

Student Center North, N203, Houston, TX 77204-3024 Phone: (713) 743-5065 Email: isssohlp@central.uh.edu Website: <http://uh.edu/issso>

J-1 STUDENT INTERN DS-2019 REQUEST FORM

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

Part I.

Personal Information (Attach a copy of passport biographic page)

1. Family name (Last Name)	Given name (First Name)	2. Sex <div style="text-align: center;">Female Male</div>	3. Date of Birth(mm/dd/yyyy)
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: ___ Undergraduate ___ Master ___ PhD. (b). Name of the academic institution you are currently enrolled in your home country: _____ Is it accredited at your country's national level: ___ YES ___ NO		9. Have you previously taken part in a J-1 student internship program in the United States? ___ YES ___ 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 17 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: _____

Part IV.

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:	Full Address:
Department Contact Person when the request is ready:	Phone number:	Email:
Name of Supervisor For the J-1:	Phone number:	Email:

18. A completed Visa Candidate Affiliation and Deemed Export Assessment form reviewed by the UH Export Control Office is required for any J-1 student or scholar/professor both new and extension applications. UH staff/faculty can access the forms in DocuSign in the Compliance shared folder. After you submit the forms via DocuSign to UH Export Control Office, then you can request this Approval Signature: _____ Date: _____ (You may contact Angelica Grado-Wright, J.D. the Export Control Officer if you have any questions. Tel: (713) 743-9662; Email: amgradow@central.uh.edu)

19. 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-\$1304 per month and each dependent - \$5075 per year)
- ____ Verify program dates
- ____ Payment of \$250

When completed, the department submits \$250 by SC Voucher along with the scanned DS-2019 Request Form and DS-7002 to:

Vendor ID: 0000000032
730-UH International Student Services

Please upload the completed DS-2019 request form and all supporting documentation into PeopleSoft Finance and submit into workflow for processing.

Please allow 5 business days processing time for all requests. ISSSO will email the completed DS-2019 when it's ready. For questions, please call (713)743-5065.

**TRAINING/INTERNSHIP PLACEMENT PLAN****SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION**

Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))		E-mail Address
[Redacted]		[Redacted]
Program Sponsor		Program Category
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy) From To

SECTION 2: HOST ORGANIZATION INFORMATION

Organization Name		Phase Site Address		Suite
City	State	ZIP Code	Website URL	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ per _____ Non-Monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, value? _____ per _____		
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier _____		Does your Workers' Compensation policy cover exchange Visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage		
Number of FT Employees Onsite at Location	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: CERTIFICATIONS**Trainee/Intern - I certify that:**

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in this T/IPP and not simply to engage in labor or work within the United States.
3. I understand that the intent of the Exchange Visitor Program is to allow me to enhance my skills and gain exposure to U.S. culture and business in a way that will be useful to me when I return home upon completion of my program.
4. I understand that my internship/training will take place only at the organization listed on this T/IPP and that working at another organization while on the Exchange Visitor Program is prohibited.
5. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
6. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
7. I will follow all of my sponsor's guidelines required for my participation in my program.
8. 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 (as set forth on page 3, section 4), is not providing me with a legitimate internship or training, as delineated on my T/IPP; and
9. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

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

Signature of Trainee/Intern _____

Sponsor-

1. I have reviewed, understand, and will ensure that the Supervisor (as set forth on page 3, section 4) follows this Training/Internship Placement Plan (T/IPP) regarding the Trainee or Intern listed above;
2. I will notify the designated U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest available opportunity regarding any concerns about, changes in, or deviations from this Training/Internship Placement Plan (T/IPP), including, but not limited to, changes of Supervisor or host organization;
3. I will adhere to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), including, but are not limited to, the following:
 - a. I will ensure that the Trainee or Intern named in this T/IPP receives continuous on-site supervision and mentoring by experienced and knowledgeable staff;
 - b. I have confirmed with the Supervisor or host organization representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program set forth in this T/IPP;
 - c. I will ensure that the Trainee or Intern named in this T/IPP obtains 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 activities, as appropriate in specific circumstances;
 - d. I will ensure that the Trainee or Intern named in this T/IPP does not displace full-or part-time temporary or permanent American workers or serve to fill a labor need and ensure that the position that the Trainee or Intern fills exists primarily to assist the Trainee or Intern in achieving the objectives of his or her participation in this training or internship program;
 - e. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
 - f. I will notify the Department of State if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute; and
 - g. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

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*). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 3 and 4 must be completed for each phase if applicable (*e.g.; if the trainee/intern is rotating through different departments*).

Surname/Primary, Given Name(s) (*must match passport name*)

The Exchange Visitor is:

Program Sponsor

Program Number

Main Program Supervisor/POC at Host Organization

Title

Supervisor Contact Information

Phone

Fax

Email

PHASE INFORMATION

Phase Site Name

Training/Internship Field

Phase Site Address

Phase Name

Start Date (*mm-dd-yyyy*) of PhaseEnd Date (*mm-dd-yyyy*) of Phase

Phase

_____ of _____

Primary Phase Supervisor

Supervisor Title

E-mail

Phone Number

Description of Trainee/Intern's role for this program or phase

Specific goals and objectives for this program or phase

Please list the names and titles of those who will provide continuous (*for example, daily*) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

What specific knowledge, skills, or techniques will be learned?

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (*Trainees*).

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

Additional Phase Remarks (*optional*)

Phase Supervisor - I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (*T/IPP*);
2. 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 delineated on this T/IPP;
3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (*see 22 CFR Part 62*);
4. The Trainee or Intern named in this T/IPP will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labor need;
5. I will conduct the required periodic evaluations of the Trainee or Intern named in this T/IPP;
6. I will notify the designated Sponsor contact at the earliest available opportunity regarding any concerns about, changes in, or deviations from this T/IPP.
7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
8. I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;
9. I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;
10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
11. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Signature of Supervisor _____

Printed Name of Supervisor _____ Date (mm-dd-yyyy) _____

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 will be used to provide clarity of training and intern programs offered by entities designated by the U.S. Department of State to conduct exchange visitor programs; for general statistical use; and to administer the Trainee and Intern categories of the Exchange Visitor Program.

ROUTINE USES: The information on this form may be shared with entities administering the program on behalf of the Department; federal, state, local, or foreign government entities for law enforcement purposes; to members of Congress in response to a request on your behalf . More information on the Routine Uses for the system can be found in the System of Records Notice State-08, Educational and Cultural Exchange Program Records.

DISCLOSURE: Participation in this program is voluntary; however, failure to provide the information may delay or prevent participation in the Exchange Visitor Program.

PAPERWORK 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-4E, U.S. Department of State, Washington, DC 20522-0505.