

Office of International Affairs, University of Texas Southwestern Medical Center
5323 Harry Hines Blvd., BL9.100, Dallas, TX 75390-9011; 214-648-0010

Documents Needed from Sponsoring Department to Request J-1 Visa Sponsorship
(Note: See “Forms Library” for individual copies of certain attachments)

Please complete all of the forms and provide the additional documents listed below. The completed checklist items should be sent, together with the completed prospective trainee application, to the International Affairs liaison for your department (see “Additional Resource Materials” for list.) For information or assistance with the application materials we encourage departments and prospective trainees to contact our office at 214-648-0010. There is additional visa information as well as pre-arrival information for the visa holder on our website at www.utsouthwestern.edu/international.

- ☐ Completed J-1 Visa Departmental Application (attached, and available in “Forms Library”)
- ☐ Completed [Export Controls Questionnaire](#).
- ☐ Copy of Approved Offer Letter
- ☐ For M.D.s who will have incidental patient contact (teaching, research, and/or observation positions) submit a **signed** [“5-Point Letter”](#) on letterhead by Chair and Executive Vice President & Provost (see “Forms Library” for sample letter)
- ☐ Completed [J-1 English Assessment Certification](#)

J-1 Visa Request Form (To be completed by Department sponsoring Exchange Visitor)

Rev. February 9, 2016

Visitor _____ (☐ Male (☐ Female)
 Family Name First Middle
 Date of Birth _____ (☐ Married ☐ Single Citizen of _____ Occupation _____
 at Home _____

UTSW can issue sponsorship documents in any increments of time up to five years if funding is stable. By requesting more than one year, you are confirming that funding is expected to be available for the entire period. If funding is from a source other than UTSW we must receive official documentation from the funding source for the period of document validity. Please specify the period for which you would like the document to be issued:

Date document is to begin _____ Date document is to end _____

UTSW Job Title _____ Dept. _____

Objective of Visit (Describe in layman's terms the nature of the research or academic pursuit in which visit will engage): _____

Principal Investigator _____ Mail Code _____ Extension _____

Administrative Contact _____ Extension _____ Fax _____

UTSW Sub-ledger Number _____ Depart ID# _____

OR Federal Express Account Number _____

Paid by UT Southwestern \$ _____ per year/month Check one: (Employee) _____ or (Fellow) _____

U.S. Government Agency \$ _____ per year/month Foreign Visitor's Government US\$ _____

Other Organization(s) \$ _____ per year/month Name _____

Personal Funds \$ _____ per year/month

For M.D.s Only

Will the exchange visitor's work involve (check one) ☐ hands-on patient contact or ☐ clinical observation

If observation only, please provide additional documents listed at:

http://www.utsouthwestern.edu/edumedia/edufiles/about_us/admin_offices/international_affairs/j-1-new-clinical-observation.pdf

If hands-on patient contact, will it be as a consequence of the primary purpose of teaching or research? Yes ☐ No ☐

If yes, please attach a 5-point letter.

Will the visitor function as a clinical fellow or a resident sponsored by ECFMG? Yes ☐ No ☐

Licensing: Institutional Permit _____ Visiting Professor Permit _____

Signature (Principal Investigator)

Date

Signature (Department Chairperson)

Date

International Affairs

www.utsouthwestern.edu/international

Contact Us:

internationalaffairsOIA@utsouthwestern.edu

214-648-0010

Documentation of English Language Proficiency for Prospective J-1 "Research Scholars," "Professors," and "Short Term Scholars" Sponsored Under the UT Southwestern Exchange Visitor Visa Program

Instructions:

Effective January of 2015, new regulations of the U.S. Department of State require that J-1 Exchange Visitor Program Sponsors implement a procedure to determine that a prospective J-1 visa holder has "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.10(a)(2)]

Please complete the information below to indicate whether the indicated prospective J-1 visa holder has sufficient English language proficiency to function on a day-to-day basis both in and outside of the lab. The completed form signed by the mentor and Departmental Chair, must be returned to the Office of International Affairs with the documentation indicated on our J-1 visa checklist before the visa document will be issued.

Name of Prospective J-1 Visa Holder: _____ Proposed Job Title: _____

Name of Mentor: _____ Department: _____

Based on the indicated assessment method below (please mark one) I confirm that the above individual has sufficient English language proficiency to participate in his/her program and function on a day-to-day basis inside and outside of the lab:

1. ☐ Undergraduate or graduate degree earned at Institution where curriculum is taught in English
2. ☐ TOEFL score, <http://www.ets.org/toefl/>, should be at least 80 TOEFL iBT (550 paper-based)
3. ☐ IELTS score, <http://www.ielts.org/>, should be at least 6.5.
4. ☐ Certification by UT Southwestern Mentor:

I certify that I, or my native English speaking delegate, conducted an interview in English with the prospective J-1 visa holder as indicated below. It is my conclusion that s/he has sufficient English language proficiency to successfully participate in the proposed program and function on a day-to-day basis both inside and outside of the lab:

a) ☐ Face to face interview in English completed on _____ / _____ / _____

b) ☐ Videoconference interview in English completed on _____ / _____ / _____

Signature of Mentor _____ Date: _____

Printed Name of Mentor: _____

I am aware that my faculty member certifies that this trainee meets the English language requirement for J-1 visa holders based on the criteria indicated above.

Signature of Chair/Director: _____ Date: _____

Printed Name of Chair/Director: _____