NIH National Institutes of Health
Office of Management

Division of International Services

NIH Building 31, Room B2B07   Tel   (301) 496-6166
Bethesda, MD 20892-2028   Fax   (301) 496-0847
http://www.ors.od.nih.gov/pes/dis/Pages/default.aspx

Request for Visiting Program Participant:
Part I

INSTRUCTIONS

— To be completed by the Institute/Center —

In order for the Division of International Services (DIS), Office of Research Services (ORS), to process your Institute or Center's (IC) request for a selected foreign national scientist to participate in the NIH Visiting Program (VP), please complete this form. **In addition, if this request is for a scientist** *new* **to the NIH or a** *returning* **scientist (i.e. one who previously terminated or ended his/her NIH stay), please have her/him complete "Part II" of this form.** Instruct her/him to return Part II of the form to you, along with the required supporting documents. Upon completion of all applicable parts, please send this form, along with all required supporting documents, to the DIS.

Read these instructions carefully to properly complete the form. Type or print clearly. All questions MUST be answered. **If not applicable, write "N/A."** If you need more space to complete an answer, attach a continuation sheet. If a continuation sheet is necessary, write the scientist's name and date of birth at the top of each sheet and indicate the section to which the answer refers.

GENERAL INSTRUCTIONS

A. Type of Request
Check the appropriate type of request, based on the NIH Designation selected in section B.

B. Designation
Check the appropriate NIH Designation for your foreign national scientist. Note: If this request is for a Guest Researcher or Special Volunteer designation, you must complete and submit the NIH Form 590. Include Part II of this form (829-1) when possible.

C. Foreign National Scientist Candidate
Enter the name as it appears on the passport. Do not use initials, even for middle names. The entire name must be spelled out. For the date of birth, check dating formats and enter in the month/day/year format.

D. Proposed Dates
Enter the dates of your foreign national scientist's stay at the NIH. If this visit is NOT for a consecutive time period, attach a continuation sheet describing the dates of the intermittent visits—even if the dates are tentative. If these details are not disclosed, the DIS may use an immigration category that could bar the foreign national from timely returning to the U.S.!

E. Institute or Center (IC) Information
Enter the details about the sponsoring IC.

F. Work Site Information
Enter the location where your foreign national scientist will be placed. List the primary site and additional work site, if any. If there is more than one additional work site anticipated (even if temporary), please attach a continuation sheet.

G. Work Schedule
Check the appropriate work schedule.

H. Funding Information
Enter the funding that will be used to support your foreign national scientist during her/his stay at the IC. If the IC is funding the visit (e.g. giving a stipend or salary), the IC must ensure that it is paying within the established NIH stipend/salary/per diem/etc. levels. Enclose evidence of outside funding as applicable (refer to the DIS checklists under "What to Send").

I. Research Program
Describe the research program that your foreign national scientist will undertake at the IC. Provide the general research area (e.g. genetics, biochemistry) and a full description of the research program and experience to be obtained (using laymen's terms as much as possible). In addition, if the scientist is appointed to a Full-Time Equivalent or FTE designation (e.g. Research Fellow), please complete the "FTE Supplement" on page four.

J. Patient Contact (for M.D.'s only)
The level of patient contact must be specified in advance, and should not change during the award/appointment/assignment dates. If patient contact is anticipated, request it at this time.

Check the appropriate level of patient contact, complete the information, and attach the required documents. Be sure to review the DIS website for a summary of patient contact by foreign national scientists, including instructions for the "Four-Point Memorandum" required for incidental patient contact: *https://ors.od.nih.gov/pes/dis/AdministrativeStaff/Pages/IncidentalPatientContact.aspx*

NIH-sponsored J-1 Exchange Visitors are limited to incidental patient contact. Additionally, non-FTE designations are generally prohibited from having full patient contact (exceptions on a case-by-case basis). Guest Researchers are not permitted any level of patient contact.

a. No patient contact: Self-explanatory.

b. Incidental patient contact: Enter the information requested. Provide a copy of the foreign national scientist's ECFMG (Educational Commission for Foreign Medical Graduates) certificate and the original "Four-Point Memorandum" (prepared as per DIS guidance). Note that a Four-Point Memorandum is not required for renewal purposes if there is no change in the program or sponsor/supervisor. If this is the case, check the appropriate box.

c. Full patient contact: Enter the information requested. If your foreign national scientist is in an NIH clinical training program, enter the name and ID number (obtain from *https://cc.nih.gov/training/gme1.html*); ACGME-accreditation (Accreditation Council for Graduate Medical Education); and PGY (post graduate year) level.

