant in our Exchange Visitor Program. A DS-2019 is the document needed to obtain an Exchange Visitor visa from the U.S. Embassy/Consulate in the visitor’s country. The visa then enables the visitor to enter the U.S. If the visitor is already in the U.S. in J-1 status, please contact ISSS for further instructions.

Besides enabling a prospective Exchange Visitor to obtain a visa, the DS-2019 also provides the U.S. government with important program information for tracking and monitoring purposes. Furthermore, it allows the U.S. Consul who issues the visa to determine whether the Exchange Visitor is subject to the "Two-year Foreign Residence Requirement" (Section 212(e) of the Immigration and Nationality Act, as amended.) According to that requirement, Exchange Visitors in the following categories must return to and remain for two years in their country of nationality (or last permanent residence) before applying for permanent residence in the U.S. or for a temporary worker (H) or intracompany transferee (L) visa: 1) those receiving financial support from the U.S. or a foreign government; 2) those whose skill has been listed by their country of nationality (or last permanent residence) as one in short supply there; or, 3) those who are foreign medical graduates coming to the U.S. for graduate medical education or training. Waivers of the provision can sometimes be obtained, but only with difficulty.

There are limitations on the stays of Exchange Visitors (except students). Short term scholars may stay for a maximum six (6) month period. Professors and Research Scholars may stay for a maximum of five (5) years. Consult ISSS for more information.

INSTRUCTIONS: Please provide all the information requested on the form and all necessary documents (indicated on the bottom of page 3 in bold type). Without this information, the DS-2019 cannot be properly completed. All incomplete forms will be returned to the sponsoring departments.

If the prospective Exchange Visitor will be accompanied by dependents, you must provide as much information as possible in Section II of the Foreign Staff Appointment Form. We are required to include this information on the DS-2019 to request J-2 visas for dependents. Dependents will not be able to secure a J-2 visa without it.

If the Exchange Visitor is already in the U.S., Part A must be completed. This information is required to determine whether or not the Exchange Visitor is eligible for an extension of stay and/or appointment to our J Program.

If the prospective Exchange Visitor is a foreign medical graduate, the Foreign Staff Appointment Form must be accompanied by the Supplement for Foreign Medical Graduates, attached with this form. Please note: the UAB J-1 Exchange Visitor Program is not intended for persons wishing to pursue medical training. The Educational Commission for Foreign Medical Graduates (ECFMG) is the only sponsoring agency that can issue a DS-2019 for a foreign medical graduate who wants to pursue medical training. Under no circumstances should an exchange visitor, whose objective is to pursue medical training, enter the U.S. on UAB’s J-1 program as a researcher/scholar. In most cases, the Department of State will not grant a favorable response to a change of sponsorship from J-1 scholar to J-1 medical trainee. Such a change in category is seen as a change in educational objective and is inconsistent with the purpose of the J-1 Exchange Visitor Program.

The Foreign Staff Appointment Form must be signed by both the department chair and faculty member responsible for inviting the scholar to UAB. We urge you to return the Foreign Staff Appointment Form to ISSS at least one month before the proposed arrival date so that the prospective Exchange Visitor is not delayed in getting a J-1 visa. Return the Foreign Staff Appointment Form and all appropriate supplementary forms and documentation to: Helen Dolive, Alternate Responsible Officer, International Scholar and Student Services, 250 HUC, 1400 University Boulevard, Birmingham, AL 35294-1150.
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Foreign Staff Appointment Form

For use in obtaining a Certificate of Eligibility (DS-2019) for Exchange Visitor (J-1) Status at UAB.
(Please read instructions before completing the form.)

SECTION I.

APPOINTEE’S NAME: ________________________________ (Family name) ________________________________ (First name) □ Male □ Female

DATE OF BIRTH: ___/___/____ PLACE OF BIRTH: ________________________________

M D Y City Country

COUNTRY OF CITIZENSHIP: ________________________________

COUNTRY OF PERMANENT RESIDENCE: ________________________________ (If different from above)

POSITION/OCCUPATION IN HOME COUNTRY: ________________________________

PRESENT MAILING ADDRESS OF APPOINTEE: ________________________________

FAX NUMBER: ________________________________ EMAIL ADDRESS: ________________________________

Part A.
Is the appointee currently at another U.S. institution in Exchange Visitor (J-1) status?
□ Yes ☐ No (If yes, attach copies of previous immigration documents, i.e. IAP-66’s, I-94 card-both sides, etc.)

Address & Phone Number of current institution: ________________________________

Has the scholar been in the United States in the last 12 months?
□ Yes ☐ No (If yes, please provide details)

Will any dependents accompany the Exchange Visitor? □ Yes ☐ No
If yes, please complete the next section. If no, go to SECTION III.

SECTION II. (For dependents accompanying the Exchange Visitor)

Full name of spouse (as it appears on passport): ________________________________ (Family Name) ________________________________ (Given Name)

Date of Birth: ___/___/____ Place of Birth: ________________________________

M D Y City Country

Country of Citizenship: ________________________________

Full name of child(as it appears on passport): ________________________________ (Family Name) ________________________________ (Given Name)

Male □ Female ☐

Date of Birth: ___/___/____ Place of Birth: ________________________________

M D Y City Country

Country of Citizenship: ________________________________

(Please attach an additional page, if needed, for more dependent information)
SECTION III.

