NIH National Institutes of Health
Office of Management

Division of International Services

NIH Building 31, Room B2B07 Tel (301) 496-6166
Bethesda, MD 20892-2028 Fax (301) 496-0847
ors.od.nih.gov/pes/dis

TO BE COMPLETED BY INSTITUTE/CENTER

Visiting Foreign Scientist Remote Check-in/EOD

Instructions: This form is for use for remote check-ins/EODs only. The Institute/Center (IC) Administrative Key Contact should complete this form and send it to DIS along with copies of all applicable documents, listed in Section III, for the scientist and any dependents. For Non-FTE Check-in, please send documents to **DIS@mail.nih.gov** via Secure Email File Transfer (SEFT): **https://secureemail.nih.gov/bds/Login.do**. For FTE EOD, please send documents to the assigned Immigration Specialist via encrypted email. **DIS will not accept unencrypted documents.**

I. SCIENTIST INFORMATION

Scientist Family Name: _____

Scientist Given Name: _____

Institute/Center: _____

Lab/Branch: _____

NIH Designation (e.g. VF): _____

NED ID Number: _____

Start Date (Month/Day/Year): _____

End Date (Month/Day/Year): _____

Are these start/end dates different than the dates originally requested on the Form 829-1? (Check one)

    Yes   No

Lab/Branch Address: _____

_____

Lab/Branch Telephone: _____

Number of Pages:_____
(Including this form)

II. DEPENDENT INFORMATION

Arrival Information (Check one):

❑ Dependent(s) arrived with scientist; immigration documents (as listed in Section III) are included with this form

❑ Dependent(s) will join scientist approximately:

_____ (Month/Year)

J-2 Dependent Form DS-2019 Information (Check one, if applicable):

❑ Dependent(s) already has a Form DS-2019

❑ Dependent(s) will need a Form DS-2019, see attached Request for Dependent DS-2019 form (**https://www.ors.od.nih.gov/pes/dis/AdministrativeStaff/Documents/RequestforDependentDS-2019.pdf**.)

III. REQUIRED DOCUMENTS FROM SCIENTIST AND ANY DEPENDENTS

❑ Passport Biographical Page

❑ U.S. Entry Visa (inside Passport)

❑ Current Form I-94 (**https://i94.cbp.dhs.gov**)

❑ Completed Contact Information Form (see page 2)

❑ Immigration Document (if applicable):

    ❑ Form DS-2019 (For J-1/J-2)

    ❑ Form I-20 (For F-1)

    ❑ Form I-797 (For H-1B or O-1)

    ❑ Employment Authorization Document (EAD)

    ❑ Other: _____

❑ **FTE ONLY:** Completed Form I-9. Check-in form and other supporting documents should be submitted as soon as available, even if I-9 will be provided later.

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TO BE COMPLETED BY VISITING PROGRAM PARTICIPANT

Contact Information

YOUR NAME

Family Name: _____

Given Name: _____

Date of Birth (Month/Day/Year): _____

PERMANENT ADDRESS IN HOME COUNTRY

Street: _____

Street #2: _____ Apartment Number (if applicable): _____

City: _____ Region/Province/State: _____

Country: _____ Zip/Postal Code: _____

LOCAL U.S. HOME ADDRESS
NOTE: A physical street address is required.

Street (Number and Name): _____ Apartment Number (if applicable): _____

City: _____ State: _____

Zip/Postal Code: _____ Local Telephone: _____

Email: _____ Email of spouse (if in J-2 status): _____

NIH Email (if known): _____ Work/Office Telephone (if known): _____

If your dependents are in J-2 status, will they also reside at this U.S. residential address?

❑ YES
❑ NO [NOTE: *If you select "NO," provide address on a separate sheet of paper*]

IN CASE OF EMERGENCY

Family Name: _____ Given Name: _____

Telephone: _____ Email: _____

Relationship to you: _____ Preferred Language (if does not speak English): _____

CONSENT TO ACCESS FORM I-94 ARRIVAL/DEPARTURE RECORD

By checking-in with the Division of International Services (DIS), you give us your consent to access your and your dependent(s)'s Form I-94 Arrival/ Departure record from the U.S. Customs and Border Protection (CBP) I-94 retrieval website (https://i94.cbp.dhs.gov) to facilitate your check-in to the NIH. This consent will remain valid as long as you are an active participant at the NIH.

(REQUIRED) Signature: _____

(REQUIRED) Date (Month/Day/Year): _____