Provide a copy of your foreign national scientist's ECFMG certificate; a copy of medical licensure in the U.S. and/or country abroad; and evidence of USMLE (U.S. Medical Licensing Examination) or equivalent examinations, i.e. Parts I and II of FLEX (Federation Licensing Examination) or Parts I, II, and III of NBME (National Board of Medical Examiners).

K. Certification
Type/print the name of the signer with signature and date. Only provide those approval signatures that are required by your IC's delegation of authority.

Approval by the Office of Intramural Research (OIR), Office of Director (OD), is required for all exceptions to program provisions. If an exception is necessary, describe the need for the exception and send this request and justification to the DIS before submission to OIR/OD.

WHAT TO SEND

Submit this completed form (Part I), signed by all appropriate IC officials, as well as "Part II" of the form, completed and signed by the foreign national scientist.

In addition, also submit the required supporting documentation according to the NIH designation selected in section B. Supporting documentation requirements can be found from the DIS checklists: *https://ors.od.nih.gov/pes/dis/AdministrativeStaff/Pages/Checklists.aspx*

WHERE TO SEND

Upload all documentation to the DIS Case Submission SharePoint: *https://orsweb.od.nih.gov/sites/DISCaseSubmission/SitePages/Home.aspx*

Remember to retain a copy of all documentation for the IC's records.

PROCESSING INFORMATION

Once all required forms are received, the request will be logged into our database and checked for completeness in accordance with immigration rules and regulations, as well as NIH policies and procedures.

Please refer to the DIS Processing Times website which describes how long it will take the DIS to process the case, as well as other agencies that may be involved in the process. It also provides tips on how to establish a proposed begin date: *https://ors.od.nih.gov/pes/dis/AdministrativeStaff/Pages/DISProcessingTimeChart.aspx*

STATUS INQUIRIES

The DIS "Case Status & Reports" allows designated IC Administrative "Key Contacts" to view real time case status updates. The Key Contact is knowledgeable about the IC's requests and internal approval process, and has access to the DIS Case Status & Reports. Status inquiries should begin with checking this system.

Refer to the DIS Case Status & Reports website for more information on case processing: *https://ors.od.nih.gov/pes/dis/AdministrativeStaff/Pages/DISCaseStatusSystem.aspx*

REFERENCE

For the NIH Intramural Visiting Fellow Program (VFP) Manual Chapter, please refer to: *https://policymanual.nih.gov/2300-320-3*

For the NIH Guest Researcher/Special Volunteer Programs Manual Chapter, please refer to: *https://policymanual.nih.gov/2300-308-1*

For information on Full-time Equivalent (FTE) appointments (based on Title 42), please refer to: *https://hr.nih.gov/benefits/pay/title-42-pay*

For the DIS website, please refer to: *https://ors.od.nih.gov/pes/dis/Pages/default.aspx*

National Institutes of Health
Office of Management

Division of International Services

Request for Visiting Program Participant – Part I

TO BE COMPLETED BY THE REQUESTING INSTITUTE OR CENTER (IC)

A. Type of Request

Check one of the following types of request, based on the NIH Designation selected in item B.