Starting and Ending Dates of Appointment (Professor/Researcher is initially limited to 3 years)

From: / / To: / / 
M D Y M D Y

This Exchange Visitor will: Teach and/or do research: Be a student: Other (specify)

Please provide a full description of the specific activity in which the Exchange Visitor will be engaged, including the title of the position (attach additional pages as needed):

__________________________________________

__________________________________________

__________________________________________

Will the UAB department pay for the scholar's health insurance? Yes No. If no, does the scholar intend to purchase UAB Student health insurance? Yes No

Please give the amount of financial support the Visitor will receive from each of the following sources (give the total amount of funds per year, even if it is an estimate.) Scholars must be able to show at least $2000 per month in funding. If using personal funds, an additional $3000 per year must be shown for each dependent.

SECTION IV.

SOURCE OF SUPPORT (*For 2,3,4,5,6 and 7, provide PROOF of these funds) AMOUNT

1. _____ UAB (i.e. on the UAB payroll, even if funds come from a federal agency) $ _______________

*2. _____ U.S. Government agency, paying the Exchange Visitor directly (specify) $ _______________

*3. _____ International agency organization (specify) $ _______________

*4. _____ Exchange Visitor's government $ _______________

*5. _____ Bi-National Commission of the Visitor's Country $ _______________

*6. _____ Other organizations providing support (specify) $ _______________

*7. _____ Visitor's personal funds (bank statement, letter, etc.) $ _______________

I accept responsibility for the accuracy of the information on this form, for sponsoring the scholar at the University of Alabama at Birmingham, and for reporting to the International Scholar and Student Services the termination and/or departure of the scholar from the University. In addition, I have confirmed that the Exchange Visitor possesses sufficient proficiency in the English language to participate in his or her program here at UAB.

Authorized by: ____________________________ Authorized by: ____________________________

Signature of Department Chair Signature of Faculty Sponsor

Name (print): ____________________________ Name (print): ____________________________

School: ____________________________ School: ____________________________

Department: ____________________________ Department: ____________________________

Division: ____________________________ Division: ____________________________

Campus Mailing Address: ____________________________ Campus Mailing Address: ____________________________

Campus Zip #: ____________________________ Campus Zip #: ____________________________

Telephone Number: ____________________________ Fax: ____________________________

Date: ____________________________ Email: ____________________________

PLEASE ATTACH A COPY OF THE EXCHANGE VISITOR'S CURRICULUM VITAE/RESUME, A LETTER OF INVITATION OR OFFER OF EMPLOYMENT FROM YOUR DEPARTMENT, AND A COPY OF THE BIOGRAPHICAL INFORMATION PAGE OF THE VISITOR'S PASSPORT.
FOREIGN STAFF APPOINTMENT FORM SUPPLEMENT FOR FOREIGN MEDICAL GRADUATES (FMG’S)

Explanation: The University of Alabama at Birmingham (through the International Scholar and Student Services) can issue a DS-2019 (Certificate of Eligibility for Exchange Visitor) to foreign medical graduates (FMG’s) who are coming to the University for a program involving observation, consultation, teaching and research. UAB cannot issue a DS-2019 to an FMG who will have responsibility for patient care. Nor can UAB issue a DS-2019 to an FMG who is coming to the U.S. for graduate medical education or training. Such individuals obtain their DS-2019’s through the Educational Commission for Foreign Medical Graduates (ECFMG). Information about ECFMG is available from ISSS.

A “foreign medical graduate” is defined for these purposes as “an alien who has graduated from a medical school in a foreign state or who has qualified to practice medicine in a foreign state, unless the doctor is deemed to be of national or international renown in the medical profession.”

Purpose of this form: The purpose of this form is to supply additional information that is needed in the case of FMG’s who are to be issued DS-2019’s from UAB. (This form, once completed, accompanies the Foreign Staff Appointment Form, according to the instructions below.)

FMG’s Name: ____________________________

Will this physician’s program of “observation, consultation, teaching or research” have any element of patient care?  _____Yes  _____No

If you checked “No,” sign and date this form and send it, along with the completed Foreign Staff Appointment Form, to Helen Dolive, HUC 250. She will prepare the DS-2019 and contact your department so it can be mailed to the FMG.

If you checked “Yes,” you must certify, by signing this form, the following points:

1. The program in which the physician will participate is predominantly involved with 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 U.S. citizen or resident alien and who is licensed to practice medicine in the State of Alabama.

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 the State licensing requirements and regulations for medical and health care professions in Alabama.

5. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

If, by your signature, you are certifying that the preceding five points are true in the case of the FMG you wish to appoint, send this form, along with the completed Foreign Staff Appointment Form, to Jane Lucas, FOT 1203. The Dean’s office will prepare a letter which certifies that the above five points are correct, and will forward the letter and the Foreign Staff Appointment Form to Helen Dolive, who will prepare the DS-2019 and contact your department so it can be mailed to the FMG. Please note: A FMG under UAB’s J-1 program is not eligible to apply for a limited license from the state.

If the FMG is involved in more than “incidental” patient care as defined by the above five points, s/he cannot come to UAB’s J-Program. Consult with ISSS to see if there may be other visa options available.

Certification: I certify that the information I have supplied is correct. I understand the restrictions explained above concerning FMG’s and patient care.

Signature of Dept. Chair ____________________ Date ____________

NOTE: All quotations in this form are from Title 22 of the Code of Federal Regulations, part 514, as amended. Questions about any of this can be directed to ISSS, 934-3328.