



## WVHEPC J-1 Exchange Visitor Program

### J-1 EXCHANGE VISITOR INSTRUCTIONS WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION (HEPC)

#### GENERAL OVERVIEW

Attached you will find "Information About the Exchange Visitor" forms. **These forms are to be completed by the department and signed by the Department Head when requesting a DS-2019 for a J-1 exchange visitor.** The request should be forwarded to the Alternate Responsible Officer at the campus of the institution making the request. All pages should be completed fully and returned. **Please do not fax these forms.** We will only accept the original forms. Please make sure the activities/duties section clearly describes the activities for which the Exchange Visitor will participate. **YOU ARE URGED TO START THIS PROCESS EARLY!** No DS-2019 will be issued for a date already past, or for a date by which the Exchange Visitor cannot possibly arrive. The visa application process is very time consuming in many countries. You should start this process at least 90 days before you want the Exchange Visitor to start. **If the exchange visitor is not able to arrive in the U.S. and report to the Alternate Responsible Officer at the sponsoring institution within 30 days of the requested start date the DS-2019 becomes invalid. Instruct all Exchange Visitors and accompanying dependents to report to the Alternate Responsible Officer immediately upon arrival in the U.S.** All J-1 exchange visitors are required to pay a \$220 SEVIS fee prior to applying for the J-1 visa. Exchange visitors will be sent instructions on how to do this with their DS-2019.

#### EXCHANGE ACTIVITIES

The purpose of the West Virginia Higher Education Policy Commission's (HEPC) J-1 exchange visitor program is to provide courses of study, lecturing, and research opportunities in the various fields of instruction and research conducted by the HEPC for qualified international students, professors, research scholars, short-term scholars and specialists to promote the general interest of international educational and cultural exchange. Not everyone qualifies to be a J-1 exchange visitor. Below are the categories defined for which the HEPC is authorized.

- Student -** An international visitor coming to the U.S. to engage full-time in a degree program or a prescribed course of study (non-degree study). There is a 2 year maximum for non-degree students.
- Professor -** An international visitor coming to the U.S. primarily to teach/lecture (5 year maximum).
- Research Scholar -** An international visitor coming to the U.S. to engage primarily in research, observe or consult in conjunction with a research scholar (5 year maximum).
- Short-Term Scholar -** An international visitor coming to the U.S. for the purpose of lecturing, observing, consulting, training or demonstrating special skills for a period not to exceed 6 months.
- Specialist -** An international visitor who is an expert in a field of specialized knowledge or skill coming to the U.S. for observing, consulting, or demonstrating special skills (one year maximum).

**NOTE:** Exchange visitors in the Research Scholar or Professor categories who complete a program, regardless of the length, are prohibited from returning to the U.S. as a J-1 Professor or Research Scholar for 24 months. J-1 exchange visitors in the U.S. for more than 6 months in a category other than Professor or Research scholar are prohibited from returning to the U.S. as a Professor or Research Scholar for 12 months. This is important to keep in mind when the answer is "Yes" to Question #4 on the attached "Information About the Exchange Visitor" form.

## ENGLISH PROFICIENCY DOCUMENTATION

Any request for a J-1 Exchange Visitor must include documented proficiency in English. Exchange Visitors are required to demonstrate English proficiency at a level that the exchange visitor can perform their duties, navigate daily life in the U.S., and fully understand their responsibilities, rights and protections. Prospective Exchange Visitors can provide a recognized English language test score. Recognized test scores include: TOEFL-66; IELTS-6.0; PEARSON-46; Duolingo-95; Cambridge-C or higher; TOEIC-780; PETS-Grade 5 score. A transcript showing degree completion from an academic institution where English is the means of instruction is also acceptable.

For those who do not have one of these documents, the sponsoring department can conduct an interview in-person, or via videoconference or web camera. The sponsoring department must conduct the in-person interview or videoconference and write a letter certifying that the English proficiency is at level necessary to perform their duties and navigate daily life.

Research Scholars or professors whose native language is English do not have to provide documentation of verifiable English. The following countries/territories are considered English speaking for this purpose:

Anguilla; Antigua and Barbuda; Australia; Bahamas; Barbados; Belize, Bermuda; Botswana; Cameroon; Canada (except Quebec); Cayman Islands; Denmark; Dominica; Fiji; Finland; Gambia; Ghana; Gibraltar; Grenada; Guyana; Ireland; Jamaica; Kenya; Lesotho; Liberia; Malawi; Malta; Mauritius; Montserrat; Namibia; Netherlands; New Zealand; Nigeria; Norway; Papua New Guinea; Scotland; Seychelles; Sierra Leone; Singapore; Solomon Islands; South Africa; St. Kitts and Nevis; St. Lucia; St. Vincent and the Grenadines; Swaziland; Sweden; Tanzania; Tonga; Trinidad and Tobago; Turks and Caicos Islands; Uganda; United Kingdom; Vanuatu; Virgin Islands; Wales; Zambia; Zimbabwe.