☐ New ☐ Renewal/Extension ☐ Transfer within IC ☐ Transfer to new IC

B. Designation

_____ Other Designation: _____

C. Foreign National Scientist Candidate

Last or Family Name:	First or Given Name:	Full Middle Name:	Gender: ☐ Male ☐ Female	Date of Birth: (mm/dd/yyyy)

D. Proposed Dates

Proposed Begin Date (mm/dd/yyyy):_____ Proposed End Date (mm/dd/yyyy):_____

E. Institute or Center (IC) Information

a. Name of Institute/Center (IC):

Name of Lab/Branch (spell out name):	IC Common Account Number (CAN):

b. Name of Supervising Principal Investigator (PI):	PI Email Address:	PI Building/Room:
PI Position Title:	PI Phone Number:	PI Fax Number:

c. Name of IC Key Contact:	Key Contact Email Address:	Key Contact Building/Room:
Key Contact Position Title:	Key Contact Phone Number:	Key Contact Fax Number:

d. Name of OHR Contact (if scientist is appointed to FTE):	OHR Contact Email Address:	OHR Contact Building/Room:
OHR Contact Position Title:	OHR Contact Phone Number:	OHR Contact Fax Number:

F. Work Site Information

Primary Site

Building:	Physical Street Address (include street, city, region/province/state, country, and postal code):
Phone Number:	
Fax Number:	

Additional Site (if applicable)

Building:	Physical Street Address (include street, city, region/province/state, country, and postal code):
Phone Number:	
Fax Number:	

G. Work Schedule

☐ Full-time: ☐ Part-time – If Part-time:

Number of Hours per week: _____

Number of Days per week: _____

H. Funding Information

Will the foreign national scientist receive funding from the NIH?

☐ Yes ☐ No – If Yes, provide the following: a. Amount of funding (per year in USD): $ _____

b. NIH funding type: ☐ Stipend ☐ Salary ☐ Per Diem ☐ Honorarium ☐ Other: _____

c. FPS Number (for Visiting Fellows only): _____

Will the foreign national scientist receive funding from outside the NIH?

☐ Yes ☐ No – If Yes, provide the following: a. Amount of funding (per year in USD): $ _____

b. Source of funding (list name of funding organization): _____

c. Type of funding (e.g. grant, employer salary): _____

d. Duration of funding (list begin and end dates): _____ to _____

e. Type of Institution Providing Funding: ☐ Government ☐ Academic ☐ Organization ☐ Private Sector

☐ Other _____

Will the foreign national scientist receive additional funding?

☐ No

☐ Yes – If yes, describe type of funding (e.g. on-call coverage supplement, relocation expenses), source and dates the funding is available:

I. Research Program

General area of research (e.g., genetics, biochemistry): _____

Description of research program/duties:

_____

_____

_____

_____

J. Patient Contact (for M.D.'s only)

☐ a. No patient contact

☐ b. Incidental patient contact Furnish: • Four-point Memorandum   ☐ Four-point memorandum not needed, no change in program (for renewals only)

• ECFMG Certificate No. _____ dated _____(attach copy)

☐ c. Full patient contact   Furnish: • ECFMG Certificate No. _____ dated_____

• Current medical licensure:

U.S. (specify state) _____ and/or country _____

Valid from _____ to _____

• USMLE Exam: ☐ No ☐ Yes (Provide copy)
(or equivalent – see instructions)
        Passed Step 1? ☐   Step 2 CK? ☐   Step 2 CS? ☐   Step 3? ☐

• Name of NIH Clinical Training Program and ID # _____

• Is this program ACGME accredited? ☐ Yes ☐ No

• PGY Level: _____

Scientist's Name:	,

K. Certification

The NIH Institute/Center (IC) has evaluated the academic and professional credentials of the prospective foreign national scientist, and considers him/her to be qualified to participate in the proposed research program under all applicable NIH policies and procedures. We have provided him/her with information about the NIH Visiting Program (available on the DIS website, *http://dis.ors.od.nih.gov/index.html*) to help him/her make an informed decision before accepting this award/appointment/assignment. In addition, we have determined that the scientist has sufficient English proficiency to successfully carry out the propose research program and engage in day-to-day activities in the United States. We have documented the English proficiency via *(check the boxes below that apply)*:

- ☐ A recognized English language test (such as TOEFL or IELTS); or
- ☐ A documented interview conducted via in-person; videoconferencing (such as Skype); or telephone (if videoconferencing is not available); or
- ☐ Signed documentation from an academic institution or English language school.

