

# LSUHSC J-1 EXCHANGE-VISITOR (NON-STUDENT\*) DS-2019 REQUEST ROUTING PROCEDURES

\*Requests for all International **Students** should be made on the International Student Form

1. Send the J-1 Application Kit to the prospective J-1 Exchange Visitor. You will need information, documents and signed forms from the Exchange Visitor before you are able to complete the DS-2019 Request packet. The completed J-1 Application Kit and all documents must be provided with the request packet **except** for extension requests for current LSUHSC sponsored exchange visitors.

**Exchange visitors who are foreign medical graduates who wish to pursue medical residencies or undertake clinical training are not eligible for J-1 sponsorship by LSUHSC. These individuals must obtain sponsorship from the Educational Commission for Foreign Medical Graduates (ECFMG) J-1 Program. Do not complete these forms if clinical training is intended!**

2. Complete and route forms LSUHSC-30 (DS-2019 Request Form), LSUHSC-31A (No Patient Contact) or LSUHSC-31B (Incidental Patient Contact) if applicable, and LSUHSC-32 (Agreement to Accept Responsibility) to obtain required signatures.

3. Individual preparing request must complete and sign LSUHSC-37 (Checklist) and attach to application.

4. Once forms are fully complete and signed by all **excluding the Dean**, forward to International Services.

5. International Services will review application and, if complete, will sign and forward to the Dean's Office for approval.

6. Upon return from Dean's Office, International Services will prepare and sign Form DS-2019, as well as other documentation to accompany Form DS-2019.

- A DS-2019 issued to begin a new program/allow dependents to enter separately will be returned to the sponsoring department for transmittal to the exchange visitor/dependents.
- A DS-2019 issued to Transfer an Exchange Visitor's program to LSU HSC from another SEVIS sponsor will be available for pick up in International Services once the EV has arrived at LSU HSC and checked in with ISO.
- A DS-2019 issued for Extension will be available for pick up in International Services.
- **A current J-1 exchange visitor sponsored by LSUHSC may request a replacement for a lost/stolen/damaged DS-2019 directly to the ISO via email to [InternationalServices@lsuhsc.edu](mailto:InternationalServices@lsuhsc.edu). This only applies to replacement forms which require **no** changes.**

## Important Notes:

1. The insurance requirement for all J Exchange Visitors remains the same. LSU HSC-34 is now part of the J Application Kit, which is completed by the beneficiary. To avoid an exchange visitor purchasing coverage that they do not need/cannot use, LSU HSC-34 must now be completed by the scholar and the insurance provider and returned by the Exchange Visitor *before* they leave their home country and *prior* to their initial arrival at LSU HSC. Coverage dates must coincide with the date they arrive in the U.S. (not the program start date), and must be for a minimum of two months of coverage at initial arrival. **If a scholar arrives without coverage, their program is subject to termination.** Following initial arrival, ISO will take over verifying that the Exchange Visitors are maintaining the required coverage, for themselves and their dependents, as usual.
2. Effective July 1, 2023, all Exchange Visitors may not work remotely for more than 40% of their work week. This means that you cannot work remotely for more than 2 days a week as a J-1. We are aware that LSUHSC policy states that individuals can work remotely up to 3 days a week with supervisor permission, but this ECA policy overrules the LSUHSC policy in any Exchange Visitor situation. It is the Exchange Visitor's responsibility to make sure they are abiding by these ECA policies.
3. If you want to utilize the digital signature function, you must use Adobe Reader; the signature blocks will not populate in a web browser.

## INSTRUCTIONS: J-1 EXCHANGE VISITOR DS-2019 REQUEST

A. Complete LSUHSC-30 (DS-2019 Request Form) as follows:

1. Obtain necessary biographical data from the exchange visitor using the J-1 Application Kit.

- If an alien physician (M.D.), refer to Addendum #1 and complete LSUHSC-31A (No Patient Contact) **or** LSUHSC-31B (Incidental Patient Contact) as appropriate.
- *Foreign medical graduates who wish to pursue clinical training in the United States must make application to the Educational Commission for Foreign Medical Graduates (ECFMG) for sponsorship. These individuals cannot undertake clinical training on the J-1 Program sponsored by LSUHSC!*

**CV/resume & letter of offer/invitation must be attached to all new/transfer applications.**

2. Indicate the purpose of the form:

- Begin New program
- Replace Lost or Correct Previous Form (see Addendum #1)
- Permit Family to Enter U.S. Separately (see Addendum #2)
- Transfer J program from another SEVIS program sponsor (see Addendum #3.)
- Extension of current on-going program (see Addendum #4)
- Reinstatement (consult with International Services)

3. Provide period of stay requested with beginning and ending dates.

4. Provide a brief and clear description of activities to be performed at LSUHSC. This information is required in order that International Services may determine the appropriate DOS category.