### SAMPLE INTERVIEW/VIDEO CONFERENCE LETTER

To Whom It May Concern:

Re: \_\_\_\_\_ application as a visiting scholar at (insert institutional name)

On this day at about \_\_\_\_\_pm in West Virginia (\_\_\_\_ at \_\_\_\_am in \_\_\_\_\_, country), I conducted a Skype meeting to interview xxxxx's intention to apply for a visiting scholar position here. The entire interview was conducted in English and lasted about \_\_\_\_\_ minutes. Below is a summary of the discussions.

I asked the candidate to state <his/her> name, where \_\_\_\_ come and \_\_\_\_ occupation. \_\_\_\_ said \_\_\_\_ name is \_\_\_\_\_, lived and worked in \_\_\_\_\_ at \_\_\_\_\_. \_\_\_\_ also clearly expressed \_\_\_\_ research and teaching role as \_\_\_\_\_ and went on to describe the type of research that \_\_\_\_ does in \_\_\_\_\_. \_\_\_\_ also talked about the courses \_\_\_\_ taught and how busy \_\_\_\_ is now to get all the teaching work done before \_\_\_\_ is able to travel to USA as a visiting scholar.

I confirm that the communication with Dr. \_\_\_\_\_ was very smooth and I can clearly understand \_\_\_\_\_. Rarely did \_\_\_\_ or I have to repeat anything for clarity. \_\_\_\_ answers were succinct and clear. I believe that \_\_\_\_\_ has the English skills to successfully work in my laboratory and to navigate life in the U.S.

Sincerely,

Name, Title and Signature of Department Head

## FINANCIAL SUPPORT

No DS-2019 can be issued unless adequate financial support can be documented. **At a minimum**, an exchange visitor must have at least \$2,000 in monthly support (\$24,000 per year). Exchange Visitors wishing to bring family to the U.S. must show an additional \$6,000 (per year) for a spouse and \$3,000 (per year) for each child. Any support, including support coming from an HEPC institution, must be documented and **ATTACHED** to this request. The documentation must be originals (faxed copies will not be accepted). No DS-2019 will be issued without such documentation.

## INSURANCE REQUIREMENT

Your attention is called to the line marked insurance. **All Exchange Visitors must have proof of health and accident insurance coverage not only for the Exchange Visitor but for all accompanying family members.** This insurance must meet Department of State standards and amounts including coverage and benefits of \$100,000 per accident or illness, a deductible not in excess of \$500, repatriation of remains in the amount of \$25,000 and medical evacuation in the amount of \$50,000. The insurance policy must be underwritten by an insurance corporation having an A.M. Best rating of 'A' or above, an Insurance Solvency International, Ltd. (ISI) rating of 'A-1' or above, a Standard & Poor's Claims-paying ability rating of 'A-' or above, a Weiss Research, Inc. rating of B+ or above, a Fitch rating of A- or above, or a Moody's Investor Services rating of A3. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement. The department OR the Exchange Visitor must pay for this coverage. If the insurance requirement is not complied with, J-1 status will be revoked, and the Exchange Visitor will not be allowed to continue.

## TRANSFER EXCHANGE VISITORS

If an Exchange Visitor is transferring from another institution in the U.S. to an HEPC institution, **THE EXCHANGE VISITOR WILL NOT BE ALLOWED TO REPORT TO UNTIL HE/SHE HAS BEEN RELEASED TO TRANSFER FROM THE CURRENT INSTITUTION.** This can be accomplished by following the instructions in #4 on the attached "Information About the Exchange Visitor" forms. These transfer rules also apply if the exchange visitor is changing departments within the same HEPC institution or if the exchange visitor is changing institutions. He/she will need authorization (a new DS-2019) from the HEPC sponsoring institution. In transfer cases, the supervisor for the exchange visitor must write a letter explaining how the work can be considered a continuation of the work begun initially. Transferring from one exchange visitor program to another will not extend the Exchange Visitors stay beyond set time limits. Exchange visitors sponsored by a government agency cannot transfer from that government agency to an HEPC institution.