We understand that we must retain the English proficiency documentation and make it available to the Division of International Services (DIS), Office of Researc Services (ORS) upon request. Visit the DIS website (*http://dis.ors.od.nih.gov/index.html*) for additional information regarding the English proficiency requirement. We also understand that the prospective scientist will not accrue tenure while in J-1 Exchange Visitor status.

We certify that the information on this request is true and correct and understand the foreign national scientist may be terminated if:

- Fails to participate in the proposed research program;
- Fails to comply with the applicable policies and procedures per his/her NIH designation (such as Visiting Fellow);
- Engages in unauthorized employment or other activities not permitted under his/her immigration status; and/or
- If sponsored as a J-1 Exchange Visitor, fails to maintain required health insurance for him/herself and J-2 dependent(s).

By hosting the scientist, we will monitor his/her progress and welfare throughout his/her stay at the NIH. We understand that information and materials submitted with this request may be shared with other government agencies. We also understand that final authorization to sponsor/employ the scientist rests with the Department of State (DOS) and Department of Homeland Security (DHS) under all applicable immigration regulations. **The award/appointment/assignment is not official until cleared by the DIS/ORS. We agree to notify the DIS/ORS if there are any changes to the information on this request throughout the scientist's stay.**

I. PRINCIPAL INVESTIGATOR APPROVAL

Supervising PIV Signature:	Date:

II. IC APPROVALS

Lab/Branch Chief PIV Signature:	Date:
IC Scientific Director PIV Signature:	Date:
IC Director PIV Signature:	Date:
IC Administrative Officer PIV Signature:	Date:

III. EXCEPTION TO PROGRAM PROVISIONS

Approval by the Office of Intramural Research (OIR), Office of Director (OD), is required for all exceptions to program provisions. If an exception is necessary, please indicate below.

Brief description for reason for exception:

_____

_____

_____

OIR/OD Approval:	Date:

SUBMIT THIS COMPLETED FORM, AS WELL AS "PART II" OF THE FORM (completed by the foreign national scientist) AND ALL REQUIRED SUPPORTING DOCUMENTS VIA DIS CASE SUBMISSION SHAREPOINT. REMEMBER TO RETAIN A COPY FOR THE IC RECORDS. THANK YOU FOR YOUR ASSISTANCE AND COOPERATION!

https://orsweb.od.nih.gov/sites/DISCaseSubmission/SitePages/Home.aspx

FTE SUPPLEMENT

Complete this supplement if the foreign national scientist is being appointed to a Full-Time Equivalent or FTE designation (e.g. Research Fellow (VP) position). The purpose of this form is to capture minimum requirements for the FTE position. This information is necessary to request a Prevailing Wage (PW) determination.

Type or print clearly. All questions MUST be answered. If you need more space to complete an answer, attach a continuation sheet. If a continuation sheet is necessary, write the scientist's name and date of birth at the top of each sheet and indicate the section to which the answer refers. Again, complete this supplement **only if the designation requested is an FTE**. Do not complete this for non-FTE designations (e.g. Visiting Fellows).

A. What is the major/field of study required for the position? _____

B. What is the minimum degree required for the position (e.g. M.D., Ph.D.)? _____

C. What is the estimated hourly work schedule (e.g. 8:00 am to 5:00 pm)? _____

D. Will the position supervise the work of other employees?* ☐ No ☐ Yes;

   If yes, list the number of those to be supervised:_____

   Answer yes only if the FTE will be in charge of completing an employee's performance plan (e.g. acting as the Rating Official on a Performance Management Appraisal Program or PMAP). Do not include any mentoring activities.

E. Will travel be required to perform the job duties? ☐ No ☐ Yes;

   If yes, describe the travel requirements: _____

F. Does the position require training? ☐ No ☐ Yes;

   If yes, specify the number of months of training required and the name of the field(s) where training is required

   Months _____ Field(s) _____

G. Does the position require employment experience? ☐ No ☐ Yes;

   If yes, specify the number of months of experience required and indicate which occupation the employment experience is required:

   Months _____ Occupation _____

H. Are there any special requirements for the position, such as any specific skill(s), licenses, certificates/certifications, etc   ☐ No ☐ Yes;

   If yes, describe the special requirements: _____

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Request for Visiting Program Participant:
Part II

INSTRUCTIONS

— To be completed by the Foreign National Scientist —

In order for the Division of International Services (DIS), Office of Research Services (ORS), to process your Institute or Center's (IC) request for your participation in the NIH Visiting Program (VP), please complete this form and return it to your IC, along with all required supporting documents. Your IC will submit this form to the DIS. **Please do not send this directly to the DIS**.

