



**POSITION DISCLOSURE FORM**

Note: The Exchange Visitor will be given a copy of this form within their welcome packet.  
The Department of State requires that the following information be provided to visitors prior to arrival.

**JOB DESCRIPTION**

Position Title:			
Description of Duties:			
Dates of Program (mm/dd/yyyy) From: _____ To: _____	Hours Per Week / %FTE _____	Will EV be Paid by UofU? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much? \$ _____ per _____
Other Relevant Information for Candidate:			
Additional Benefits/Compensation: <input type="checkbox"/> Department Paid Hx <input type="checkbox"/> Exchange Visitor Needs to Purchase <input type="checkbox"/> Other (Please describe)			

**EMPLOYEE INFORMATION**

Exchange Visitor Name (Last, First, MI)		
Level of Degree	Field of Study	Email Address

**PRIMARY SITE OF ACTIVITY**

Department or Division Name	Primary Site of Activity Address
Lab or site name (if applicable)	Website (if applicable)
Phone Number	FAX Number

**SUPERVISOR CONTACT INFORMATION**

Supervisor's Name (Last, First, MI)		Email Address
Phone Number	FAX Number	Supervisor's Title
Supervisor's Signature		Date (mm/dd/yyyy)



**J-1 VISA/EXPORT CONTROL QUESTIONNAIRE**

The questionnaire must be completed and signed by the **Supervisor/Principal Investigator** or other appropriate University authority with direct oversight of the foreign national exchange visitor's work. This is required for all Exchange Visitors (Research Scholars, Short Term Scholars, Professors, Students, and Student Interns)

**SECTION I**

Name of Exchange Visitor: \_\_\_\_\_

Title: \_\_\_\_\_

Countries of Citizenship (include dates): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Name and Title of person filling out the form: \_\_\_\_\_

1. Is the J-1 exchange visitor ("EV") (i) classified as a J-1 Student "Non-degree" or "Bachelor", and  Yes  No (ii) not currently applying for academic training, and (iii) not a Student Intern? (If "Yes," proceed to Section VI)

2. Will the EV be working in the **core sciences** (medical and non-medical), e.g., biomedical sciences, computer sciences, space or space launch sciences, engineering (chemical, electrical, mechanical, semiconductor, nuclear), material sciences, atmospheric sciences/astronomy, geophysics, physics, chemistry, medicine, nanotechnology, marine science, artificial intelligence, robotics, etc. and including IT services in these departments/fields.

Check one:

No, the EV's program will not involve, expose or potentially expose the applicant to any core scientific discipline, including but not limited to the ones listed above. Please sign and date this form in Section VI.

Yes, the EV's program will involve, expose or potentially expose the beneficiary to a core scientific discipline (including but not limited to one or more of those listed above). Proceed to Section II.

**SECTION II**

3. Will the EV engage in research? (If "No," proceed to Section III)  Yes  No

4. Is the research to be performed or funded, in whole or in part, by another university, nonacademic research institution, company, or the federal or state government?  Yes  No

**If yes, please provide:**

If the entity is located abroad, please identify name and location

\_\_\_\_\_

If the EV is collaborating with an institution abroad as part of the research, in what capacity?

\_\_\_\_\_

Please provide us with a copy of any contract governing the research collaboration or funding.

If there a Project ID#, please provide it: \_\_\_\_\_

Project Title \_\_\_\_\_

Name of the PI \_\_\_\_\_

**SECTION II**

- 5. Will the research results be taught, published or otherwise shared with the interested public?  Yes  No
- 6. Are there any restrictions on publication of your research results? (Examples include, but are not limited to an absolute publication restriction or time delay or opportunity for review and/or comment by third party or sponsor.)  Yes  No  
 (If "Yes", please provide a copy of any agreement).
- 7. Are there any citizenship restrictions on who can access the technology or technical data being used in your research or research results? (If "Yes", please provide a copy of any agreement).  Yes  No
- 8. Is any aspect of your research subject to any Non-Disclosure Agreement (NDA) or other confidentiality agreement that permits access to confidential, not publicly available information, data or software from a sponsor/third-party?  Yes  No
- 9. If you answered "yes" to question 8, will the EV have access to confidential, not-publicly available information, data or software? (If "Yes", please provide a copy of any NDA or other confidentiality agreement).  Yes  No
- 10. Where the research results in software, will the software be commercialized and licensed?  Yes  No

