Division of
INTERNATIONAL
SERVICES

Request for Visiting Program Participant: Part I

INSTRUCTIONS

— To be completed by the Institute/Center —

In order for the Division of International Services (DIS), Office of Research Services (ORS), to process your Institute or Center's (IC) request for a selected foreign national scientist to participate in the NIH Visiting Program (VP), please complete this form. **In addition, if this request is for a scientist *new* to the NIH or a *returning* scientist (i.e. one who previously terminated or ended his/her NIH stay), please have her/him complete "Part II" of this form.** Instruct her/him to return Part II of the form to you, along with the required supporting documents. Upon completion of all applicable parts, please send this form, along with all required supporting documents, 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 the scientist's name and date of birth at the top of each sheet and indicate the section to which the answer refers.

GENERAL INSTRUCTIONS

A. Type of Request
Check the appropriate type of request, based on the NIH Designation selected in section B.

B. Designation
Check the appropriate NIH Designation for your foreign national scientist. Note: If this request is for a Guest Researcher or Special Volunteer designation, you must complete and submit the NIH Form 590. Include Part II of this form (829-1) when possible.

C. Foreign National Scientist Candidate
Enter the name as it appears on the passport. Do not use initials, even for middle names. The entire name must be spelled out. For the date of birth, check dating formats and enter in the month/day/year format.

D. Proposed Dates
Enter the dates of your foreign national scientist's stay at the NIH. If this visit is NOT for a consecutive time period, attach a continuation sheet describing the dates of the intermittent visits—even if the dates are tentative. If these details are not disclosed, the DIS may use an immigration category that could bar the foreign national from timely returning to the U.S.!

E. Institute or Center (IC) Information
Enter the details about the sponsoring IC.

F. Work Site Information
Enter the location where your foreign national scientist will be placed. List the primary site and additional work site, if any. If there is more than one additional work site anticipated (even if temporary), please attach a continuation sheet.

G. Work Schedule
Check the appropriate work schedule.

H. Funding Information
Enter the funding that will be used to support your foreign national scientist during her/his stay at the IC. If the IC is funding the visit (e.g. giving a stipend or salary), the IC must ensure that it is paying within the established NIH stipend/salary/per diem/etc. levels. Enclose evidence of outside funding as applicable (refer to the DIS checklists under "What to Send").

I. Research Program
Describe the research program that your foreign national scientist will undertake at the IC. Provide the general research area (e.g. genetics, biochemistry) and a full description of the research program and experience to be obtained (using laymen's terms as much as possible). In addition, if the scientist is appointed to a Full-Time Equivalent or FTE designation (e.g. Research Fellow), please complete the "FTE Supplement" on page four.

J. Patient Contact (for M.D.'s only)
The level of patient contact must be specified in advance, and should not change during the award/appointment/assignment dates. If patient contact is anticipated, request it at this time.

Check the appropriate level of patient contact, complete the information, and attach the required documents. Be sure to review the DIS Technical Advisory 4 and 4a for a summary of patient contact by foreign national scientists, including instructions for the "Four-Point Memorandum" required for incidental patient contact: *http://dis.ors.od.nih.gov/advisories/techadvisories.html*

NIH-sponsored J-1 Exchange Visitors are limited to incidental patient contact. Additionally, non-FTE designations are generally prohibited from having full patient contact (exceptions on a case-by-case basis). Guest Researchers are not permitted any level of patient contact.

a. No patient contact: Self-explanatory.

b. Incidental patient contact: Enter the information requested. Provide a copy of the foreign national scientist's ECFMG

(Educational Commission for Foreign Medical Graduates) certificate and the original "Four-Point Memorandum" (prepared as per DIS Technical Advisory 4a). Note that a Four-Point Memorandum is not required for renewal purposes if there is no change in the program or sponsor/supervisor. If this is the case, check the appropriate box.

c. Full patient contact: Enter the information requested. If your foreign national scientist is in an NIH clinical training program, enter the name and ID number (obtain from *http://www.cc.nih.gov/training/gme/programs.html*); ACGME-accreditation (Accreditation Council for Graduate Medical Education); and PGY (post graduate year) level.