5. Minimum financial support for Post-Doctoral Researchers/Fellows equaling \$42,000 effective 7/1/2014, annually must be met for all new programs, extensions and transfers. The only exception is that of graduate students. As a result, this minimal salary guideline is subject to review by the LSUHSC administration on a case by case basis. It is important to note that pursuant to DOS regulations, the amount paid to the exchange visitor must be comparable to that paid to others of similar educational attainment and work experience. Verification of adequate financial resources **must** be provided if funding source is not LSUHSC. This verification must be on official documentation of the funding agency (translated as appropriate) indicating the U.S. dollar amount and dates of support. If personal or family funds, verification on official documentation from financial institution is required. A "pledge of support" letter is also required if not personal funds.

6. In accordance with System policy, new hires over the mid-point of salary range established for the position require justification and approval. You must attach a copy of the approved job description with the application, as well as over mid-point of salary range justification and approvals if applicable.

7. Remember to attach copies of passport, visa, I-94 and relevant forms (i.e. DS-2019, I-20, etc).

8. Please note an exchange visitor may not be eligible for program participation in the Research Scholar or Professor category if he/she has been physically present in the United States in any J status for any part of the 24-month period immediately preceding the date of program commencement on the Form DS-2019. If previously in the U.S. in any J status, attach copies of all prior Forms IAP-66/DS-2019 as available. Details about this restriction are included in the J-1 Application Kit.

9. If the spouse or unmarried children under the age of 21 (J-2 dependents) will accompany the exchange visitor to the U.S., the sponsoring department should obtain the required documents from the prospective Exchange Visitor for their dependents, as specified in the J-1 Application Kit.

- If J-2 dependents will later join the exchange visitor and enter the U.S. separately, see Addendum #2.
- Remember, all dependents are required by DOS to obtain and maintain health, accident and repatriation insurance and should be included on LSUHSC-34. (Certificate of Health, Accident and Repatriation Insurance).

10. Complete LSUHSC-32 (Agreement to Accept Responsibility) and obtain appropriate signature.

11. For ALL Non-Faculty positions, obtain confirmation from HRM that all required credential related documents have been received. After HRM receives the documents electronically, and then confirms with the department that they have been received documents directly from the school/evaluation company, the department can just print that email and put it in the packet.

12. Utilize LSUHSC-37 (Checklist) to determine all required forms and documents are complete and signed by the appropriate individual. Once forms are fully complete and signed by all **excluding the Dean**, forward to International Services. International Services will review application and, if complete, will forward to the Dean's Office for approval. The application will be not be considered complete if this form is not completed and signed.

13. Upon return from Dean's Office, International Services will prepare and sign Form DS-2019, as well as other documentation to accompany DS-2019.

## **LSUHSC ADDENDUM #1 FOREIGN MEDICAL GRADUATES AS EXCHANGE VISITORS**

The LSUHSC is authorized by DOS to issue Form DS-2019 for non-clinical programs to alien physicians (M.D. or equivalent) to enter the U.S. for the purposes of **observation, consultation, teaching, or research**.

- No applicant issued an DS-2019 from LSUHSC is eligible for Louisiana State licensure from LSBME.
- If the purpose of the exchange visitor's participation in a program is of a clinical nature (residency, fellowship or other clinical training), the exchange visitor is required to apply to ECFMG for sponsorship. For more information, please contact ECFMG at (215) 386-5900 or through the ECFMG [website](#).

*Departments requesting LSUHSC sponsorship of a J-1 Exchange Visitor who is a foreign medical graduate (M.D. or equivalent) must complete LSUHSC- 31A or LSUHSC-31B (not both).*

Form **LSUHSC-31A (NO PATIENT CONTACT)** must be completed for foreign medical graduates who will engage in activities of observation, consultation, teaching or research only where there is **no** patient contact.

