

# 9 FAM 41.62 Exhibit I

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## 41.62 – EXHIBIT I FORM IAP-66 – CERTIFICATE OF ELIGIBILITY FOR NIV EXCHANGE VISITOR

ASSURE THAT IMPRESSIONS ON ALL COPIES ARE CLEAR

PLEASE DO NOT STAPLE THIS FORM

APPROVED OMB 3116-0008 EXP. 3/31/87

| <b>United States Information Agency</b><br>EXCHANGE VISITOR FACILITATIVE STAFF GC/V<br>CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS  |  | A919099 |
|--|--|---------|
| <p>1. <b>FAMILY NAME OF EXCHANGE VISITOR:</b> _____ <b>FIRST NAME:</b> _____ <b>MIDDLE NAME:</b> _____</p> <p style="text-align: right; font-size: small;">(Male) (Female)</p> <p>born _____ in _____</p> <p style="text-align: right; font-size: small;">(Month) (Day) (Year) (City) (Country)</p> <p>a citizen of _____ a legal permanent resident of _____</p> <p style="text-align: right; font-size: small;">(Country) (Code) (Country)</p> <p>whose position in that country is _____</p> <p style="text-align: right; font-size: small;">(Country) (Code)</p> <p>U.S. address _____</p> <p style="text-align: right; font-size: small;">(Post. Code)</p>  | <p>THE PURPOSE OF THIS FORM IS TO</p> <p>1 ( ) Begin a new program. Accompanied by _____ immediate family members</p> <p>2 ( ) Extend an on-going program</p> <p>3 ( ) Transfer to a different program</p> <p>4 ( ) Replace a lost form</p> <p>5 ( ) Permit visitor's immediate family (_____ members) to enter U.S. temporarily</p>   |         |
| <p>2. will be sponsored by _____ to participate in Exchange Visitor Program No. _____, which is still valid and is officially described as follows:</p>  |  |         |
| <p>3. This form covers the period from _____ to _____ Students are permitted to travel abroad &amp; maintain status (e.g. obtain a new visa) under duration of the program as indicated by the dates on this form.</p> <p>If this form is for family travel or replace a lost form, the expiration date on the exchange visitor's I-94 is _____</p>  |  |         |
| <p>4. The category of this visitor is 1 ( ) Student, 2 ( ) Trainee, 3 ( ) Teacher, 4 ( ) Professor, Research Scholar or Specialist, 5 ( ) International Visitor, 6 ( ) <sup>212</sup>Medical Trainee, 7 ( ) Alien employee of the Bureau of Broadcasting. The Specific field of study, research, training or professional activity is _____ verbally described as follows: _____ (Subj/Field Code)</p>   |  |         |
| <p>5. During the period covered by this form, it is estimated that the following financial support (in U.S. \$) will be provided to this exchange visitor by:</p> <p>a ( ) The Program Sponsor in item 2 above \$ _____</p> <p>This Program Sponsor has <input type="checkbox"/> has not <input type="checkbox"/> (check one) received funding for international exchange from one or more U.S. Government Agency(ies) to support this exchange visitor. If any U.S. Government Agency(ies) provided funding, indicate the Agency(ies) by code _____</p> <p>Financial support from organizations other than the sponsor will be provided by one or more of the following:</p> <p>b1 ( ) U.S. Government Agency(ies) _____ (Agency Code) \$ _____ b2 _____ (Agency Code) \$ _____</p> <p>c1 ( ) International Organization(s) _____ (Int. Org. Code) \$ _____ c2 _____ (Int. Org. Code) \$ _____</p> <p>d ( ) The Exchange Visitor's Government \$ _____ (If necessary, use above spaces for funding by multiple U.S. Agencies or Int. Organizations)</p> <p>e ( ) The binational Commission of the visitor's Country \$ _____</p> <p>f ( ) All other organizations providing support \$ _____</p> <p>g ( ) Personal funds \$ _____</p> |  |         |
| <p>6. IN S. USE</p> <p style="text-align: right;">(Name of Official Preparing Form) _____ (Date) _____</p> <p style="text-align: right;">Address _____</p> <p style="text-align: right;">(Signature of Responsible Official or Alternate R.O.) _____ (Date) _____</p>  |  |         |
| <p><b>ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 312 (a) OF THE ILLS.</b></p> <p>1 (Name) _____</p> <p>1 (Date) _____</p> <p>None determined that this alien in the above program</p> <p>1 ( ) is not subject to the two-year residence requirement</p> <p>2 ( ) is subject based on: A ( ) Government financing and/or B ( ) the Exchange visitor's status and/or C ( ) I.P.U. 94-144 (as amended)</p> <p>The United States Information Agency reserves the right to make the final determination</p> <p>(Signature of Officer) _____ (Date) _____</p>  | <p><b>B. STATEMENT OF RESPONSIBLE OFFICER FOR RELEASING SPONSOR (FOR TRANSFER OF PROGRAM)</b></p> <p>Date _____ Transfer of this exchange visitor from program No. _____ sponsored by _____ to the program specified in item (2) is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961</p> <p style="text-align: right;">(Signature of Officer) _____ (Date) _____</p> |         |

