U.S. Department of State

OMB APPROVAL NO 1405-0119
EXPIRES: 07-31-2014
ESTIMATED BURDEN TIME: 40 min
*See Page 2

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

1. Surname/Primary Name:	Given Name:	Gender:	
Sample	John	MALE	N0000147766

Date of Birth (mm-dd-yyyy):	City of Birth:	Country of Birth:	Citizenship Country Code:	Citizenship Country:
12-09-1980	Anytown	IRELAND	EI	IRELAND

Legal Permanent Residence Country Code:	Legal Permanent Residence Country:	Position Code:	Position:
EI	IRELAND	215	UNIVERSITY UNDERGRADUATE STUDENTS

Primary Site of Activity: Exempt from Pre-placement

J-1

2. Program Sponsor: Acme Trainee — Program Number: P-4-16511

Participating Program Official Description:
TRAINEE

Purpose of this form: Begin new program; accompanied by number (1) of immediate family members.

3. Form Covers Period:
From (mm-dd-yyyy): 06-02-2015
To (mm-dd-yyyy): 05-15-2016

4. Exchange Visitor Category:
TRAINEE

Subject/Field Code: 04.0902
Subject/Field Code Remarks: None

5. During the period covered by this form, the total estimated financial support (in U.S. $) is to be provided to the exchange visitor by:
Current Program Sponsor funds : $5,000.00
Personal funds : $3,000.00
Total : $8,000.00

6. DEPARTME... OF STATE ... RESPONSIBLE OFFICER OR ALTERNATE R... SHIBLE ... ER
TA... ATION COPY OF ... AS HEREIN ... VIDE... TO THE U.S. ... MENT OF ... DATE).

Mary Hafer — Name of ... Preparing Form
Alternate Responsible Officer — Title
1000 Motor Vehicle Blvd.
Detriot, MI 48201 — Address of ... Officer or Alte...
703-555-5555 — ... elephone Number
05-06-2015 — Date (mm-dd-yyyy)
... onsible Officer or Alternate Responsible Officer

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified on item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer — Date (mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1. ☐ Not subject to the two-year residence requirement
2. ☐ Subject to two-year residence requirement based on:
   A. ☐ Government financing and/or
   B. ☐ The Exchange Visitor Skills List and/or
   C. ☐ PL 94-484 as amended

(ALL USAID PARTICIPANT G-2-00243 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04539 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Name — Title
Signature of Consular or Immigration Officer — Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is 1 year *)

*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.

Signature of Applicant — Place — Date (mm-dd-yyyy)