Form **LSUHSC-31B (INCIDENTAL PATIENT CONTACT)** must be completed for foreign medical graduates who will engage in activities of observation, consultation, teaching or research with patient contact **INCIDENTAL** to teaching or research (i.e. holding a retractor for an attending physician; medical procedures and patient care not allowed).

## **LSUHSC ADDENDUM #2**

### **PERMIT FAMILY TO ENTER THE UNITED STATES SEPARATELY**

If J-2 dependents (spouse and unmarried children under the age of 21) do not enter initially with the J-1 exchange visitor and later follow, a Form DS-2019 must be obtained by International Services.

Complete LSUHSC-30 (DS-2019 Request Form), and LSUHSC-34 (Certificate of Health, Accident, and Repatriation Insurance). All dependents are required by DOS to obtain and maintain health, accident, medical evacuation and repatriation insurance for the **entire** U.S. stay.

Appropriate documents to attach to the J application are as follows:

- Copy of Marriage Certificate with English Translation
- Copy of Birth Certificate with English Translation for each child
- Copy of Dependent's passport (ID, issuance, expiration page)
- Information on U.S. Consulate where the J-2 dependent will make application for the J-2 visa (City/Country)
- Planned date U.S. entry
- Information on length of proposed stay (i.e. remainder of exchange visitors participation, shorter visit (approximate dates needed))

SEVIS functionality only permits dependents (J-2) to be added while the J-1 is in initial status but before they are issued an entry visa **OR** after the J-1 has arrived and had their program validated. Exchange Visitors and dependents should consider this restriction when making travel plans and requests for DS-2019 forms.

Form DS-2019 should be prepared **exactly** as the original form except the purpose indicated is "Permit visitor's immediate family to enter the United States separately" and bears a current signature and issuance date.

Upon arrival in the United States, the J-1 Exchange Visitor and sponsoring department are responsible for providing a copy of the J-2 Dependent's passport, visa, I-94, and copy of Form DS-2019 utilized for entry, as well as reporting to the ISO any planned J-2 travel outside the U.S.

**The J-1 Principal must complete the following form to provide the necessary information for dependent DS-2019 issuance.**

## **Addendum #2 Form (Completed by J-1 Exchange Visitor) Permit Family to Enter U.S. Separately**

**SEVIS functionality only permits dependents (J-2) to be added before the J-1 EV is issued an entry visa OR after the J-1 has arrived and had their program validated. Exchange Visitors and dependents should consider this restriction when making travel plans and requests for DS-2019 forms.**

**FAMILY INFORMATION:** (For family members who will also to apply for J status but will arrive separately from the J-1 Exchange Visitor. Only legal spouses and children under the age of 21 are eligible for J dependent status.) \*Provide passport information page, current immigration documentation if in the U.S. and documentation of relationship (marriage license/birth certificate, translated if necessary) for each dependent.

Full Name( LAST, First Middle)    Relationship    Date of Birth    Place of Birth(City,Country)    Citizenship

Email Address (**required** for all persons age 18 and older):

Has this dependent ever been present in the U.S. J-1 or J-2 status?  YES  NO

If yes, provide dates on most recent DS-2019/IAP-66:    Begin Date:    End Date:

**\*Must attach copy of all previous DS-2019 or IAP-66 forms.**

Full Name( LAST, First Middle)    Relationship    Date of Birth    Place of Birth(City,Country)    Citizenship

Email Address (**required** for all persons age 18 and older):

Has this dependent ever been present in the U.S. in J-1 or J-2 status?  YES  NO

If yes, provide dates on most recent DS-2019/IAP-66:    Begin Date:    End Date:

**\*Must attach copy of all previous DS-2019 or IAP-66 forms**

Full Name( LAST, First Middle)    Relationship    Date of Birth    Place of Birth(City,Country)    Citizenship

Email Address (**required** for all persons age 18 and older):

Has this dependent ever been present in the U.S. in J-1 or J-2 status?  YES  NO

If yes, provide dates on most recent DS-2019/IAP-66:    Begin Date:    End Date:

**\*Must attach copy of all previous DS-2019 or IAP-66 forms**

### **Evidence of Funding\***

Each J-1 Exchange Visitor must provide evidence of funding for an additional \$3,500/year over the required minimum funding for each sponsored dependent. A J-1 Exchange Visitor whose current funding level does not reach this amount will be advised to obtain additional funding, and provide acceptable evidence of such funds before any dependent DS-2019 forms will be issued by International Services.