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## FORM IAP-66 - CERTIFICATE OF ELIGIBILITY FOR NIV EXCHANGE VISITOR (continued)

### INSTRUCTIONS FOR PROGRAM SPONSOR

#### PROHIBITIONS

- 1) No one except the Responsible Officer or Alternate Responsible Officer, whose name is recorded with the United States Information Agency, may sign this form.
- 2) Authorized exchange visitor program sponsors may not transfer forms IAP-66 to any other organization, whether or not that organization has an authorized exchange visitor program.

#### PROCEDURES

Give copies 1, 2, and 3 (white, yellow and pink) to the exchange visitor for him/her to use in applying for a "J" visa or in applying to the INS for an extension or transfer. If the IAP-66 is to replace a lost form, destroy copies 1 and 2 and give copy 3 to the exchange visitor, being sure to fill in block 3, the expiration date of the visitor's I-94.

#### EXCHANGE VISITOR FAMILY MEMBERS

If the Exchange Visitor's immediate family members will accompany him/her to the United States or if they will remain in the U.S. at the time the Exchange Visitor extends or transfers his/her program, attach a list (on the Sponsor's letterhead) giving the names, relationships to the Exchange Visitor, and dates and place of birth of the family members. If this form is for the Visitor's family travel attach a similar list.

#### PURPOSE OF FORM: (Upper right hand corner)

**NEW PROGRAM:** Check this box for an individual who is beginning an Exchange Visitor Program and who is not now an Exchange Visitor in this or any other Exchange Visitor Program. Check box if Exchange Visitor is accompanied by his immediate family members, enter number of dependents.

**EXTEND AN ONGOING PROGRAM:** Check this box for an Exchange Visitor who is continuing in the same Exchange Visitor Program.

**TRANSFER TO A DIFFERENT PROGRAM:** Check this box for an Exchange Visitor who is transferring from one Program Sponsor to another. Do not use for change of activity or subject under the same Exchange Visitor Program Number.

**LOST FORM:** Check this box when the form is being issued to replace a pink copy of the IAP-66 lost by the Exchange Visitor. Note the I-94 expiration date requirement in item 3.

**VISITOR'S FAMILY TRAVEL:** Check this box when the form is to be used by the Exchange Visitor's immediate family (indicate number of dependents) in order to travel separately from the Visitor. Note the I-94 expiration date requirement in block 3.

**Block 1:** Fill in the FAMILY NAME first. Use numerals for the BIRTH DATE, in the order Month, Day, Year, e.g., 07 22 39. Province, prefecture, township, district, etc., may be used in place of CITY OF BIRTH where local custom or regulation requires, followed by COUNTRY OF BIRTH. LEGAL PERMANENT RESIDENT is a phrase used to distinguish country of intended permanent residence from country of birth and/or citizenship in those few cases where permanent residence and citizenship are different. In most cases, the country of citizenship and the country of permanent residence are the same. Exchange Visitors are subject to the Skills List and two-year foreign residence requirement in the country of permanent residence if that is different from the country of citizenship and/or birth. POSITION IN THAT COUNTRY is the position or location of the Exchange Visitor in the economy/society of his/her country of permanent residence prior to becoming an Exchange Visitor. U.S. ADDRESS: If the Visitor has a residence address in the U.S., use that address. If not, use the address of the institution where the Visitor will carry out his/her program or the address of the Program Sponsor.