**SECTION III**

- 11. Does the EV have citizenship from any of the following countries: Cuba, Iran, North Korea, Syria or Sudan?  Yes  No
- 12. Will the EV have access to proprietary technology for the development of cryptography or proprietary source code containing cryptographic functionality (whether or not actually required for the work assignment and whether through hard or soft copy)?  Yes  No

**SECTION IV**

- 13. Will the EV have access to technical data or information that has been stamped or otherwise designated by the sponsor/third party as "export controlled"? This includes U.S. government or sponsor/collaborator furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled software.  Yes  No
- 14. Will the EV have access to one or more laboratory instruments where the all 6 of the following activities occur (all 6 relative to one particular instrument): operation, installation, maintenance, repair, overhaul and refurbishing?  Yes  No



If yes, what is (are) the instrument(s)? Please include the name, manufacturer, model, university inventory number (if any), supplier (if available), serial number (if available), and a copy of the purchasing paperwork (if available).

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And, will the EV be given specific information about the instrument that will support these activities (e.g., manual, schematics provided by the vendor, software code)?  Yes  No

If yes, what will the EV be given?

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**SECTION V**

**15.** Confirm that you have reviewed the link below to the U.S. Department of State’s (ITAR) Munitions List of “defense articles.” Defense articles include any item (equipment, instruments, materials, software, and/or technical data) specifically designed, developed, or modified for military or space applications. The term “defense articles” also includes any item that is built/compiled or designed/modified to military specifications as well as space launch applications, such as military-grade electronics and components. The fact that the item is commercially available does not remove it from this list.  
[http://www.pmdc.state.gov/regulations\\_laws/documents/official\\_itar/2013/ITAR\\_Part\\_121.pdf](http://www.pmdc.state.gov/regulations_laws/documents/official_itar/2013/ITAR_Part_121.pdf)  Yes  No

**16.** Based on the foregoing definitions per Question 15, will the EV be provided access to ITAR “defense articles”? “Access” means any visual or physical access to the item, regardless of whether such access required for the program.  Yes  No

**17.** Will the EV have access to confidential, not-publicly available equipment, information, data or software that is ITAR controlled “technical data” related to a “defense article” that was commercially procured or received through intra-institutional collaboration? Please note that information or data can exist in any form (e.g., blue print, sketches, specifications, documented technology, vendor operational manual/instructions, data results) and can be conveyed through hard copy, soft copy, or spoken communication.  Yes  No

**SECTION VI: CERTIFICATION**

I hereby certify that I am personally knowledgeable of the duties and other particulars of the J-1 program of the foreign national listed above, and hereby affirm that the contents of the foregoing certification questionnaire are true to the best of my knowledge, information and belief.

I further understand that failure to accurately complete this questionnaire can result in U.S. Government export control violations for which civil and criminal penalties can be assessed against (i) any individual (including a PI) found to have caused or facilitated a violation, and/or (ii) the University of Utah.

\_\_\_\_\_  
 Supervisor/PI (printed name)      Signature      Title      Date MM/DD/YY



ENGLISH PROFICIENCY FORM FOR J-SCHOLARS

The purpose of the interview is to ascertain whether an international scholar is sufficiently conversant in English to function in day-to-day life both at the University and in the community. Below are some examples of questions that may be asked to determine English proficiency. Interviews should be conducted verbally in-person, via video conferencing, or telephone. Interviews should last a minimum of 10 -15 minutes. Neither this form, nor the topics therein should be provided to the scholar prior to the interview.

