



J-1 Visa Exchange Programs

Exchange Visitor Application

Place this completed checklist on top of the application you send to Cultural Vistas.

Expedited Application Review: 5 business-day review (Additional Cost) Expedited Site Visit: 5 business-day review (Additional Cost)

Participant & Host Employer Information

Mr. _____
 Ms. _____
 Dr. _____

Exchange Visitor Participant Name Nationality of Participant

Host Employer Organization Name

- Student: Foreign national currently enrolled in and pursuing studies at a degree- or certificate-granting post-secondary academic institution outside the U.S
- Non-Student: All applicants not currently enrolled in a degree- or certificate-granting post-secondary academic institution are considered non-students

Application Checklist

Your application to Cultural Vistas must include these items. Use this checklist to help ensure that your application is complete.

- Signed, completed Exchange Visitor Application form
- Photocopy of a valid passport photo page and name/issuance page (*name and birth date must be clear and legible*)
- Statement of Motivation
- Proof of English language ability dated within the past 3 years (certificate, exam, interview document, or school course verification). If you do not possess such documentation, an interview will be scheduled with Cultural Vistas
- Copies of any previous DS-2019/DS-7002 forms if you have already participated in a J-1 visa program.
- If you are a student, send (in English):
 - Letter from school confirming full-time student status
 - One letter of reference from a professor or recent employer
- If you are a recent graduate, please provide:
 - A copy of the certificate or diploma
 - One letter of reference from a professor or recent employer (in English)
- If you are a non-student, send:
 - Copy of most recent certificate or diploma
 - Employment verification letters confirming you have 1 year related full-time work experience (ex. 2 jobs within a 12 month period requires 2 reference letters)
 - OR
 - Employment verification letters confirming you have 5 years related full-time work experience (*1 letter per position held within past 5 years; ex. 3 jobs within 5 years = 3 reference letters*)
- Administration fee (Paid by: Participant Host Organization Other)

Student (currently enrolled)	Non-student
<input type="checkbox"/> 0-3 months \$750	<input type="checkbox"/> 0-3 months \$875
<input type="checkbox"/> 3-6 months \$950	<input type="checkbox"/> 3-6 months \$1275
<input type="checkbox"/> 6-12 months \$1250	<input type="checkbox"/> 6-12 months \$1575
	<input type="checkbox"/> 12-18 months \$1775
- Required Insurance fee (Paid by: Participant Host Organization Other)
 - \$46 per month from start date to end date (*July 1-August 2=2months*)
- Optional Insurance fee (Paid by: Participant Host Organization Other)
 - Additional \$46 for insurance up to 30 days *before* the program start date
 - Additional \$46 for insurance up to 30 days *after* the program end date
- \$180 SEVIS Fee (*required by Department of Homeland Security*)



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Optional Expedited Service (*Expedited files must include a completed application from both host employer AND exchange visitor program participant along with program fee*)

\$1250 Expedited Application Review Fee (*see Cultural Vistas Fees and Refunds for more information*)

\$1250 Expedited Site Visit Fee (*see Cultural Vistas Fees and Refunds for more information*)

Dependent Application Yes No

Dependent Fee \$500

Documents: passport copies, marriage certificate, birth certificates



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IMPORTANT: This application must be typed. All items must be answered completely and in English.

Exchange Visitor Name (as it appears on passport) Mr. Ms. Dr. _____
Surname (family name)

Date of Application _____ First Name _____ Other Name(s) (as on passport) _____

Biographical Information Gender: Male Female Marital Status: Single Married

City of Birth _____ Country of Birth _____

Date of Birth (month day, year) _____ Country of Citizenship _____ Country of Permanent Legal Residence _____
Write out month.
Example: March 5, 1976

Permanent Address

(Must be address outside of U.S.)

Street Address _____

City _____ Country _____ Postal Code _____

Telephone (country code)(city code)phone number _____ Fax _____ E-mail _____

Current Address

(Cultural Vistas documents will be sent to this address.)