Provide a copy of your foreign national scientist's ECFMG certificate; a copy of medical licensure in the U.S. and/or country abroad; and evidence of USMLE (U.S. Medical Licensing Examination) or equivalent examinations, i.e. Parts I and II of FLEX (Federation Licensing Examination) or Parts I, II, and III of NBME (National Board of Medical Examiners).

K. Certification
Type/print the name of the signer with signature and date. Only provide those approval signatures that are required by your IC's delegation of authority.

Approval by the Office of Intramural Research (OIR), Office of Director (OD), is required for all exceptions to program provisions. If an exception is necessary, describe the need for the exception and send this request and justification to the OIR/OD before submission to the DIS.

WHAT TO SEND

Submit this completed form (Part I), signed by all appropriate IC officials, as well as "Part II" of the form, completed and signed by the foreign national scientist.

In addition, also submit the required supporting documentation according to the NIH designation selected in section B. Supporting documentation requirements can be found from the DIS checklists: *http://dis.ors.od.nih.gov/forms/01_forms.html#checklist*

WHERE TO SEND

Send all documentation to the DIS at the following address. We suggest using hand-carry to ensure delivery. The DIS is not responsible for lost packages. Lost or misdelivered packages are not grounds for the DIS to expedite processing!!

Division of International Services
Office of Research Services, NIH
31 Center Drive, MSC 2028
Building 31, Room B2B07
Bethesda, MD 20892-2028
Tel: (301) 496-6166
Fax: (301) 496-0847
http://dis.ors.od.nih.gov/

Before submission, please make a copy of all documentation for the IC's records.

PROCESSING INFORMATION

Once all required forms are received, 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. It also provides tips on how to establish a proposed begin date:
http://dis.ors.od.nih.gov/advisories/techadvis_no01.html

STATUS INQUIRIES

The DIS "IC View" allows designated IC Administrative "Key Contacts" to access the DIS online case status check system, known as the "IC View." The Key Contact is knowledgeable about the IC's requests and internal approval process, and has access to the DIS IC View. Status inquiries should begin with checking the IC View.

Refer to the DIS Processing Times advisory for more information on case processing:
http://dis.ors.od.nih.gov/advisories/techadvis_no01.html

REFERENCE

For the NIH Intramural Visiting Fellow Program (VFP) Manual Chapter, please refer to:
http://www1.od.nih.gov/oma/manualchapters/person/2300-320-3/

For the NIH Guest Researcher/Special Volunteer Programs Manual Chapter, please refer to:
http://www1.od.nih.gov/oma/manualchapters/person/2300-308-1/

For information on Full-time Equivalent (FTE) appointments (based on Title 42), please refer to:
http://hr.od.nih.gov/hrguidance/employment/title42.htm#Pay

For the DIS Technical Advisories, please refer to:
http://dis.ors.od.nih.gov/advisories/techadvisories.html

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

Request for Visiting Program Participant – Part I

TO BE COMPLETED BY THE REQUESTING INSTITUTE OR CENTER (IC)

A. Type of Request

Check one of the following types of request, based on the NIH Designation selected in item B.

☐ New ☐ Renewal/Extension ☐ Transfer within IC ☐ Transfer to new IC

B. Designation

Other _____ Other Designation: _____

C. Foreign National Scientist Candidate

Last or Family Name:	First or Given Name:	Full Middle Name:	Gender: ☐ Male ☐ Female	Date of Birth: (mm/dd/yyyy)

D. Proposed Dates

Proposed Begin Date (mm/dd/yyyy): _____ Proposed End Date (mm/dd/yyyy): _____

E. Institute or Center (IC) Information

a. Name of Institute/Center (IC):