**Block 2:** Write the PROGRAM SPONSOR'S NAME on the first line. The PROGRAM NUMBER consists of three parts, separated by dashes. The first is either "G" or "P", followed by a one digit number (do not use Roman numerals), followed by a number from 1 to 4 digits. In the space below enter the entire PROGRAM DESCRIPTION as recorded by the United States Information Agency. This description may be pre-printed or entered with a rubber stamp if all copies are legible. Program number example: P-3-230.

**Block 3:** Enter the Dates of the Program covered by this IAP-66 (duration of acceptance). Use numerals for the date as you did for the date of birth. The Immigration & Naturalization Service grants admission into, and extensions of stay in, the United States in periods of maxima. Although everyone will be admitted for "duration of status", each individual exchange visitor will have an IAP-66 form giving a period of acceptance indicating the Sponsoring organization is willing to accept the Exchange Visitor. Should the Exchange Visitor need to stay in the U.S. beyond that date a new IAP (checked to extend) would need to be issued by the sponsor indicating a further period of acceptance for the Exchange Visitor. If this form is for the Visitor's family travel or to replace a lost form, enter the expiration date which appears on the Exchange Visitor's form I-94.

**Block 4:** Definitions of VISITOR CATEGORIES will be found in *Codes for Educational and Cultural Exchange*. Below the visitor category enter the SUBJECT/FIELD code which most closely describes the principal activity to be engaged in by the visitor. Finally, describe in your own words the activity which you have coded. Be specific in your descriptions.

**Block 5:** Indicate the total amount of FUNDS to be supplied by the various sources during the period of validity of this form. Do not make entries such as "\$450 per month"; rather enter the totals for the period. Any funds supplied to the exchange visitor by the program sponsor should be listed on the first line, even though the sponsor may belong to one of the categories listed in subsequent lines. If the sponsor commingles funds received from other sources and cannot identify specific amounts in an individual's program, enter all those funds in the first line. Then check the appropriate category below and enter "unknown" on the amount line for that category. See additional instructions in *Codes for Educational and Cultural Exchange* (Pg. 6 block 5).

**Block 6:** Do not write in block 6.

**Block 7:** Fill in the name and business address of the OFFICIAL SIGNING THE FORM and the date of execution. That official must be the Responsible Officer or an Alternate Responsible Officer of the program described in block 2 above.

**Block 8:** The Responsible Officer or alternate should fill in this block to indicate approval of a transfer of an Exchange Visitor from his/her program to the program of another sponsor (i.e., to another program number). Changes in type of activity of Exchange Visitors within the same program number do not require a new IAP-66. (Use only when the Exchange Visitor is subject to 212(e).)

The books required to execute the IAP-66 will be found in the publication *Codes for Educational and Cultural Exchange*, which can be obtained from the Exchange Visitor, Legislative Staff, General Counsel, United States Information Agency, Washington, D.C. 20547.

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## FORM IAP-66 - CERTIFICATE OF ELIGIBILITY FOR NIV EXCHANGE VISITOR (continued)