## EXTENSIONS

Any Exchange Visitor wanting an extension of stay beyond the original appointment must do so **prior to the expiration of the current DS-2019**. The "Information About the Exchange Visitor" forms must be delivered to the Alternate Responsible Officer at the HEPC host institution at least 3 days prior to the DS-2019 expiring. Proof of insurance (**insurance card and copy of the policy**) meeting the regulations must also be supplied at the time of extension for those not covered by University Benefits. The appropriate Alternate Responsible Officer will review the documents and schedule the exchange visitor for an appointment if everything is in order.

Exchange Visitors in the Professor or Research Scholar category have a maximum stay of five (5) years. Short-Term Scholars have a maximum stay of six (6) months. Specialists have a maximum stay of one year. Non-degree students have a maximum stay of (2) two years. Be sure that the Exchange Visitor has the amount of time you are requesting left.

## TWO YEAR HOME RESIDENCY REQUIREMENT

Many Exchange Visitors have a requirement to return to their HOME country for two years at the end of their approved stay. If subject to the requirement, an Exchange Visitor will not be able to change to another status within the U.S. until the requirement has been fulfilled or waived. Not all Exchange Visitors can obtain a waiver of the requirement. Instructions on obtaining a waiver of the requirement can be obtained from the UC International Services website. Standard processing time for a waiver is 12 months.

## **CHECK-IN/MANDATORY ORIENTATION**

All J-1 exchange visitors and accompanying dependents **MUST** report to the Alternate Responsible Officer upon arrival in the U.S. All J-1 exchange visitors are required to attend an orientation conducted by the Alternate Responsible Officer upon arrival. Topics to be covered include DHS and Department of State rules and regulations and other important information. The sponsoring department must ensure the Exchange Visitor attends orientation. Exchange Visitors will be informed of the orientation upon check-in with UC International Services.

## **NO PATIENT CONTACT LETTER**

HEPC does not have authorization to bring in physicians who will have direct patient contact including making a diagnosis or prescribing treatment. If you wish to invite someone who is a physician her/his home country, the following "no patient contact" letter must be typed on your letterhead and returned as part of this request. The letter must be signed by the Department Head.

### **SAMPLE NO PATIENT CONTACT LETTER**

To Whom It May Concern:

I write in support of the request of the (insert institutional name) Department of (your department's name) to receive sponsorship of a J-1 visa for (scholar's name), a citizen of (scholar's home country) to pursue research in (name of field in which scholar will do research). In keeping with this request, please be assured that:

- The program in which (scholar's name) will participate is predominantly involved with observation, consultation, teaching or research.
- Any incidental patient contact involving (scholar's name) 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 involved.
- (Scholar's name) will not be given final responsibility for the diagnosis and treatment of patients.
- Any activities of (scholar's name) will conform fully with licensing regulations for medical and health care professions in the states in which (scholar's name) is pursuing the program.
- Any experience gained in this program will not be creditable toward any clinical requirements for medical-specialty NBME certification.

Thank you for your assistance in this matter. Should there be any questions or concerns, please do not hesitate to contact me at (your phone # and email address).

Sincerely,

Name, Title and Signature of Department Head

## INFORMATION ABOUT THE EXCHANGE VISITOR

### 1. Personal Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female Marital Status: \_\_\_\_ Single \_\_\_\_ Married  
Month Day Year

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Position/Occupation in Home Country: \_\_\_\_\_

Mailing Address (house address): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Program Information: Proposed dates of program: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year Month Day Year

Activities/Duties: \_\_\_\_\_

\_\_\_\_\_

Funding Amount: \_\_\_\_\_ per \_\_\_\_\_ Source Funds\*: \_\_\_\_\_

\*If the exchange visitor will be employed by HEPC institution an original offer letter must be attached indicating duties and salary. All other sources of support (sponsorship letters, bank statements, etc.) must be attached in original form. **Faxed copies will not be accepted.**

Insurance coverage for Exchange Visitor and dependents provided by: \_\_\_\_ HEPC School \_\_\_\_ Exchange Visitor

Please indicate how the English Language Skills to participate have been evaluated:

\_\_\_\_ In-person or videoconference (letter detailing results of interview must be submitted)

\_\_\_\_ TOEFL; IELTS, PEARSON, DUOLINGO or other English score (score must be attached to this request)

\_\_\_\_ Received degree from a U.S. or English instruction institution (transcript must be attached)

\_\_\_\_ Exchange Visitor's native language is English

### 3. Category of Visitor (Check One):

\_\_\_\_ **Student:** If not admitted for full-time degree study, documentation of an agreement pertaining to the students activities at the HEPC institution and the applicability of those activities to his/her degree requirements at the home school must be attached.