SAMPLE QUESTIONS

- 1. Describe how your past experiences, training, and language study have prepared you to operate in an English speaking environment in your occupational field.
2. In what type of environment do you thrive? What would you say your comfort level is with an environment that is not native to you?
3. What do you expect to learn about American culture and society? How do you plan to share this learning upon your return to your country?
4. What skills and knowledge do you expect to gain? What social activities do you hope to engage in?

Please use the table below when evaluating English proficiency.

Speaking proficiency definitions defined by U.S. Department of State; listening proficiency definitions defined by the American Council on the Teaching of Foreign Languages.

Table with 3 columns: PROFICIENCY CODE, SPEAKING DEFINITIONS, LISTENING DEFINITIONS. Rows include: 2 - Limited Working Proficiency, 3 - Minimum Professional Proficiency, 4 - Full Professional Proficiency, 5 - Native or Bilingual Proficiency.

I certify that the scholar has shown proficiency in English and ISSS will keep this as evidence documenting that proficiency at a level of: \_\_\_\_\_ Notes / comments: \_\_\_\_\_

Signature of Department representative at Utah: \_\_\_\_\_

Printed name: \_\_\_\_\_

Form containing fields for Today's Date, Was the Interview Conducted in English?, Last Name of Interviewee, First Name of Interviewee, Birth Date of Interviewee, Interview: Type (Person-to-person, Videoconferencing, Telephone), and Interview Length (Hours, Minutes).



**COMPLIANCE AGREEMENT FORM  
EXCHANGE VISITOR PROGRAM (J-1) - HEALTH INSURANCE REGULATIONS**

The U.S. Department of State regulations require all those in J-1 and J-2 immigration status to carry health insurance throughout their presence in the United States.

This requirement can be met by any of the following options:

1. The University of Utah sponsoring department provides insurance coverage as part of the salary and benefit package offered to the exchange visitor.
2. The individual scholar purchases insurance coverage.
3. A sponsoring government or agency provides insurance coverage.

The health insurance must meet the following criteria and provide the following benefits:

- √ Medical benefits of at least \$100,000.00 per accident or illness.
- √ Repatriation of remains in the amount of \$25,000.
- √ Expenses associated with medical evacuation to home country in the amount of \$50,000.
- √ A deductible not to exceed \$500 per accident or illness.
- √ Covers pre-existing conditions after a reasonable waiting period.
- √ May include provision for co-insurance up to 25% of the covered benefits per accident or illness.
- √ Coverage for activities inherent to the exchange program.
- √ Underwritten by an insurance corporation rated:
  - "A-" or above by A.M. Best; or
  - "A-i" or above by Insurance Solvency International; or
  - "A-" or above by Standard & Poor's; or
  - "B+" or above by Weiss Research, Inc.

Coverage backed up by the exchange visitor's home country government is exempt from the rating requirement. In this case, your government may issue or underwrite the insurance coverage and your policy description will indicate government backing. In the case of a non-U.S. health insurance, proof of this accreditation must be presented in English, along with complete documentation that the policy benefits listed above are covered. Failure to maintain such health insurance for exchange visitors and their dependents through the duration of the program participation will be considered a violation of J-1 status and will result in termination of the program.

Please complete the section below, indicating that you understand these requirements and agree to abide by the regulations of the U.S. Department of State.

I, \_\_\_\_\_ (your full name) agree to provide health insurance coverage for the exchange visitor \_\_\_\_\_ and the following dependents \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ during the period beginning \_\_\_\_\_ to \_\_\_\_\_ (from Line 3 of DS-2019.) I understand that this insurance must meet the conditions outlined by the U.S. State Department and that failure to meet this requirement will result in the J-1 holder's termination from the Exchange Visitor Program and his or her right to stay in the United States.

\_\_\_\_ Health insurance coverage will be provided by the department. \_\_\_\_\_  
Signature – Sponsoring Department                      Date

\_\_\_\_ Health insurance coverage will be provided by the J-1 holder. \_\_\_\_\_  
Signature – Exchange Visitor                                      Date