Select an Institute/Center

Name of Lab/Branch (spell out name):		IC Common Account Number (CAN):
b. Name of Lab/Branch Sponsor/Supervisor:	Sponsor Email Address:	Sponsor Building/Room:
Sponsor Position Title:	Sponsor Phone Number:	Sponsor Fax Number:
c. Name of IC Key Contact:	Key Contact Email Address:	Key Contact Building/Room:
Key Contact Position Title:	Key Contact Phone Number:	Key Contact Fax Number:
d. Name of OHR Contact (if scientist is appointed to FTE):	OHR Contact Email Address:	OHR Contact Building/Room:
OHR Contact Position Title:	OHR Contact Phone Number:	OHR Contact Fax Number:

F. Work Site Information

Primary Site

Building/Room:	Physical Street Address (include street, city, region/province/state, country, and postal code):
Phone Number:	
Fax Number:	

Additional Site (if applicable)

Building/Room:	Physical Street Address (include street, city, region/province/state, country, and postal code):
Phone Number:	
Fax Number:	

G. Work Schedule

☐ Full-time: ☐ Part-time – If Part-time:

Number of Hours per week: _____

Number of Days per week: _____

FOR ORS/DIS USE ONLY

Scientist's Name: ,

H. Funding Information

Will the foreign national scientist receive funding from the NIH?

☐ Yes ☐ No – If Yes, provide the following: a. Amount of funding (per year in USD): $ _____

b. NIH funding type: ☐ Stipend ☐ Salary ☐ Per Diem ☐ Honorarium ☐ Other: _____

c. FPS Number (for Visiting Fellows only): _____

Will the foreign national scientist receive funding from outside the NIH?

☐ Yes ☐ No – If Yes, 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): _____ to _____

e. Type of Institution Providing Funding: ☐ Government ☐ Academic ☐ Organization ☐ Private Sector

☐ Other _____

Will the foreign national scientist receive additional funding?

☐ No

☐ Yes – If yes, describe type of funding (e.g. on-call coverage supplement, relocation expenses), source and dates the funding is available:

I. Research Program

General area of research (e.g., genetics, biochemistry): _____

Description of research program/duties:

J. Patient Contact (for M.D.'s only)

☐ a. No patient contact

☐ b. Incidental patient contact Furnish:
- Four-point Memorandum ☐ Four-point memorandum not needed, no change in program (for renewals only)
- ECFMG Certificate No. _____ dated _____(attach copy)

☐ c. Full patient contact Furnish:
- ECFMG Certificate No. _____ dated_____
- Current medical licensure:

  U.S. (specify state) _____ and/or country _____

  Valid from _____ to _____
- USMLE Exam: ☐ No ☐ Yes (Provide copy)
  (or equivalent – see instructions)
  Passed Step 1? ☐ Step 2 CK? ☐ Step 2 CS? ☐ Step 3? ☐
- Name of NIH Clinical Training Program and ID # _____
- Is this program ACGME accredited? ☐ Yes ☐ No
- PGY Level: _____

Scientist's Name: ,

K. Certification

The NIH Institute/Center (IC) has evaluated the academic and professional credentials of the prospective foreign national scientist, and considers him/her to be qualified to participate in the proposed research program under all applicable NIH policies and procedures. We have provided him/her with information about the NIH Visiting Program (available on the DIS website, *http://dis.ors.od.nih.gov/index.html*) to help him/her make an informed decision before accepting this award/appointment/assignment. In addition, we have determined that the scientist has sufficient English proficiency to successfully carry out the proposed research program and engage in day-to-day activities in the United States. We have documented the English proficiency via *(check the boxes below that apply)*:

- ☐ A recognized English language test (such as TOEFL or IELTS); or
- ☐ Signed documentation from an academic institution or English language school; or
- ☐ A documented interview conducted via in-person; videoconferencing (such as Skype); or telephone (if videoconferencing is not available).

We understand that we must retain the English proficiency documentation and make it available to the Division of International Services (DIS), Office of Research Services (ORS) upon request. Visit the DIS website (*http://dis.ors.od.nih.gov/index.html*) for additional information regarding the English proficiency requirement. We also understand that the prospective scientist will not accrue tenure while in J-1 Exchange Visitor status.