| INSTRUCTIONS FOR AND CERTIFICATION BY the alien beneficiary named on page 1 of this Form:  |  |
|--|--|
| Read and complete this page prior to presentation to a United States consular or immigration official.   |  |
| <p>I understand that the following conditions are applicable to exchange visitors:</p> <ul style="list-style-type: none"><li>(a) <b>Extension of Stay and Program Transfers.</b> A completed form IAP-66 is required in order to effect an extension or transfer and may be obtained from or with the assistance of the sponsor. It must be submitted to the appropriate office of the Immigration and Naturalization Service within fifteen to sixty days before the expiration of the authorized period of stay.</li><li>(b) <b>Limitation on Stay:</b> STUDENTS as long as they pursue a substantial scholastic program leading to recognized degrees or certificate. Students for whom the sponsor recommends practical training may be permitted to remain for such purpose for an additional period of up to 18 months after receiving their degree or certificate. BUSINESS AND INDUSTRIAL TRAINEES - 18 months. TEACHERS, PROFESSORS, RESEARCH SCHOLARS, and SPECIALISTS - 3 years. INTERNATIONAL VISITORS - 1 year. MEDICAL TRAINEES: Graduate Nurses - 2 years. Medical Technologists, Medical Record Librarians, Medical Record Technicians, Radiologic Technicians, and other participants in similar categories - the length of the approved training program plus a maximum of 18 months for practical experience, not exceeding a total of 3 years. Medical Interns and Residents - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if such extension is approved by the Director of the United States Information Agency.</li><li>(c) <b>Documentation Required for Admission or Readmission as an Exchange Visitor:</b> To be eligible for admission or readmission to the United States, an exchange visitor must present the following at the port of entry: (1) A valid nonimmigrant visa bearing classification J-1, unless exempt from nonimmigrant visa requirements; (2) A passport valid for six months beyond the anticipated period of admission, unless exempt from passport requirements; (3) A properly executed Form IAP-66. Copies one and two of Form IAP-66 must be surrendered to a United States immigration officer upon arrival in the United States. Copy three may be retained for re-entries within a period of previously authorized stay.</li><li>(d) <b>Change of Status:</b> Exchange visitors are expected to leave the United States upon completing their objective. An exchange visitor who is subject to the two-year home-country physical presence requirement is not eligible to change his/her status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or of an international organization (G) or member of the family or attendant of either of these types of officials or employees.</li><li>(e) <b>Two-Year Home Country Physical Presence Requirement:</b> Any exchange visitor whose program is financed in whole or in part, directly or indirectly by either his/her own government or by the United States Government is required to reside in his/her own country for two years following completion of his/her program in the United States before he/she can become eligible for permanent residence (immigration) or for status as a temporary worker ("H") or as an intracompany transferee ("L"). Likewise, if an exchange visitor is acquiring a skill which is in short supply in his/her own country (these skills appear on the Exchange Visitor Skills List) he/she will be subject to this same two-year home-country residence requirement as well as alien physicians entering the U.S. to receive graduate medical education or training (Section 212(e) of the Immigration and Nationality Act and PL 94 484, as amended).</li></ul> |  |
| <p>(Signature of Applicant) _____ (Place) _____ (Date: Mo., Day, Yr.) _____</p>  |  |
| <p>IAP-66 (12-85)</p>  | <p><b>VALIDATION BY RESPONSIBLE OFFICER</b></p> <p>(1) Exchange visitor is in good standing from _____ to _____<br/>Signature of Responsible Officer _____</p> <p>(2) Exchange visitor is in good standing from _____ to _____<br/>Signature of Responsible Officer _____</p> <p>(3) Exchange visitor is in good standing from _____ to _____<br/>Signature of Responsible Officer _____</p> <p>(4) Exchange visitor is in good standing from _____ to _____<br/>Signature of Responsible Officer _____</p> <p>(5) Exchange visitor is in good standing from _____ to _____<br/>Signature of Responsible Officer _____</p> |
| <p><b>NOTICE TO ALL EXCHANGE VISITORS</b></p> <p>To facilitate your readmission to the United States after a visit to another country other than a contiguous territory or adjacent islands you should have the Responsible Officer of your sponsoring organization indicate that you continue to be in good standing on this copy of the IAP-66 form.</p>   |  |

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## FORM IAP-66 - CERTIFICATE OF ELIGIBILITY FOR NIV EXCHANGE VISITOR (continued)

INSTRUCTIONS FOR AND CERTIFICATION BY the alien beneficiary named on page 1 of this Form

Read and complete this page prior to presentation to a United States consular or immigration official.