**ADDITIONAL DOCUMENTATION: \* For each dependent, attach copies of all previous entry, work or visitor visas, Current passport, Both Sides of Current I-94 (if in U.S.) and the above mentioned documents to establish relationship to the principal J-1 requesting the forms.**

\_\_\_\_\_  
Signature of J-1 Exchange Visitor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## LSUHSC ADDENDUM #3

### TRANSFER OF J-1 EXCHANGE VISITOR TO LSUHSC FROM ANOTHER SEVIS SPONSOR

1. Before agreeing to transfer a J-1 exchange visitor from another institution, copies of all previous Forms DS-2019, as well as a copy of the passport, Form I-94 and entry visa must be forwarded to International Services in order to determine transfer eligibility. Make certain one of the copies of Form DS-2019 indicates “**To Begin A New Program**” in the upper right hand corner.
2. *The Exchange Visitor’s current program sponsor must also complete the “Transfer In” request form and provide any required documentation, which should be submitted with the Request packet.*
3. Complete LSUHSC-30 (DS-2019 Request Form), LSUHSC-31A (No Patient Contact) **or** LSUHSC-31B (Incidental Patient Contact) if applicable as a foreign medical graduate, LSUHSC-32 (Agreement to Accept Responsibility), LSUHSC-35 (Information Regarding Termination From Program Participation), LSUHSC-36 (212(e) Waiver Declaration) for transfer, and LSUHSC-37 (Checklist).
4. The exchange visitor is required to maintain a valid passport during his or her period of stay. The passport must be valid for six months beyond the requested transfer dates. An exchange visitor may transfer to a LSUHSC program if the I-94 indicates D/S (Duration of Status). *If the I-94 has a termination date, Form I-539 (with appropriate fee) must be executed with the DS-2019 and requires USCIS adjudication. Call International Services for appropriate fee.*
4. Forward completed forms as required to International Services.
5. International Services shall verify transfer eligibility and obtain Dean’s Office approval.
6. In accordance with CM-38, some individuals who will transfer from another institution within the United States may be subject to post-offer drug testing for illegal substances. Testing free of illegal drugs is a condition of employment and must be confirmed prior to processing of an employee appointment.
7. Following final approvals and drug testing (if applicable), International Services will execute Form DS-2019 following release of the SEVIS record from the transferring institution and issue to the exchange visitor upon arrival on the LSUHSC campus.

## **LSUHSC ADDENDUM #4 J-1 EXTENSION**

1. Complete LSUHSC-30 (DS-2019 Request Form) and LSUHSC-32, (Agreement to Accept Responsibility) securing signatures of the Faculty Sponsor and Department Head.
2. The Dean's signature/completed Application Kit is not required for ongoing LSUHSC extensions.
3. Scholar should complete LSUHSC-36 (212(e) Waiver Declaration)
4. If not LSUHSC funded, attach financial verification for extension period with appropriate translation.
5. Indicate the time period to be covered by the extension. Requests for extension must utilize consecutive dates with no break in the exchange visitor program. Maximum time allowed is five years from date of entry in J-1 status to the United States.
6. Attach a copy of exchange visitor's most current passport, visa, and I-94. An exchange visitor's participation in the LSUHSC program may be extended if the I-94 indicates D/S (Duration of Status). *If the I-94 has a termination date, Form I-539 (with appropriate fee) must be executed with the DS-2019 and requires USCIS adjudication. Call International Services for appropriate fee.*
7. International Services will issue an executed Form DS-2019 to the exchange visitor reflecting the extension dates. *Personnel Action Forms must be processed by sponsoring departments through Human Resource Management (HRM) if applicable.*
8. The exchange visitor is required to maintain a valid passport during his or her period of stay. The passport should always be valid for six months beyond the requested extension.
9. If the department is seeking an extension in excess of that authorized for his/her specific category of participation, the responsible officer shall adequately document the reasons which justify the extension and secure the prior written approval of DOS. *Only extremely unusual, extenuating circumstances warrant extension beyond the limits set by DOS.*

# LSUHSC-30 (DS-2019 REQUEST FORM)

## Purpose of Form

- Begin New Program                       Permit Family to Initially Enter U.S. Separately  
 Transfer J program to LSU HSC-New Orleans from another SEVIS sponsor.     Extend an on-going program

## Exchange Visitor's Biographical Data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex:     Male  Female      Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Email: \_\_\_\_\_

## English Proficiency

Exchange visitor **must** be proficient in English to successfully complete program objectives.