\_\_\_\_ **Professor:** Cannot be a tenure track position.

\_\_\_\_ **Research Scholar:** Please indicate what degree the prospective research scholar holds  
\_\_\_\_ Doctorate \_\_\_\_ M.D. \_\_\_\_ Master's \_\_\_\_ Bachelor's. If bachelor's degree is checked, documentation of extensive research experience must be attached.

\_\_\_\_ **Short-term Scholar:** An individual coming to the U.S. short-term for the purpose of lecturing, observing, consulting, training and demonstrating special skills. Maximum stay is 6 months. Please indicate degree held. \_\_\_\_ Doctorate \_\_\_\_ M.D. \_\_\_\_ Master's \_\_\_\_ Bachelor's. If bachelor's degree is checked, documentation of extensive experience must be attached.

\_\_\_\_ **Specialist:** An expert in a field of specialized knowledge or skill coming to the U.S. to observe, consult or demonstrate special skills.

**4. Additional Information:**

Is the Exchange Visitor currently in the United States? \_\_\_ Yes \_\_\_ No If yes, type of visa held: \_\_\_\_\_

If yes, attach copies of all DS-2019's (if J-1) and all immigration documents (passport, visa, I-94 card, approval notices, etc.) regardless of status. **NOTE:** If J-1 is not the status the prospective J-1 Exchange Visitor will need to leave the U.S. to obtain a J-1 visa stamp or schedule an appointment with the appropriate Alternate Responsible Officer to prepare a change of status petition.

Has the Exchange Visitor been physically present in the United States as a J-1 or J-2 visa holder prior to this visit? \_\_\_ Yes \_\_\_ No If Yes, please list the dates present: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.  
Month Day Year Month Day Year

**Check One:**

\_\_\_ **New Exchange Visitor:** The exchange is not yet in the U.S.

\_\_\_ **Transfer:** The exchange visitor is the U.S. under the sponsorship of another J-1 exchange visitor program. For transfer applications please attach copies of all forms DS-2019 and the I-94 card. The supervisor must also write a letter explaining how the project at the HEPC institution is related to the project the exchange visitor is working on for the current institution. In addition, the exchange visitor must have his/her SEVIS record released to the HEPC before a DS-2019 can be issued. The HEPC institution will get the record released upon receipt of this request. We will need the email address of the exchange visitor to do this.

\_\_\_ **Extension of Stay:** The exchange visitor is currently at an HEPC institution and is seeking an extension of stay. Please attach a letter addressed to the exchange visitor indicating the length of time requested, title, duties and salary if applicable. If funding is not coming from the HEPC institution, please include proof of financial for the remainder of the program. Also, include proof that the exchange visitor has purchased the required health insurance. To obtain an extension of stay, the exchange visitor must deliver all required documents to the appropriate Alternate Responsible Officer. If everything is in order the Alternate Responsible Officer will contact the exchange visitors to schedule an appointment.

**5. Dependent Information:**

Will spouse accompany the Exchange Visitor? \_\_\_ Yes \_\_\_ No Will children?: \_\_\_ Yes \_\_\_ No

Spouse: \_\_\_\_\_ Children: \_\_\_\_\_ Children \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Citizen of: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Permanent Resident of: \_\_\_\_\_ Permanent Resident of: \_\_\_\_\_ Permanent Resident of: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Gender: \_\_\_ Male \_\_\_ Female Gender: \_\_\_ Male \_\_\_ Female

**-(Continued)-**

Children:

Children:

Children:

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

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

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

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Country of Birth:

Country of Birth:

Country of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Citizen of:

Citizen of:

Citizen of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Resident of:

Permanent Resident of:

Permanent Resident of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Gender: \_\_\_ Male \_\_\_ Female

Gender: \_\_\_ Male \_\_\_ Female

**6. Departmental Certification:**

Supervisor for the Exchange Visitor:

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the exchange visitor meets all qualifications necessary for participation in the program indicated.

\_\_\_\_\_

\_\_\_\_\_

**7. Method of Delivery:**

All DS-2019 forms will be sent electronically to the Exchange Visitor when issued.

Visit the WVHEPC J-1 Exchange Visitor webpage at <https://www.globalwv.org/j1evp/> and click on List of Responsible Officers to see list of HEPC institutions and contact information.