Read these instructions carefully to properly complete the form. Type or print clearly. All questions MUST be answered. **If not applicable, write "N/A."** If you need more space to complete an answer, attach a continuation sheet. If a continuation sheet is necessary, write your name and date of birth at the top of each sheet and indicate the section to which the answer refers.

GENERAL INSTRUCTIONS

A. Personal
Enter your name as it appears on your passport. Submit a copy of your passport biographical page (including passport expiration date) to your IC with this form.

B. Dependent Information
Enter the following information for all your dependent family members (i.e. spouse and unmarried children under age 21). Complete the Dependent Supplement if you have more than two (2) dependents. Enter the name of your family member as it appears on the passport. Submit a copy of each dependent's passport biographical page (including passport expiration date) and immigration documents (if in the U.S.) to your IC with this form.

If you do not have dependents, please be sure to write "N/A" in item a.

C. Mailing Address
Enter a physical street address where you can receive mail from a courier (e.g. FedEx, UPS, DHL, etc.).

D. Current Position
Enter your current position information. If you are currently a student, write "Student" under "Current Position Title" and enter the name and address of your school as the "Employer/Institution."

E. Educational History
Enter your educational history, beginning with receipt of your Bachelor's degree. Submit a copy of your HIGHEST degree earned. Attach a certified translation, if not in English. See the section "What to Send" for translation requirements.

F. Financial Information
Indicate how you and any dependents will be financially supported during your stay at the NIH. Note that immigration regulations require that you be able to fully support yourself and your dependents while in the U.S. and not be a public charge (i.e. require U.S. government public assistance).

G. Information for Tax Purposes
Enter your country of tax residence (i.e. the country where you are currently paying income taxes before you come to the NIH). Also enter your location (i.e. address) in your country of tax residence and the length of time you have spent at that location.

H. U.S. Immigration History
If you are currently in the United States or previously visited the U.S., please list these visits from the past seven years. Be sure to include any time that you have spent at the NIH in any capacity. Submit copies of your immigration documents. See the section "What to Send" for the documents required.

I. Certification
Please read this section. By signing your name, you indicate agreement to the terms listed in the certification. Be sure to print/type your name and note the date.

WHAT TO SEND

☐ 1. This completed form, signed by you.

☐ 2. Copy of your passport biographical page, including passport expiration date.

☐ 3. Copy of each dependent's passport biographical page, including passport expiration date (if any).

☐ 4. Copy of diploma/certificate for HIGHEST degree earned. Check with your IC on the minimum degree required for your stay at the NIH.

☐ 5. Current Resume or Curriculum Vitae (CV) with bibliography.

☐ 6. Copies of immigration documents for yourself and dependents (if any):

- Form I-94 Arrival/Departure record (front and back);

- Most recent visa stamp from passport; and

- Immigration document (e.g. Form DS-2019 for J-1 Exchange Visitors, Form I-20 for F-1 Students, Form I-797 for H-1B/O-1/TN workers, etc.).

☐ 7. Evidence of Financial Support if your stay is not completely funded by your IC. Such evidence must include the name of the organization, amount of funding in U.S. Dollars, and duration of funding. The funding letter must be on the organization's letterhead and signed by an individual authorized to confirm the funding. If using personal funds, include a financial institution bank statement in your name, showing the total amount of funding in U.S. Dollars available for use while at the NIH.

☐ 8. Letters of reference – only required as described below:

- Three (3) are required if you are coming as a pre- or post-doctoral Visiting Fellow

- Two (2) are required if you are coming as an NIH employee ("FTE")

Translations

If any document is not in English, please include a certified translation. Translations must be done by someone other than yourself or immediate family members. The translator must sign and date a certification statement that states:

"I hereby certify that I am competent to translate from the _____ language into English and that the attached is the accurate translation of the original document(s)."