Has English proficiency been verified?     Yes     No

How was English proficiency verified?     Phone Conversation     Interview     TOEFL/TOEFL iBT score (attach score)

Other (specify method): \_\_\_\_\_

## Program Information

Period of Time Requested:      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is it possible the Exchange Visitor will extend their stay beyond these dates?     Yes     No

Description of Proposed Activity:

\_\_\_\_\_

Is any patient care or clinical training anticipated for this position?     Yes     No

Work Location Address (must include city and state): \_\_\_\_\_

Actual Work Location: LSUHSC Building \_\_\_\_\_

Funding Amount: \$ \_\_\_\_\_ Per     Year       Month       Period of Stay

Funding Source:

LSUHSC Acct #: \_\_\_\_\_

International Organization\*

U.S. Government Agency\*

Personal Funds\*

Exchange Visitor's Government\*

Other\*: \_\_\_\_\_

\*If not LSUHSC funded, attach financial verification with English translation, if necessary.

LSUHSC Position Title: \_\_\_\_\_ PCN# \_\_\_\_\_ (Attach job description)

Is justification beyond mid-salary range required?     Yes\*     No    \*If yes, attach justification/approval.

School and Department: \_\_\_\_\_ Faculty Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The undersigned certify activities of the exchange visitor will at all times be in compliance with DOS regs:**

Faculty Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Section Head: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED :**

\_\_\_\_\_  
Remy Allen (Date)

\_\_\_\_\_  
Dean or Dean Designee (Date)

**LSUHSC-31A  
NO PATIENT CONTACT**

**(Form 31A or 31B is completed only if Exchange Visitor is an M.D.)**

If the alien physician is coming to the United States solely for the purpose of observation, consultation, teaching, or research, the Responsible Officer or duly designated alternate of the Exchange-Visitor Program involved must sign and append to the Form DS-2019 this certification:

"THIS CERTIFIES THAT THE PROGRAM IN WHICH \_\_\_\_\_  
IS TO BE ENGAGED IS SOLELY FOR THE PURPOSE OF OBSERVATION, CONSULTATION,  
TEACHING OR RESEARCH AND NO ELEMENT OF PATIENT CARE SERVICE IS INVOLVED."

\_\_\_\_\_  
FACULTY SPONSOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SECTION HEAD (IF APPLICABLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
DATE

**LSUHSC-31B**  
**INCIDENTAL PATIENT CONTACT**  
**(Form 31A or 31B is completed only if Exchange Visitor is an M.D.)**

If the alien physician is coming to the United States to pursue a program involved with observation, consultation, teaching or research, but which also involves incidental patient contact, the Dean of the involved accredited United States medical school or his or her designee must certify to the following **five** points.

The certification must be appended to the Form DS-2019 issued to the prospective Exchange-Visitor alien physician:

1. The program in which \_\_\_\_\_ will participate is predominantly involved with observation, consultation, teaching or research.
  
2. Any incidental patient contact involving the alien physician 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 of Louisiana.
  
3. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
  
4. Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professions in the State in which the alien physician is pursuing the program.
  
5. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

\_\_\_\_\_  
Faculty Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

**LSUHSC-32**  
**AGREEMENT TO ACCEPT RESPONSIBILITY FOR EXCHANGE VISITOR**

\_\_\_\_\_  
Name of proposed EV

If funding is provided by LSUHSC, we agree to accept responsibility for the exchange visitor for the entire period of stay as requested and certify that our department has sufficient funding to support this J-1 exchange visitor for the entire period as stated on Form LSUHSC-30.

Exchange visitors funded by their home government, university, or international organization have a responsibility to adhere to the guidelines/regulations of that specific authority.

It is the responsibility of the faculty sponsor within LSUHSC to determine (before the DS-2019 is requested) whether he/she can live within those guidelines. Once the DS-2019 is issued, the faculty sponsor (and LSUHSC) is obligated to abide by those guidelines.

