

INITIAL J-1 SUBMISSION FORM

Complete this form and upload to ISD.

CHECKLIST

- ❖ [Review IFSO's Instructions for J requests](#)
- ❖ [Review ISD Instructions](#)
- ❖ [Submit Recharge Fee](#)
- ❖ Department will **submit a complete J-1 Request** to IFSO via International Scholar Dossier (ISD)

SECTION 1: SCHOLAR INFORMATION

Name of Scholar: _____

(Family/Last Name)
(First Name)
(Middle Name)

SECTION 2: CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY (REQUIRED FOR ALL J's)

Guidelines: The Department of State requires scholars to have "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 62.11(a)(2)]. Attach the supplemental documentation if requested below.

Please indicate how the department has certified the prospective Exchange Visitor's English proficiency:

<input type="checkbox"/> By a recognized English language test	A copy of the test score will be uploaded in English to ISD <ul style="list-style-type: none"> IELTS overall band score of 6 or higher TOEFL test score must be 500 (paper based), 173 (computer based) or 61 (internet based IBT) PETS score level 5 or higher <p style="margin-left: 20px;">*Not accepted: TOEIC and TOEFL IT</p>
<input type="checkbox"/> By an institution or English language school	A copy of the letter will be uploaded to ISD <ul style="list-style-type: none"> Verifies the exchange visitor possesses English language proficiency high enough to function daily within the UCSD position and within the local U.S. community. Issued on letterhead in English within the past 6-months. Includes signature from school official

By the sponsoring supervisor

If the proficiency was determined by ongoing discussions over a period of time, please indicate the following in the empty space below:

- (1) the method,
- (2) the period of time discussions happened, and
- (3) a signature in the right column

Supervisor Name: _____

Date of Interview: _____

Duration of Interview: _____ mins (**minimum 15 mins**)

In Person
 By Videoconference
 By Phone

I declare under penalty of perjury that I have interviewed the prospective exchange visitor, and I have verified that the scholar's English language proficiency is sufficient to function daily within their UCSD position and within the local U.S. community.

Supervisor Signature

Date

SECTION 3: FOR ALIEN PHYSICIANS ONLY

PRECAUTIONS:

Be careful not to subject yourself or UC San Diego to criminal liability by falsely stating the type of patient contact that the alien physician will have. The United States Code provides for criminal penalties for any false, fictitious, or fraudulent statements or representations. If the alien physician's position involves significant patient contact or otherwise does not comply with the certifications below, that physician cannot be sponsored through UCSD's J-1 Exchange Visitor Program but may be authorized under a program sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG). For further information regarding physician sponsorship through ECFMG, please contact Tom Arneson in the Graduate Medical Education Office at (619) 471-0347 or tarneson@ucsd.edu

*****SELECT ONE OF THE TWO OPTIONS LISTED BELOW*****

OPTION 1: NO PATIENT CONTACT

Please complete this section if the alien physician's program **DOES NOT** involve patient contact:

This certifies that the program in which the above alien physician is to be engaged in is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved.

Name of Physician's Supervisor

Signature of Physician's Supervisor

Date

OPTION 2: INCIDENTAL PATIENT CONTACT

Please follow these directions if the alien physician's program **DOES** involve patient contact:

If the alien physician is coming to the U.S. to pursue a program involved with observation, consultation, teaching, or research, but which also involves incidental patient contact, the department must provide a "Five-Point Statement" on letterhead with the text below (verbatim); copy and paste this five-point statement onto letterhead and have the Dean of the Medical School or their designee sign, and then **upload the document to ISD** along with this form.

COPY TEXT BELOW ONTO DEPARTMENT LETTERHEAD

- A. The program in which the [insert scholar name] will participate is predominantly involved with observation, consultation, teaching or research.
- B. Any incidental patient contact involving the alien physician will be under the direct supervision of a senior faculty physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of California.
- C. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- D. Any activities of the alien physician will conform fully with the California licensing requirements and regulations for medical and health care professionals in California.
- E. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Dr. Robert Ross, Health Sciences Asst Vice Chancellor, Academic Affairs
Dean's Designee for UC San Diego School of Medicine

Date

SECTION 4: SPONSORING DEPARTMENT CERTIFICATION (REQUIRED FOR ALL J's)

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- The sponsoring department will provide assistance to the scholar upon arrival at UC San Diego.
- The proposed activity is suitable to the scholar's background, needs and experience.
- The scholar and family members have sufficient funding for their stay.
- The scholar has a clear understanding of who will be responsible for paying the insurance premiums for required health insurance
- The scholar has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The scholar will engage only in activities that are consistent with the intended program while on the UC San Diego campus. Inform IFSO when the following conditions change
 - Financial support
 - Position title/appointment
 - Termination and/or completion of program
 - Scholar will be away for more than 30 days for business purposes
 - Change/addition of work site

Name	Signature	Date
Department Chair OR Chief HR Officer:		
Sponsor/Supervisor:		
Department Contact:	Department Contact E-mail:	