

TO BE COMPLETED BY  
INSTITUTE/CENTER

## Visiting Foreign Scientist Remote Check-in/EOD

**Instructions:** This form is for use for remote check-ins/EODs. The Institute/Center (IC) Administrative Key Contact should complete this form and send it to DIS along with copies of all applicable documents, listed in Section III, for the scientist and any dependents. For Non-FTE Check-in, please send documents to [DIS@mail.nih.gov](mailto:DIS@mail.nih.gov) via Secure Email File Transfer (SEFT): <https://secureemail.nih.gov/bds/Login.do>. For FTE EOD, please send documents to the assigned Immigration Specialist via encrypted email. **DIS will not accept unencrypted documents.**

### I. SCIENTIST INFORMATION

Scientist Family Name: \_\_\_\_\_

Scientist Given Name: \_\_\_\_\_

Institute/Center: \_\_\_\_\_

Lab/Branch: \_\_\_\_\_

NIH Designation (e.g. VF): \_\_\_\_\_

NED ID Number: \_\_\_\_\_

Start Date (Month/Day/Year): \_\_\_\_\_

End Date (Month/Day/Year): \_\_\_\_\_

Are these start/end dates different than the dates originally requested on the Form 829-1? (Check one)

Yes

No

Lab/Branch Address: \_\_\_\_\_

Lab/Branch Telephone: \_\_\_\_\_

Number of Pages: \_\_\_\_\_  
(Including this form)

### II. DEPENDENT INFORMATION

#### Arrival Information (Check one):

- Dependent(s) arrived with scientist; immigration documents (as listed in Section III) are included with this form
- Dependent(s) will join scientist approximately: \_\_\_\_\_ (Month/Year)
- N/A – No Dependents

#### J-2 Dependent Form DS-2019 Information (Check one, if applicable):

- Dependent(s) already has a Form DS-2019
- Dependent(s) will need a Form DS-2019, see attached Request for Dependent DS-2019 form (<https://www.ors.od.nih.gov/pes/dis/AdministrativeStaff/Documents/RequestforDependentDS-2019.pdf>)

### III. REQUIRED DOCUMENTS FROM SCIENTIST AND ANY DEPENDENTS

- Passport Biographical Page
- U.S. Entry Visa (inside Passport)
- Current Form I-94 (<https://i94.cbp.dhs.gov>)
- Completed Contact Information Form (see page 2)
- Immigration Document (if applicable):
  - Form DS-2019 (For J-1/J-2)
  - Form I-20 (For F-1)
  - Form I-797 (For H-1B or O-1)
  - Employment Authorization Document (EAD)
  - Other: \_\_\_\_\_
- FTE ONLY:** Completed Form I-9. Check-in form and other supporting documents should be submitted as soon as available, even if I-9 will be provided later.

TO BE COMPLETED BY  
VISITING PROGRAM  
PARTICIPANT

## Contact Information

### YOUR NAME

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

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

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

### PERMANENT ADDRESS IN HOME COUNTRY

Street: \_\_\_\_\_

Street #2: \_\_\_\_\_ Apartment Number (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ Region/Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### LOCAL U.S. HOME ADDRESS

NOTE: A physical street address is required.

Street (Number and Name): \_\_\_\_\_ Apartment Number (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Local Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Email of spouse (if in J-2 status): \_\_\_\_\_

NIH Email (if known): \_\_\_\_\_ Work/Office Telephone (if known): \_\_\_\_\_

### If your dependents are in J-2 status, will they also reside at this U.S. residential address?

- YES  
 NO [NOTE: If you select "NO," provide address on a separate sheet of paper]  
 N/A – No Dependents

### IN CASE OF EMERGENCY

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Preferred Language (if does not speak English): \_\_\_\_\_

### CONSENT TO ACCESS FORM I-94 ARRIVAL/DEPARTURE RECORD

By checking-in with the Division of International Services (DIS), you give us your consent to access your and your dependent(s)'s Form I-94 Arrival/ Departure record from the U.S. Customs and Border Protection (CBP) I-94 retrieval website (<https://i94.cbp.dhs.gov>) to facilitate your check-in to the NIH. This consent will remain valid as long as you are an active participant at the NIH.

(REQUIRED) Signature: \_\_\_\_\_

(REQUIRED) Date (Month/Day/Year): \_\_\_\_\_