Additional Documentation

You may be required to submit additional documentation as required by your IC and/or the DIS. You will be notified if additional documents are needed.

WHERE TO SEND

Send this completed form and all required documentation to **your IC**. This form will be sent to the DIS by your IC. Again, please do not send this directly to the DIS. Thank you for your assistance and cooperation.

Before submission, please make a copy of all documents for your records.

PROCESSING INFORMATION

In addition to this form, your IC must also complete a form and have your stay at the NIH approved by appropriate IC officials. Once the DIS receives **both** this form and the IC's form, the request will be logged into our database and checked for completeness in accordance with immigration rules and regulations, as well as NIH policies and procedures.

Please refer to the DIS Processing Times advisory which describes how long it will take the DIS to process the case, as well as other agencies that may be involved in the process: *https://ors.od.nih.gov/pes/dis/AdministrativeStaff/Pages/DISProcessingTimeChart.aspx*

STATUS INQUIRIES/CONTACT INFORMATION

Contact your IC for status inquiries and any assistance. Your IC can tell you when all IC approvals are in place and when the case has been sent to the DIS.

National Institutes of Health
Office of Management

Division of
International Services

**Request for Visiting Program
Participant – Part II**

TO BE COMPLETED BY THE FOREIGN NATIONAL SCIENTIST

A. Personal

Last or Family Name	First or Given Name	Middle Name	Gender ☐ Male ☐ Female

Date of Birth (mm/dd/yyyy)	Country of Birth	City of Birth	State or Province of Birth

Country of Citizenship	Country of Legal Permanent Residence*	Married ☐ Yes ☐ No	

Passport Country of Issuance	Passport Number	Passport Issuance Date	Passport Expiration Date	Name of hosting NIH sponsor/supervisor

*"Country of Legal Permanent Residence" means that you have the right to live and work in the named country and stay indefinitely. Include documentation that supports your claim of legal permanent residence if it differs from your country of citizenship.

B. Dependent Information

a. Last of Family Name**	First or Given Name	Middle Name	Gender ☐ Male ☐ Female

Relationship ☐ Spouse ☐ Child	Date of Birth (mm/dd/yyyy)	City of Birth	Country of Birth	State or Province of Birth

Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status

b. Last or Family Name	First or Given Name	Middle Name	Gender ☐ Male ☐ Female

Relationship ☐ Spouse ☐ Child	Date of Birth (mm/dd/yyyy)	City of Birth	Country of Birth	State or Province of Birth

Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status

**If you do not have dependents, be sure to write "N/A" in this box.

C. Mailing Address

Phone Number:	Physical Street Address (include street, city, region/province/state, country, and postal code):
Fax Number:	
Email Address:	

D. Current Position

Current Position Title:	Physical Street Address (include street, city, region/province/state, country, and postal code):
Name of Current Employer/Institution:	
Country:	

Institution is ☐ Government ☐ Academic ☐ Private Sector ☐ Other	If Government ☐ Central ☐ State ☐ Regional ☐ Province ☐ City ☐ Town

E. Educational History

Colleges and Universities Attended		Major(s)	Degree Type (e.g. B.S., Ph.D.)	Month/Year Began	Month/Year Received
a. Name					
City	Country				
b. Name					
City	Country				
c. Name					
City	Country				
d. Name					
City	Country				

Scientist's Name:	,

F. Financial Information

Will your stay be completely funded by the NIH?

☐ Yes

☐ No – If No, provide the following:
- a. Amount of funding (per year in USD) $ _____
- b. Source of funding (list name of funding organization) _____
- c. Type of funding (e.g. grant, employer salary) _____
- d. Duration of funding (list begin and end dates) _____
- e. Type of Institution Providing Funding ☐ Government ☐ Academic ☐ Organization ☐ Private Sector
  - ☐ Other _____

G. Information for Tax Purposes

Select your country of tax residence	Length of time at this location (year(s)/month(s)):

If you are currently in the U.S. or visited the U.S. within the past <u>seven years</u>, have you ever claimed a U.S. Federal Tax Treaty benefit? ☐ Yes ☐ No
– If Yes, provide the following: a. Country   b. Article Number:

H. U.S. Immigration History

Date of First Entry to U.S.	Date of Most Recent Entry to U.S.	Current Form I-94 No.