Street Address (no P.O. boxes) _____

Check here if current address is same as address given above. City _____ Country _____ Postal Code _____

Home or Evening Telephone (country code)(city code)phone number _____ Daytime or Work Telephone _____

Fax _____ E-mail _____ Current Address is Valid Until (month/day/year) _____

Visa Information

At which U.S. Embassy/Consulate will you apply for the J-1 visa? _____

Have you previously visited the United States on a J-1 visa? Yes No

If yes, please provide a copy of visa documents and answer the following:

_____ to _____
Date of entry to U.S. _____ Date of exit from U.S. _____

_____ Purpose of Visit _____
Name of Sponsor(s) _____

Are you currently in, or have you in the last 12 months visited, the U.S.? Yes No

If yes, please complete:

_____ Purpose of Visit _____
Type of Visa Held _____

_____ Date of Entry (month/day/year) _____

_____ Date you actually exited the United States (month/day/year) _____
Expiration date of I-94 form (month/day/year) _____

(If you are currently in the United States, you must attach a PHOTOCOPY of your I-94 form, both front and back, usually located in your passport. Do not send the original document.)



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Have you ever been refused a visa to the United States? Yes No
If yes, provide the following information:

Type of Visa Date of Refusal (month/day/year)

Reason for Refusal

Have you ever overstayed the approved time on a visa or tourist waiver status during a trip to the United States?
 Yes No If yes, please explain on a separate sheet of paper.

Knowledge of English Language

Is English your native language? Yes No

If no, Cultural Vistas will require documentation to verify your English language skills. Please rate your knowledge of the English language:

Speaking: Poor Fair Good Excellent

Reading: Poor Fair Good Excellent

Writing: Poor Fair Good Excellent

Emergency Contact Information

(This cannot be the host employer. The emergency contact must be located outside the U.S.)

Mr. _____
 Ms. _____
 Dr. _____
Full Name Relationship to You

Street Address

City Country Postal Code

E-mail Telephone (country code)(city code)phone number

Internship Position Information

I have interviewed in person, by video conference, telephone, or Web camera with one of the following:
 Cultural Vistas Host Employer Cultural Vistas Global Partner Other:

I have not interviewed in person.

List Your Expected Dates of Internship:

_____ to _____
Start Date (month/day/year) End Date (month/day/year)

Prospective Host Employer/Organization in the U.S.

Mr. Ms. Dr. _____
Name of Contact Person Job Title

Street Address

City State Postal Code

Telephone Fax E-mail

Financial Information

Personal Funds: \$_____ per month

Will you receive funds from the U.S. government, from a foreign government, or any other organization during your program in the U.S.? If yes, please provide the following information:

Institution Name \$
Amount per month

Statement of Motivation

Please explain the reasons why you are seeking a practical training experience in the United States. Describe how this internship program will benefit you in terms of your own career development and as an international cultural experience. What impact do you expect such an experience to have on your life?

If you have participated in a J-1 internship or training program previously please explain what new skills or knowledge you will gain that differs from your previous program.

The response should be:

- 250 words or less
- typed
- attached on a separate sheet of paper
- **written by you, the exchange visitor, not a third party**

Referral Information

How did you learn of this position in the United States? _____

How did you learn about Cultural Vistas? _____

- Host Organization
 Participant
 IAESTE Network
 Cultural Vistas Web site
 Other Web Site

Attorney:

Name _____

Phone or E-mail _____

Other:

_____ Please Explain

School Background

- First list the school in which you are currently enrolled or from which you recently graduated.
- Do not list primary or secondary schools.
- You may add a current CV to supplement this information.
- **Please attach a separate sheet for others, if needed.**

SCHOOL 1	SCHOOL 2
School Name _____	School Name _____
City _____ Country _____	City _____ Country _____
Begin Date (month/year) _____ End Date (month/year) _____	Begin Date (month/year) _____ End Date (month/year) _____
Field of Study _____	Field of Study _____
Degrees or Certificates _____	Degrees or Certificates _____
SCHOOL 3	SCHOOL 4
School Name _____	School Name _____
City _____ Country _____	City _____ Country _____
Begin Date (month/year) _____ End Date (month/year) _____	Begin Date (month/year) _____ End Date (month/year) _____
Field of Study _____	Field of Study _____
Degrees or Certificates _____	Degrees or Certificates _____