1. I understand that the following conditions are applicable to exchange visitors:

- (a) *Extension of Stay and Program Transfer:* A completed form IAP-66 is required in order to apply for an extension or transfer and may be obtained from or with the assistance of the sponsor. It must be submitted to the appropriate office of the Immigration and Naturalization Service within fifteen to sixty days before the expiration of the authorized period of stay.
- (b) *Limitation on Stay:* STUDENTS - as long as they pursue a substantial scholastic program leading to recognized degrees or certificate. Students for whom the sponsor recommends practical training may be permitted to remain for such purpose for an additional period of up to 18 months after receiving their degree or certificate. BUSINESS AND INDUSTRIAL TRAINEES - 18 months. TEACHERS, PROFESSORS, RESEARCH SCHOLARS, and SPECIALISTS - 3 years. INTERNATIONAL VISITORS - 1 year. MEDICAL TRAINEES: Graduate Nurses - 2 years. Medical Technologists, Medical Record Librarians, Medical Record Technicians, Radiologic Technicians, and other participants in similar categories - the length of the approved training program plus a maximum of 18 months for practical experience, not exceeding a total of 3 years. Medical Interns and Residents - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if such extension is approved by the Director of the United States Information Agency.
- (c) *Documentation Required for Admission or Readmission as an Exchange Visitor:* To be eligible for admission or readmission to the United States, an exchange visitor must present the following at the port of entry: (1) A valid nonimmigrant visa bearing classification J-1, unless exempt from nonimmigrant visa requirements; (2) A passport valid for six months beyond the anticipated period of admission, unless exempt from passport requirements; (3) A properly executed Form IAP-66. Copies one and two of Form IAP-66 must be surrendered to a United States immigration officer upon arrival in the United States. Copy three may be retained for re-entries within a period of previously authorized stay.
- (d) *Change of Status:* Exchange visitors are expected to leave the United States upon completing their objective. An exchange visitor who is subject to the two-year home-country physical presence requirement is not eligible to change his/her status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or of an international organization (G) or member of the family or attendant of either of these types of officials or employees.
- (e) *Two-Year Home Country Physical Presence Requirement:* Any exchange visitor whose program is financed in whole or in part, directly or indirectly by either his/her own government or by the United States Government is required to reside in his/her own country for two years following completion of his/her program in the United States before he/she can become eligible for permanent residence (immigration) or for status as a temporary worker ("H") or as an intracompany transferee ("L"). Likewise, if an exchange visitor is acquiring a skill which is in short supply in his/her own country (these skills appear on the *Exchange Visitor Skills List*) he/she will be subject to this same two-year home-country residence requirement as well as alien physicians entering the U.S. to receive graduate medical education or training (Section 212(e) of the Immigration and Nationality Act and PL 94 484, as amended).

2. I seek to enter into, or remain temporarily in, the United States as an exchange visitor under Section 101(a)(15)(J) of the Immigration and Nationality Act, as amended, for a total maximum stay of \_\_\_\_\_ (months or years) for the purpose of (state type of degree, certificate, or other objective toward which your program participation will be directed. Doctors of medicine should indicate their medical specialty): \_\_\_\_\_

and I understand that I shall be permitted to perform only those activities described in Item 2 and 4 on page 1 of this Form.

I intend to return to (country) \_\_\_\_\_ where I am (check one)  legal permanent resident  citizen.

3. My passport numbered \_\_\_\_\_ issued by \_\_\_\_\_ (Country) expires on \_\_\_\_\_ (Mo./Day/Yr.)

4.  I have  have not (check one) been in the United States previously as an exchange visitor. (If you have been in the United States previously as an exchange visitor, show total length of time: \_\_\_\_\_, and dates: \_\_\_\_\_):

5. (To be completed only if application is being made for extension of stay or Program transfer. Use a continuation sheet if necessary.) I first entered the United States as an exchange visitor, or acquired exchange visitor status, on \_\_\_\_\_ (Mo./Day/Yr.) and have engaged in the following activities under the sponsorship of respective institutions listed for each activity (include program numbers): \_\_\_\_\_

6. I understand that a consular or Immigration Officer will make a preliminary determination on whether I am subject to the two year home country physical present requirement described in item 1(e) above. The United States Information Agency reserves the right to make a final determination. When determined subject, I will accept that determination and comply with the requirement.

7. I certify that I have read and I understand the foregoing.

\_\_\_\_\_  
(Signature of Applicant) (Place) (Date Mo. Day, Yr.)

