



The Office of International Affairs (OIA) must determine an individual's eligibility to be issued the Form DS-2019, Certificate of Eligibility for Exchange Visitor Visa. In order to determine eligibility the following must be submitted to OIA:

- Completed and signed J-1 Biodata Form.
- Original evidence of funding for the period of appointment.
- Legible copy of passport biographical page for J-1 applicant and J-2 dependents (if applicable).

All supporting documentation must be in English or accompanied with a certified English translation.

In addition, **original financial certifications must be sent to OIA**; provided in English or accompanied by a certified English translation; and, must be provided in U.S. dollars or U.S. dollar equivalency.

Upon receipt of the completed J-1 Biodata Form, required supporting documentation, and confirmation of your appointment through an appointment/offer letter issued by The University of Texas Health Science Center at Houston (UTHealth) appropriate administrative department; the OIA staff will review the documentation to determine the eligibility for issuing Form DS-2019.

**NOTE: The issuance of Form DS-2019 does not guarantee the J visa or status will be granted by the U.S. Government. The ultimate decision to grant the J visa stamp is the U.S. Department of State and the decision to grant J status is the U.S. Department of Homeland Security.**

**Personal Data**



\_\_\_\_\_  
 Last/ Family Name  
 \*As it appears on passport

\_\_\_\_\_  
 First/Given Name

\_\_\_\_\_  
 Middle Name

Male or  Female

\_\_\_\_\_  
 Date of Birth: Month/Day/Year

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

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

\_\_\_\_\_  
 Country of Citizenship

\_\_\_\_\_  
 Country of Legal Permanent Residence

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Name of Affiliated Institution, Agency, or University in Home Country or Country of Last Legal Permanent Residence

\_\_\_\_\_  
 Title or Occupation of Last Position Held in Home Country or Country of Last Legal Permanent Residence  
 (e.g. Professor, Instructor, Graduate Student, etc.)

**Permanent Address in Home Country or Country of Last Legal Permanent Residence:**

Street Address and Apartment # (if applicable)

City

State/Province

Country

Postal Code

**Immigration Information**

Do you have a valid passport?  Yes or  No

If you answered "Yes", a legible photocopy of biographic page of passport must be provided.

Are you currently in the U.S.?  Yes  No

If yes, current U.S. immigration status (e.g. F-1, B-1, H-4, etc): \_\_\_\_\_

Have you previously been in the U.S. in J-1 or J-2 visa status?  Yes  No

**• If you answered yes to any of the above questions, you must attach legible copies of all U.S. immigration documents issued to you and your dependents (if applicable) since entry into the U.S. and/or in previous periods of stay in the U.S. In addition, please provide a chronological listing of any previous entries to the U.S. on J status.**

**Financial Information**

Please indicate the amount of liquid funds that will be available to you per month in U.S. dollars for the period of anticipated stay in the U.S. Exchange Visitors are required to show financial resources at a minimum of \$ 25,116.00 per year (\$2,093.00 per month) plus a minimum of \$2,500.00 per year (\$208.00 per month) for the first two J-2 dependents. For each additional dependent beyond the first two, Exchange Visitors are required to show a minimum of \$4,200 per year (\$350.00 per month) per dependent.

**Original Evidence** of any funding that will not be provided by The University of Texas Health Science Center at Houston must be documented in written form (e.g. bank statements; letters of financial awards, etc). All financial certifications must be original; provided in English or accompanied by a certified English translation; provided in U.S. dollars or U.S. equivalency, and sent to OIA.

**Source:**

**Amount in U.S. Dollars (per month):**

- |  |          |
|--|----------|
| a. UTHHealth   | \$ _____ |
| b. U.S. Gov't Agency _____<br>Agency Name              | \$ _____ |
| c. Exchange Visitor's Gov't _____<br>Organization Name | \$ _____ |
| d. Other Organization(s) _____<br>Organization Name    | \$ _____ |
| e. Personal Funds _____                                | \$ _____ |

## Dependent Information

Will you be accompanied by your spouse or unmarried children (under the age of 21) who will require J-2 status?

