Division of
INTERNATIONAL
SERVICES

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:
http://dis.ors.od.nih.gov/advisories/techadvis_no01.html

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.

Division of
INTERNATIONAL SERVICES
NIH Office of Research Services (ORS)

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				

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 seven years, 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!

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		