Work Experience <ul style="list-style-type: none"> • Start with current company or activity. • Include all jobs in the United States • Please attach a separate sheet for others, if needed. 	COMPANY 1	COMPANY 2
	Company Name	Company Name
	City Country	City Country
	Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
	Job Title	Job Title
	COMPANY 3	COMPANY 4
	Company Name	Company Name
	City Country	City Country
	Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
	Job Title	Job Title

COMPANY 5	COMPANY 6
Company Name	Company Name
City Country	City Country
Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
Job Title	Job Title
COMPANY 7	COMPANY 8
Company Name	Company Name
City Country	City Country
Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
Job Title	Job Title

Dependent Information

(Please disregard this section if you are not bringing dependents.)

- Please indicate below if you plan to request authorization for your dependents to accompany you to the United States during your training program. Dependents are defined as a legally married spouse and/or children less than 21 years of age.
- **If dependents will be accompanying you, please complete Dependent Health Insurance information on following page.**

Select one: No dependents will accompany me during my training program.
 Dependents will arrive with me.
 Dependents will arrive later.

Expected arrival date:

DEPENDENT 1		DEPENDENT 2	
Full Name of Dependent <i>(as it appears in passport)</i>		Full Name of Dependent <i>(as it appears in passport)</i>	
Relationship to You		Relationship to You	
City of Birth	Country of Birth	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Residence	Country of Citizenship	Country of Legal Residence
Birth Date <i>(month/day/year)</i>		Birth Date <i>(month/day/year)</i>	
DEPENDENT 3		DEPENDENT 4	
Full Name of Dependent <i>(as it appears in passport)</i>		Full Name of Dependent <i>(as it appears in passport)</i>	
Relationship to You		Relationship to You	
City of Birth	Country of Birth	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Residence	Country of Citizenship	Country of Legal Residence
Birth Date <i>(month/day/year)</i>		Birth Date <i>(month/day/year)</i>	

**If your dependents will join you at a later date, you must contact Cultural Vistas so that the proper documents can be issued.*



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Dependent Health Insurance

I am aware that U.S. Federal Regulations state that all accompanying dependents that enter the United States under the sponsorship of Cultural Vistas must be covered by health and accident insurance for the entire duration of the training program. I hereby certify that:

I will enroll through Cultural Vistas. My dependents' insurance policy does not meet the above U.S. limits, so I am enrolling my dependents in full health and accident coverage through Cultural Vistas (including medical evacuation or repatriation) at a cost of \$380 per month.

I will be providing health insurance for my dependents. The insurance policy I have chosen for my dependents meets or exceeds the coverage limits set by the U.S. federal regulations, as follows:

Medical and accident: \$50,000 per illness/accident Medical Evacuation: \$10,000
\$500 deductible per illness/accident Repatriation: \$10,000

I have read the insurance information provided by Cultural Vistas and I am aware that if I willfully fail to carry health insurance for my dependents, or if I misrepresent my dependents' insurance coverage, then Cultural Vistas must terminate my program.

This coverage will be in effect for the entire duration of my program in the United States. If this policy is not valid through the entire duration of the training program, **I certify that it can and will be renewed.**

I will be providing health insurance for my dependents.

Company Issuing the Insurance

Street Address

City

Country

Postal Code

Telephone

Policy Number

Effective Dates

Policy Start Date

Please add enrollment in **ONLY** Medical Evacuation or Repatriation coverage at a cost of \$7 per month

**Payment for dependent insurance coverage must be made in full for entire coverage period and be received by Cultural Vistas prior to dependent document issuance.*

Signature: _____ Date: _____

Full Name (please print) _____

Program Terms and Conditions

In order for Cultural Vistas to grant approval for you to intern or train at the organization, you must accept the responsibilities and obligations listed below.

Your signature means that you understand and agree to the conditions as stated. This is considered a binding agreement between you and Cultural Vistas.

EXCHANGE VISITOR OBLIGATIONS AND RESPONSIBILITIES

Read and sign below to indicate acceptance and agreement.

I agree to the following terms and conditions:

I understand that I am not authorized to leave my Cultural Vistas-sponsored training/internship program, nor will I seek a training/internship position with any other U.S. company/firm/organization while I am sponsored by Cultural Vistas. However, in the event of a breach in the internship program on the part of the host organization, I will contact Cultural Vistas immediately to seek assistance.