Yes  No

If yes, complete the dependent information for each dependent who will accompany you in J-2 status. **It is critical that you provide accurate information regarding your dependents as inaccurate information could be grounds to deny the J-2 visa. If your J-2 dependents have a passport, please provide a legible photocopy for each J-2 dependent. Name and date of birth must be identical to the name and date of birth indicated in the passport.**

### Spouse

|  |   |  |
|--|---|--|
| _____<br>Last/Family Name                | _____<br>First/Given Name                                     | _____<br>Middle Name                           |
| _____<br>Date of Birth: Month, Day, Year | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| _____<br>Currently in the U.S.?          | <input type="checkbox"/> Yes <input type="checkbox"/> No      | If yes, current U.S. immigration status: _____ |
| _____<br>City of Birth                   | _____<br>Country of Birth                                     |  |
| _____<br>Country of Citizenship          | _____<br>Country of Permanent Residence                       | _____<br>E-mail Address                        |

### Child

|  |   |  |
|--|---|--|
| _____<br>Last/Family Name                | _____<br>First/Given Name                                     | _____<br>Middle Name                           |
| _____<br>Date of Birth: Month, Day, Year | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| _____<br>Currently in the U.S.?          | <input type="checkbox"/> Yes <input type="checkbox"/> No      | If yes, current U.S. immigration status: _____ |
| _____<br>City of Birth                   | _____<br>Country of Birth                                     |  |
| _____<br>Country of Citizenship          | _____<br>Country of Permanent Residence                       | _____<br>E-mail Address                        |

### Child

|  |   |  |
|--|---|--|
| _____<br>Last/Family Name                | _____<br>First/Given Name                                     | _____<br>Middle Name                           |
| _____<br>Date of Birth: Month, Day, Year | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| _____<br>Currently in the U.S.?          | <input type="checkbox"/> Yes <input type="checkbox"/> No      | If yes, current U.S. immigration status: _____ |
| _____<br>City of Birth                   | _____<br>Country of Birth                                     |  |
| _____<br>Country of Citizenship          | _____<br>Country of Permanent Residence                       | _____<br>E-mail Address                        |

\*If you will need to provide additional dependent information, please print a blank page 3 to add the additional dependent(s) by hand.

## Health Insurance Minimum Requirements

Exchange visitors are required by U.S. Department of State and U.S. Immigration regulations to have adequate Medical, Medical Evacuation and Repatriation insurance from the date the J status begins and through the period of the J-1 and J-2 status. The current minimum insurance coverage requirements are:

|   |                                      |
|---|--------------------------------------|
| <b>Major Medical Coverage per person</b>  | <b>\$100,000</b>                     |
| <b>Repatriation of Remains per person</b> | <b>\$25,000</b>                      |
| <b>Medical Evacuation per person</b>      | <b>\$50,000</b>                      |
| <b>Deductible not to exceed</b>           | <b>\$500 per accident or illness</b> |

**The only acceptable insurance ratings are:**

- a. an A.M. Best rating of "A-" or above;**
- b. a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above;**
- c. a Weiss Research, Inc. rating of "B+" or above;**
- d. a Fitch Ratings, Inc. rating of "A-" or above; or**
- e. a Moody's Investor Services rating of "A3" or above.**

If the J sponsorship is approved and the J status is granted, evidence of having the required insurance (as indicated above) must be presented to OIA at the time the J sponsorship program begins. Please note that if Medical Insurance will be provided by UTHHealth based on funding from the institution, the Medical insurance will not become effect immediately upon beginning the J sponsorship nor will UTHHealth provide Medical Evacuation or Repatriation insurance. Thus, it will be your obligation to purchase required insurance from an independent company and present this evidence upon beginning the J sponsorship.

You may be able to find travel insurance in your home country which will meet the above requirements. If not please review these web-links for medical insurance plans offered: [www.isoa.org](http://www.isoa.org), [www.sevencorners.com](http://www.sevencorners.com), [www.internationalsos.com](http://www.internationalsos.com), [www.travelinsure.com](http://www.travelinsure.com). Please note that our Office does not endorse any insurance companies.

**I certify that the above information has been completed by me and is accurate to the best of my knowledge. Further, I understand that if I am granted J-1 status, I will be required to maintain acceptable Medical, Medical Evacuation, and Repatriation insurance coverage during the period of J-1 status for myself and any J-2 dependents who accompany me to the U.S., and I agree to purchase this insurance coverage to be effective for the full duration of J sponsorship. I understand that I am required to provide and maintain current evidence of this necessary insurance with the Office of International Affairs.**

**I also understand that failure to maintain the required insurance would be grounds for termination of J sponsorship.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date