

1. Surname/Primary Name:		Given Name:		Gender:	
Date of Birth (mm-dd-yyyy): 12-31-1969		City of Birth:		Country of Birth:	
Citizenship Country Code:		Citizenship Country:		J-1	
Legal Permanent Residence Country Code:		Legal Permanent Residence Country:			
Position Code:		Position:			
Primary Site of Activity:					
2. Program Sponsor:				Program Number:	
Participating Program Official Description: INTERN Sign HERE to confirm the accuracy of information in blue. Any errors will incur additional time and processing fees.					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period:		4. Exchange Visitor Category:			
From (mm-dd-yyyy): 12-31-1969		INTERN			
To (mm-dd-yyyy): 12-31-1969		Subject/Field Code: Subject/Field Code Remarks:			
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:					
Personal funds : \$ 0.00					
Total : \$ 0.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate;(ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.		7.			
		Name of Official Preparing Form		Title	
		2387 BELL BLVD STE 5			
		BAYSIDE, NY 11360			
		Address of Responsible Officer or Alternate Responsible Officer		Telephone Number	
		Signature of Responsible Officer or Alternate Responsible Officer		Date (mm-dd-yyyy)	
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 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, 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).				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)	
The Exchange Visitor in the above program:				*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.	
1. Not subject to the two-year residence requirement.				(1) Exchange Visitor is in good standing at the present time	
2. Subject to two-year residence requirement based on:				Date (mm-dd-yyyy)	
A. Government financing and/or				Signature of Responsible Officer or Alternate Responsible Officer	
B. The Exchange Visitor Skills List and/or				(2) Exchange Visitor is in good standing at the present time	
C. PL 94-484 as amended					