All communication with the exchange visitor's government, university or the international organization sponsor **MUST** be routed through International Services **PRIOR** to submission. This policy includes correspondence regarding graduate students, research scholars or other categories of exchange visitors.

**CERTIFICATION BY FACULTY SPONSOR AND HEAD OF DEPARTMENT**  
SHOULD PROBLEMS OCCUR WITH THE EXCHANGE VISITOR REGARDING EMPLOYMENT, FINANCES, STUDIES, ETC., WE AGREE TO NOTIFY INTERNATIONAL SERVICES **PRIOR** TO INITIATING ANY ACTION REGARDING THE EXCHANGE VISITOR.

IN ADDITION, WE AGREE TO FOLLOW THE APPROPRIATE STANDARD UNIVERSITY PROCEDURES IN REMEDYING SUCH PROBLEMS. WE HAVE READ AND AGREE TO THE ABOVE STATED TERMS OF ACCEPTANCE OF THE INTERNATIONAL EXCHANGE VISITOR.

\_\_\_\_\_  
FACULTY SPONSOR                      DATE

\_\_\_\_\_  
SECTION HEAD (IF APPLICABLE) DATE

\_\_\_\_\_  
DEPARTMENT HEAD                      DATE

LSUHSC-33 ENGLISH PROFICIENCY

STATEMENT OF ENGLISH LANGUAGE PROFICIENCY  
ASSESSMENT FOR J-1 EXCHANGE VISITOR

This written statement is to verify that I \_\_\_\_\_ have personally spoken with \_\_\_\_\_, a prospective J-1 Exchange Visitor to be sponsored by LSU Health Sciences Center-New Orleans. I have directly communicated with this individual in the following way(s):

- In Person Interview/Conversation (Date occurred: \_\_\_\_\_)
- Online session via Skype or other platform (Date occurred: \_\_\_\_\_)
- Telephone call (Date occurred: \_\_\_\_\_)

I hereby verify that after assessing the individual's English Language Proficiency using the above method(s) that the individual has sufficient English Proficiency to:

- Function in their proposed work environment at a level appropriate for their title/position
- Function for daily living in the United States

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LSUHSC-36**  
**212 (e) WAIVER DECLARATION** (Transfer or Extension)

Date: \_\_\_\_\_

Dear Responsible Officer:

Attached please find my Application for Extension of Current J-1 Status.

I certify the following (please select **one**):

I have not filed for a Waiver of 212(e).

I have filed for a Waiver of 212(e) on \_\_\_\_\_, (mm/dd/yyyy) but have not received a case number as of this date.

I have filed for a Waiver of 212(e) on \_\_\_\_\_ (mm/dd/yyyy) and am in possession of case number \_\_\_\_\_.

I have filed for a Waiver of 212(e) and am in possession of a Recommendation from DOS or USCIS Approval, which is attached.

I may be contacted at \_\_\_\_\_ should you have any further questions or require additional information.

\_\_\_\_\_  
Signature of Exchange Visitor

\_\_\_\_\_  
Date

## LSUHSC-37 (CHECKLIST)

(This Checklist must be completed and attached for the application to be considered complete.)

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| 1. LSUHSC-30 (DS-2019 Request Form).  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 2. LSUHSC-31A (No Patient Contact) OR LSUHSC-31B (Incidental Patient Contact) if Exchange Visitor is a foreign medical graduate. <b>DO NOT COMPLETE BOTH!</b>       | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 3. LSUHSC-32 (Agreement to Accept Responsibility).  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 4. LSUHSC-35 (Termination From Program Participation).  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 5. "Transfer In" form completed by current program sponsor.   | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 6. LSU HSC-36 212(e) Waiver Declaration. (Extension or Transfer)  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 7. Attach copy of Exchange Visitor Curriculum Vitae/Resume.   | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 8. Attach formal letter of invitation/offer.  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 9. Attach financial verification if not be funded by LSUHSC.  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 10. Attach approved job description.  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 11. Attach completed Application Kit and supporting documents.  | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 12. Attach copies of current documents if currently in U.S.   | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |
| 13. For ALL Non-Faculty positions, confirmation from HRM<br>(copy of HRM e-mail is acceptable that all required credential<br>related documents have been received. | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required |

Individual preparing request, not necessarily the faculty sponsor, should sign completed checklist as appropriate and attach to request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date