Immigration Status *(include SEVIS ID No. if J-1 or J-2)*	Name of U.S. Employer/Sponsor *(include name of NIH IC & Lab/Branch as applicable)*	Position Title	City and State of U.S. Employer/Sponsor	Program/Employment Dates *(mm/dd/yyyy)*	
				Begin Date	End Date

I. Certification

I certify that I have read all information provided on this form. The information above and documents submitted as they relate to this request are true and correct. To the best of my knowledge, there is no adverse information that would negatively affect my stay at the NIH. I understand that any misrepresentation of information or document fraud may result in termination of my stay at the NIH. Termination may also be warranted if I:

- Fail to participate in the proposed research program;
- Engage in unauthorized employment; and/or
- If sponsored as a J-1 Exchange Visitor, fail to maintain required health insurance for myself and any J-2 dependent(s).

I further understand that information and materials submitted with this form may be shared with other government agencies. In addition, I understand that my stay at the NIH could be delayed as a result of mandatory security checks by the United States Department of State (DOS) and/or Department of Homeland Security (DHS). I understand that the DOS and DHS determine final approval of my entry and stay in the United States under all applicable immigration regulations.

I also understand that my stay at the NIH is not official until I receive immigration documents and/or clearance from the Division of International Services, ORS, NIH.

Signature	Print/Type Name	Date

SUBMIT THIS COMPLETED FORM AND REQUIRED SUPPORTING DOCUMENTS to *your IC*.
Please do not send this directly to the DIS. THANK YOU FOR YOUR ASSISTANCE AND COOPERATION!

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Scientist's Name: _____ ,

DEPENDENT SUPPLEMENT

Complete this supplement if you have more than two (2) dependents that will accompany you to the U.S.

Type or print clearly. All questions MUST be answered. If you need more space, attach a continuation sheet. If a continuation sheet is necessary, write your name and date of birth at the top of each sheet.

c. Last of Family Name**

| First or Given Name | Middle Name | Gender ☐ Male ☐ Female |

Relationship ☐ Spouse ☐ Child | Date of Birth (mm/dd/yyyy) | City of Birth | Country of Birth | State or Province of Birth

Country of Citizenship | Country of Legal Permanent Residence | Current Immigration Status

d. Last or Family Name

| First or Given Name | Middle Name | Gender ☐ Male ☐ Female |

Relationship ☐ Spouse ☐ Child | Date of Birth (mm/dd/yyyy) | City of Birth | Country of Birth | State or Province of Birth

Country of Citizenship | Country of Legal Permanent Residence | Current Immigration Status

e. Last or Family Name

| First or Given Name | Middle Name | Gender ☐ Male ☐ Female |

Relationship ☐ Spouse ☐ Child | Date of Birth (mm/dd/yyyy) | City of Birth | Country of Birth | State or Province of Birth

Country of Citizenship | Country of Legal Permanent Residence | Current Immigration Status

f. Last or Family Name

| First or Given Name | Middle Name | Gender ☐ Male ☐ Female |

Relationship ☐ Spouse ☐ Child | Date of Birth (mm/dd/yyyy) | City of Birth | Country of Birth | State or Province of Birth

Country of Citizenship | Country of Legal Permanent Residence | Current Immigration Status

g. Last or Family Name

| First or Given Name | Middle Name | Gender ☐ Male ☐ Female |

Relationship ☐ Spouse ☐ Child | Date of Birth (mm/dd/yyyy) | City of Birth | Country of Birth | State or Province of Birth

Country of Citizenship | Country of Legal Permanent Residence | Current Immigration Status

h. Last or Family Name

| First or Given Name | Middle Name | Gender ☐ Male ☐ Female |

Relationship ☐ Spouse ☐ Child | Date of Birth (mm/dd/yyyy) | City of Birth | Country of Birth | State or Province of Birth

Country of Citizenship | Country of Legal Permanent Residence | Current Immigration Status