

UNIVERSITY of HOUSTON

INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE

Student Center North, Room N203, Houston, TX 77204-3024 Phone: (713) 743-5065 Fax: (713) 743-5079 <http://uh.edu/oisss>

J-1 STUDENT INTERN DS-2019 REQUEST FORM

The following information must be FULLY COMPLETED by the applicant, current home country academic institution and UH department.

Part I.

Personal Information (Attach a copy of passport biographic page)

1. Family name (Last Name)	Given name (First Name)	2. Sex Female Male	3. Date of Birth(mm/dd/yy)
4. City of Birth	5. Country of Birth	6(a) Country of Citizenship:	(b)Country of legal Permanent Residence:
7. U.S. address if known: (including zip code)	Foreign address:	Phone number:	Email:
8. (a). What program are you currently enrolled in your home country: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> PhD. (b). Name of the academic institution you are currently enrolled in your home country: _____ Is it accredited at your country's national level: <input type="checkbox"/> YES <input type="checkbox"/> NO	9. Have you previously taken part in a J-1 student internship program in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, DS-2019 dates: _____ (Please attach copies of your previous DS-2019 forms) "I will return to my academic program at my home institution and fulfill the degree requirements after my completion of this internship program" Signature of the student: _____ Date: _____	10. Approval Signature of Dean or Academic Advisor at your home institution: "The above student is in good academic standing. The student has verifiable English language skills sufficient to function on a day-to-day basis in the internship environment. I approve this student to participate in the paid or unpaid internship program" Name: _____ Email Address: _____ Signature: _____ Date: _____	

Part II.

Dependent(s) Information (Please complete if dependents will come on J-2 visa(s) and attach a copy of passport biographic page for each one)

	Dependent 1	Dependent 2	Dependent 3
Full name(Family name, Given name):			
Relationship to J-1			
Birth Date (mm/dd/yy)			
Birth City			
Birth Country			
Citizenship			
Country of legal permanent residence			
Email address if age is 18 or older			

*Please use additional page if needed for more dependents

Part III. (Skip to part IV if this request is for a DS-2019 program extension or transfer a J-1 from another U.S. institution)

English Proficiency

English Proficiency is required by federal law. Does the prospective J-1 exchange visitor have sufficient English language skills to function on a day-to-day basis? Yes No

UH departments should provide ISSS with documentation using one of the following measurements:

- A recognized English Language test (attach a score report); OR
- Signed documentation from an academic institution of English language school (attach a copy of the grade document).OR
- Conducted in-person interview on _____ (date) by _____ (faculty/staff name) or by videoconferencing on _____ (date) by _____ (faculty/staff name).

The listed above measurements are exempt if the J-1 exchange visitor has obtained a secondary school degree or higher from a country where English is spoken as the native language:

Country: _____ Degree: _____

Program Information

11. DS-7002 needs to be completed by the department. Attach the completed DS-7002 Form.
 12. Indicate program dates to be covered by the form DS-2019 (The period of stay should NOT exceed one semester):

From _____ To _____
 (month/day/year) (month/day/year)

(Visa process may take minimum 4-6 weeks, please consider a feasible start day)

13. Brief description of **primary** educational activity and duties in which the Exchange Visitor will be engaged:

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Will the activity involve direct patient care? Yes No
 (UH sponsored J-1's cannot participate in any clinical activities involving direct patient care.)

14. Financial obligation of UH to the visitor for the period listed in Item #12:

Stipend per month (\$): _____ + Other (\$): _____ =ANNUAL TOTAL: _____

15. Financial support from person/organization OTHER THAN UH. Please specify name, amount of support, supporting documents via official letter or Affidavit of Support (Form I-134).

DOCUMENTS MUST BE IN ENGLISH AND SUPPORT AMOUNT IN U.S. DOLLARS:

Name: _____ Dollar amount total (\$): _____

The category of support is: Government Private

16. The U.S. State Department requires ALL J-1 and J-2 visa holders to have medical insurance. Medical insurance usually does not cover pre-existing conditions such as pregnancy, illness, or other pre-existing conditions. Most policies require dependents to be covered upon arrival, or within 30 days of arrival in the U.S. The J-1 should make arrangements for continual coverage in the U.S. that meets the U.S. Code of Federal Regulations minimum requirements. Therefore, please complete the following:

HEALTH INSURANCE for individuals listed in Part I and Part II of this form will be provided by:

Employee Benefits Eligible Plan from the University of Houston

Another organization or by the individual listed in Part I

NOTE: Failure of an exchange visitor and accompanying dependents to maintain health insurance may lead to the termination of the exchange visitor's program.