If I voluntarily leave my host organization, I agree to leave the United States within 10 days and will indicate that to Cultural Vistas by surrendering the Certificate of Eligibility to Cultural Vistas, along with a copy of my airline ticket out of the United States. I understand that if I leave my training/internship program and **do not** surrender the Certificate of Eligibility along with proof of transportation out of the United States, Cultural Vistas will withdraw its sponsorship and notify the U.S. Department of State and immigration authorities. I realize that once this step has been taken, I am in the United States **illegally**.

I understand that the intent of the J-1 Exchange Visitor Visa program is to allow me to enhance my skills and improve my knowledge of American methods which will be useful to me when I return home. I hereby pledge that I will not seek any changes in visa status during my Cultural Vistas-sponsored J-1 visa program. Therefore, it is my intention to leave the United States at the end of my program.

I recognize that Cultural Vistas is my legal sponsor while I am in the United States as a J-1 participant. I acknowledge that Cultural Vistas must approve in advance any changes in the program and that I am responsible for reporting to Cultural Vistas, in a timely manner, any changes in the program, such as a change in program location; a change in the dates of the program which would cause me to leave the United States more than 30 days before the end date on the Certificate of Eligibility; or any substantial changes in the content of my program.

I agree to provide Cultural Vistas with my date of entry to the United States, an established local U.S. address and phone number within 10 days of arrival, as well as all Cultural Vistas forms and evaluations. During my stay in the United States, I will notify Cultural Vistas of any changes in my current address within 10 days of the change. **U.S. government regulations stipulate that failure to do so will result in the automatic cancellation of my J-1 visa.**

I understand that the time allowed for internship is limited to a maximum of 12 months and for training is limited to a maximum of 18 months (dependent upon the career field), and that my Certificate of Eligibility will reflect the dates of my training/internship program. I realize that I will have 30 days beyond the end date given on the Certificate of Eligibility to conclude my affairs and travel in the United States, and that I will then be expected to exit the United States.

I have read, understood, and do agree to follow the Cultural Vistas Policies listed in the *J-1 Visa Program Instructions and Information*. I understand that Cultural Vistas can withdraw sponsorship if any of the conditions of my training/internship are changed without Cultural Vistas' advance permission. If sponsorship is withdrawn, I will return the Certificate of Eligibility to Cultural Vistas, and exit the country immediately.

I understand that in the case of a visa denial by a U.S. Consulate there is no refund of the administration fee. I will notify my sponsor immediately to determine next steps. Requests for refunds of insurance must be received in writing within 60 days of program start date and will be issued in accordance with the refund policy in our Application Instructions.

I certify that I will comply with laws, regulations and/or instructions of appropriate government agencies in the United States.

I understand that use of the Certificate of Eligibility provided by Cultural Vistas confirms acceptance of all terms and conditions outlined in the training/internship program.

I understand that although my Cultural Vistas health insurance plan is compliant with the Department of State regulations, it is not intended to provide comprehensive health care coverage and does not meet Minimum Creditable Coverage standards required by state law in Massachusetts. I agree that I am responsible for any penalties incurred as a result of my non-compliance with the Massachusetts state standards. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (<http://www.mahealthconnector.org>). If you have questions about this, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at <http://www.mass.gov/doi>

The Parties [person or entity named in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. Read the entire arbitration agreement on our Web site at <http://www.aipt.org/programs/legal-and-evaluation/Arbitration-Agreement.html> or request a copy be sent to you by contacting us at 410.997.2200.

I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision.

Signature: _____ Date: _____

(Signature is required for processing)

Full Name (please print): _____

City: _____ Country: _____

If you have any questions about the above-stated program conditions or other program details, it is important you contact Cultural Vistas.

Please review the checklist on page one to ensure that your application is complete. Attach checklist on top of this completed application and submit to Cultural Vistas at:



10400 Little Patuxent Parkway, Suite 250
Columbia, MD 21044-3519
U.S.A.

J-1 Visa Exchange Programs
Exchange Visitor Application

Tel: +1.410.997.2200
Fax: +1.410.997.7813
aipt@aipt.org