



VISITING FOREIGN SCIENTIST ARRIVAL CHECK-IN

For use by FDA only

FDA Administrative Contact: Please complete and fax with copies of all applicable documents (see #10) to DIS. Please then mail the photocopies via Federal Express to DIS. *Type or print clearly. All questions MUST be answered. If not applicable, write N/A.*

1. FDA CENTER & LAB NAME: _____

2. SCIENTIST'S NAME: _____
(FAMILY, Given)

3. FDA DATA:

a. Official Start/End Dates _____

b. Lab Address & Telephone _____

4. U.S. ENTRY DATA:

Although you will be faxing copies of the scientist's immigration documents, the information is often difficult to read on the fax. In order to quickly activate the scientist's award/appointment/assignment, please fill in the following to avoid any confusion.

a. Form I-94 Arrival/Departure Record

i. Date of Entry _____

ii. City/Port of Entry _____

iii. Expiration Date _____

(note: if no specific date is listed, enter the notation written on the form, e.g. "D/S")

b. Passport

iv. Issuing Country _____

v. Expiration Date _____

c. Visa Stamp

vi. Expiration Date _____

5. PERMANENT RESIDENCE

ABROAD:

(Foreign Address in Home Country)

(Telephone) _____

6. EMERGENCY CONTACT –

ADDRESS/TELEPHONE:

(Telephone) _____

(Relationship) _____

7. U.S.HOME ADDRESS

(Telephone) _____

8. FAMILY MEMBERS (DEPENDENTS):

Check one:

- Family members arrived with scientist; Immigration information (See #12) will be sent to DIS.
- Family members will join scientist approximately _____ (month/year). List family members' details below:

Spouse:

Child 1:

Child 2:

Gender (circle one): Female / Male

Gender (circle one): Female / Male

Gender (circle one): Female / Male

FAMILY, Given name

FAMILY, Given name

FAMILY, Given name

Date of birth (mm/dd/yyyy)

Date of birth (mm/dd/yyyy)

Date of birth (mm/dd/yyyy)

Place of birth (city & country)

Place of birth (city & country)

Place of birth (city & country)

Country of Citizenship

Country of Citizenship

Country of Citizenship

Country of Permanent Residence

Country of Permanent Residence

Country of Permanent Residence

*For any additional family members, please write information on a separate sheet.

9. SOCIAL SECURITY NUMBER (SSN) [Check one below]:

- Participant already has an SSN. Number is _____ - _____ - _____
- Participant will apply for SSN. FDA Administrative Contact will notify DIS of SSN when received.

10. COLLECT DOCUMENTS LISTED BELOW FROM SCIENTIST AND ANY DEPENDENTS:

- a. **Form I-94 front and back (little admission card found inside passport)**
- b. **Passport (pages with ID/Biographical data, passport number/expiration date)**
- c. **U.S. Entry Visa (inside Passport)**
- d. **Form I-797 Approval Notice for H-1B or O-1**
- e. **Other immigration documents (if applicable)**
 - i. **Form I-20**
 - ii. **Form I-797 (for other nonimmigrant classifications)**
 - iii. **Employment Authorization Document (e.g. Form I-688B or Form I-766)**
 - iv. **Other**

MAKE COPIES OF THE ABOVE DOCUMENTS--PLEASE FAX AND MAIL TO DIS:

FAX: 301-496-0847 **MAIL:**

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Division of International Services, ORS
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