- 17.

College/Department Name:	Address:	Mail Code:
Contact Person when the request is ready. Name:	Phone number:	Email:
Name of Supervisor For the J-1:	Phone number:	Email:

18. I certify that the information on this form is correct to the best of the department's knowledge. I also certify that the attached Training/Internship Plan is approved and that:

1. Sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training/internship program;
2. Continuous on-site supervision and mentoring of interns will be provided by experienced and knowledgeable staff;
3. Interns will obtain skills, knowledge, and competencies through structured and guided activities such as classroom training, seminars, rotation through several departments, on-the – job training, attendance at conferences, and similar learning experiences, as appropriate in specific circumstances;
4. Interns will not displace full- or part-time or temporary or permanent American workers or serve to fill a labor need, and the positions that interns fill exist solely to assist them in achieving the objectives of their participation in internship programs.

Name of Dean or Chairman: _____

Signature of Dean or Chairman: _____ Date: _____

CHECKLIST (Before submitting this request, be sure you have all required documents):

- _____ Completed and signed DS - 2019 Request Form
- _____ Passport biographic page for scholar and any dependents
- _____ Documentation of English Proficiency Requirement
 - Certificate or
 - Test scores or
 - Documented in person or video conferencing interview
- _____ HR Approval Signature (UH Staff)
- _____ Official documentation of financial support in English and in U.S. dollar amounts (exchange visitor-\$1220 per month and each dependent - \$5075 per year)
- _____ Verify program dates
- _____ Payment of \$160

Important Note: U.S. Department of State does not allow for a copy of DS-2019 Form to be sent through any electronic means.

When completed, the department submits \$160 either by an SCVoucher along with the scanned DS-2019 Request Form and DS-7002, or in person, or mail a check payable to the University of Houston to ISSS along with the DS-2019 Request Form and DS-7002. Please see our address listed in the header of the form. Please allow us at least 5 business days to complete the request. We will call your office when it is ready for pickup. For questions please call extension 35065.



TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: PARTICIPANT INFORMATION

Trainee/Intern Name (Family Name, First Name, Middle Name)		E-mail Address
[Redacted]		[Redacted]
Select One:	Current Field of Study or Profession	If Professional, Number of Years Experience in Field
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy) From To

SECTION 2: SITE OF ACTIVITY INFORMATION

Name of Supervisor (Last, First, MI)		Title
[Redacted]		[Redacted]
E-mail Address		Telephone Number
Host Organization Name		Street Address of Training/Internship Site Suite
City	State	ZIP Code Website
Employer ID Number (EIN)	Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____ per _____
Does your organization have a Worker's Compensation (WC) policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____		Will your WC Policy cover the intern/trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Full-Time Employees	Annual Revenue <input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More	

SECTION 3: CONTRACT AGREEMENT

Trainee/Intern - I certify the following:

- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
- That I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in the T/IPP, and not to simply engage in labor or work in the United States.
- That I will contact the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest possible opportunity if I believe that my Sponsor or Supervisor is not providing me with a legitimate internship or training, as delineated on my T/IPP.
- I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.

Signature of Trainee/Intern _____

Printed Name of Trainee/Intern _____ Date (mm-dd-yyyy) _____

Supervisor - I certify the following:

- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP).
- I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).
- That Trainees and Interns will not displace full- or part-time, seasonal or permanent American workers, or serve to fill a labor need.
- I will conduct the required periodic evaluations of this trainee/intern.
- I will notify the designated Sponsor contact regarding any concerns about, changes in, or deviations from the T/IPP at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization, or changes in rotational assignments.
- I will notify the Sponsor in the event of an emergency involving a Trainee or Intern, as well as any information that I receive about the Trainee or Intern that might represent a possible threat to their safety, security, welfare, or general well-being.
- I will notify the Sponsor in the event I receive any information regarding the Trainee or Intern that might be a cause of embarrassment or disgrace to the Department of State or the Exchange Visitor Program, to include, but not limited to, arrest, or engagement in illegal or immoral activities.
- That I am participating in this Exchange Visitor Program in order to provide the above listed individual with training or an internship as delineated in the T/IPP, and not to simply to engage this individual in labor.
- I understand that any on-the-job training or internship that the Trainee or Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.).

10. That I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training or internship delineated on their T/IPP.

11. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.