We certify that the information on this request is true and correct and understand the foreign national scientist may be terminated if:

- Fails to participate in the proposed research program;
- Fails to comply with the applicable policies and procedures per his/her NIH designation (such as Visiting Fellow);
- Engages in unauthorized employment or other activities not permitted under his/her immigration status; and/or
- If sponsored as a J-1 Exchange Visitor, fails to maintain required health insurance for him/herself and J-2 dependent(s).

By hosting the scientist, we will monitor his/her progress and welfare throughout his/her stay at the NIH. We understand that information and materials submitted with this request may be shared with other government agencies. We also understand that final authorization to sponsor/employ the scientist rests with the Department of State (DOS) and Department of Homeland Security (DHS) under all applicable immigration regulations. **The award/appointment/assignment is not official until cleared by the DIS/ORS. We agree to notify the DIS/ORS if there are any changes to the information on this request throughout the scientist's stay.**

I. SPONSOR SIGNATURE

Lab/Branch Sponsor signature (Type name, title, signature):	Date:

II. IC APPROVAL SIGNATURES

Lab/Branch Chief (Type name, signature):	Date:
IC Scientific Director (Type name, signature):	Date:
IC Director (Type name, signature):	Date:
IC Administrative Officer (Type name, signature):	Date:

III. EXCEPTION TO PROGRAM PROVISIONS

Approval by the Office of Intramural Research (OIR), Office of Director (OD), is required for all exceptions to program provisions. If an exception is necessary, please indicate below.

Brief description for reason for exception:

OIR/OD Approval (signature):	Date:

SUBMIT THIS COMPLETED FORM, AS WELL AS "PART II" OF THE FORM (completed by the foreign national scientist) AND ALL REQUIRED SUPPORTING DOCUMENTS VIA *HAND-CARRY* TO THE DIS. BEFORE SUBMISSION, MAKE A COPY FOR THE IC RECORDS. THANK YOU FOR YOUR ASSISTANCE AND COOPERATION!

Division of International Services
Office of Research Services
National Institutes of Health
31 Center Drive, MSC 2028
Building 31, Room B2B07
Bethesda, MD 20892-2028
Tel: (301) 496-6166
Fax: (301) 496-0847

Scientist's Name: ,

FTE SUPPLEMENT

Complete this supplement if the foreign national scientist is being appointed to a Full-Time Equivalent or FTE designation (e.g. Research Fellow (VP) position). The purpose of this form is to capture details about the FTE position that are necessary to request a Prevailing Wage (PW) determination.

Type or print clearly. All questions MUST be answered. If you need more space to complete an answer, attach a continuation sheet. If a continuation sheet is necessary, write the scientist's name and date of birth at the top of each sheet and indicate the section to which the answer refers. Again, complete this supplement **only if the designation requested is an FTE**. Do not complete this for non-FTE designations (e.g. Visiting Fellows).

A. What is the major/field of study required for the position? _____

B. What is the minimum degree required for the position (e.g. M.D., Ph.D.)? _____

C. What is the estimated hourly work schedule (e.g. 8:00 am to 5:00 pm)? _____

D. Will the position supervise the work of other employees?* ☐ No ☐ Yes;

If yes, list the number of those to be supervised: _____

**Answer yes only if the FTE will be in charge of completing an employee's performance plan (e.g. acting as the Rating Official on a Performance Management Appraisal Program or PMAP). Do not include any mentoring activities.*

E. Will travel be required to perform the job duties? ☐ No ☐ Yes;

If yes, describe the travel requirements: _____

F. Does the position require training? ☐ No ☐ Yes;

If yes, specify the number of months of training required and the name of the field(s) where training is required:

Months _____ Field(s) _____

G. Does the position require employment experience? ☐ No ☐ Yes;

If yes, specify the number of months of experience required and indicate which occupation the employment experience is required:

Months _____ Occupation _____

H. Are there any special requirements for the position, such as any specific skill(s), licenses, certificates/certifications, etc.? ☐ No ☐ Yes;

If yes, describe the special requirements: _____