Signature of Supervisor _____

Printed Name of Supervisor _____

Date (mm-dd-yyyy) _____

Sponsor - I certify as the sponsor that the attached Training/Internship Plan is approved and that:

1. I hereby acknowledge that I have reviewed, understand, and will ensure that the Supervisor follows this Training/Internship Placement Plan (T/IPP) regarding the above listed Trainee or Intern.

2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).

3. I have confirmed with the Supervisor/Host Organization Representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program.

4. I have confirmed with the Supervisor that continuous on-site supervision and mentoring of Trainees and Interns will be provided by experienced and knowledgeable staff.

5. I have verified with the Supervisor that Trainees or Interns will obtain skills, knowledge, competencies through the structured and guided activities listed in the T/IPP, and will include activities such as classroom training, seminars, rotation through several different departments, attendance at conference, and similar learning experiences.

6. That Trainees or Interns will not displace full-, part-time, temporary, or permanent American workers, or serve to fill a labor need. I also acknowledge that the positions Trainees and Interns fill exist solely to assist them in achieving the objectives listed in the T/IPP, and not as sources of labor.

7. That training or internships in the field of agriculture meets all of the requirements of the Fair Labor standards Act, as amended (29 U.S.C. § 201 et seq.) and the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. § 1801 et seq.).

8. I will notify the designated Department of State, Bureau of Educational and Cultural Affairs (ECA) contact regarding any concerns about, changes in, or deviations from the Training/Internship Placement Plan at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization.

9. I will notify the designated Department of State, ECA contact in the event of an emergency involving a Trainee or Intern, as well as any information that I receive about the Trainee or Intern that might represent a possible threat to their safety, security, welfare, or general well-being.

10. I will notify the designated Department of State, ECA contact in the event I receive any information regarding the Trainee or Intern that might be a cause of embarrassment or disgrace to the Department of State or the Exchange Visitor Program, to include, but not limited to, arrest, or engagement in illegal or immoral activities.

11. That I am participating in this Exchange Visitor Program so that the above listed individual receives training or an internship as delineated in the T/IPP, and not simply to provide the Supervisor or Host Organization with a source of labor.

12. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.

Signature of Responsible Officer or Alternate Responsible Officer _____

Printed Name of Responsible Officer or Alternate Responsible Officer _____

Date (mm-dd-yyyy) _____

Name of Sponsor Organization _____

Program Number _____

SECTION 4: TRAINING/INTERNSHIP PLACEMENT PLAN

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (*e.g. classes, individual instruction, shadowing, etc.*). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 2 and 3 must be completed for each phase if applicable (*e.g.; if the trainee/intern is rotating through different departments*).

Trainee/Intern Name (<i>Family Name, First Name, Middle Name</i>)			Field of Training/Internship
[Redacted]			

Name of Phase	Start Date for this Phase (<i>mm-dd-yyyy</i>)	End Date for this Phase (<i>mm-dd-yyyy</i>)	Phase _____ of _____
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Brief Description of Trainee/Intern's Role for this Phase

Specific Goals and Objectives for this Phase

Knowledge, Skills, or Techniques to be Imparted During this Phase.

1.) What specific knowledge, skills or techniques will be learned?

2.) What plans are in place for the trainee/intern to participate in American cultural activities?

How, specifically, will these knowledge, skills or techniques be taught? Include the Specific Tasks and Activities to be Completed for this Phase (Interns) or Methodology of training and Chronology/Syllabus for this Phase (Trainees).

Methods of Supervision. Who will provide daily supervision of the trainee or intern and what are their qualifications to impart the planned learning during this phase?

Methods of Performance Evaluation. How will the trainee or intern's acquisition of new skills and competencies be measured during this phase?

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (*the Fulbright-Hays Act*)(22 U.S.C. 2452) which provides for the administration of the Exchange Visitor Program (*J visa*).

PURPOSE: The information solicited on this form is necessary to provide clarity of training and intern programs offered to foreign nationals by United States entities designated by the Department of State to conduct exchange visitor programs, for general statistical use within the Department of State, and to enable the Department of State to effectively administer the trainee and intern categories of the Exchange Visitor Program. Failure to provide the information requested on this form may result in non-participation in the Exchange Visitor Program.

ROUTINE USES: The information on this form may be used in reviewing complaints, in formulating statistical data on training and internships programs conducted under the Exchange Visitor Program, and may be shared with overseas counterpart offices of the Department of State to ensure proper administration of this Program for exchange purposes. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes.

PAPER WORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/EC, SA-5, Fifth Floor, U.S. Department of State, Washington, DC 20522.