



U.S. Department of State

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

OMB APPROVAL NO.1405-0119
 EXPIRES: 10/31/2020
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

1. Surname/Primary Name: Rios Duran Given Name: Jader Israel Gender: MALE					N0037099273	
Date of Birth/(mm-dd-yyyy): 09-11-2000	City of Birth: LIMA	Country of Birth: PERU	Citizenship Country Code: PE	Citizenship Country: PERU	J-1	
Legal Permanent Residence Country Code: PE		Legal Permanent Residence Country: PERU	Position Code: 215	Position: UNIVERSITY UNDERGRADUATE STUDENTS		
Primary Site of Activity: Smiley Brothers Inc DBA Mohonk Mountain House 1000 Mountain Rest Rd New Paltz, NY 12561						
2. Program Sponsor: Greenheart Exchange					Program Number: P-3-05807	
Participating Program Official Description: SUMMER TRAVEL/WORK						
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.						
3. Form Covers Period:		4. Exchange Visitor Category: SUMMER TRAVEL/WORK				
From (mm-dd-yyyy): 12-11-2025	To (mm-dd-yyyy): 03-10-2026	Subject/Field Code: 32.0101	Subject/Field Code Remarks: Dishwasher			
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 : \$1,000.00 Total : \$1,000.00						
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. Kerri Johnson Name of Official Preparing Form 742 N LA SALLE DR Ste 300 CHICAGO, IL 60654 Address of Responsible Officer or Alternate Responsible Officer 866-224-0061 ext. 1699 Signature of Responsible Officer or Alternate Responsible Officer 06-21-2025 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.						Date (mm-dd-yyyy) of Signature
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 <i>(Maximum validation period is 1 year*)</i>
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. <input type="checkbox"/> Not subject to the two-year residence requirement.						(1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy)
2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended						(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) (2) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy)
Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____						Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy)
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).						Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy)
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)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular or Immigration Official.

- I understand that the following conditions are applicable to exchange visitors:

(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for 2 years following completion of their program before they are eligible for immigrant status, temporary worker (*H*) status, or intracompany transferee (*L*) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (*these skills appear on the "Exchange Visitor Skills List"*) they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) Extension of Stay/Program Transfers: A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) Limitation of Stay: STUDENTS - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months;

TEACHERS - 3 years; **PROFESSORS** and **RESEARCH SCHOLARS** - 5 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year;

ALIEN PHYSICIAN - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER WORK/TRAVEL** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months. For details, see 22 CFR Part 62.

(d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (*see item 3 on page 1 of this form*).

(e) Change of Visa Status: Exchange visitors (and their spouses and dependents) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (*A*) or an international organization (*G*) or member of the family or attendant of either of these types of officials or employees.

(f) Insurance: Exchange visitors are required to have medical insurance in effect of themselves for the duration of their exchange program, and for accompanying spouse and dependents while they are in United States during the exchange visitor's program. Exchange visitors are required to have: (1) medical benefits of at least \$100,000 per accident or illness; (2) repatriation of remains in the amount of U.S.\$25,000; and (3) expenses associated with medical evacuation in the amount of U.S. \$50,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (*see item 7 on page 1 of this form*).

2. EXCHANGE VISITOR (J-NON-IMMIGRANT) CERTIFICATION: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify under penalty of perjury for violating U.S. laws (18 U.S. Code §1621 - Perjury generally); or (18 U.S. Code §1001 - False Statement) that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing an exchange program facilitated by the designated sponsor named above, or for an accompanying spouse and dependent(s). I also authorize the named sponsor to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my non-immigrant status. I agree that I will maintain compliance with insurance regulations as specified in 22 CFR 62.14 for myself for the duration of my exchange program and for my J-2 spouse and dependents while they are present in the United States during my exchange program. For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize U.S. Department of State designated sponsors and any educational institution named on Form DS-2019 to release information to the Department of State relating to compliance with the Exchange Visitor Program regulations. Signatures: The J-1 exchange visitor should sign the J-1 form under Signature of Applicant. The J-2 spouse or dependent should sign the J-2 form under Signature of Applicant. Parent or guardian must sign the J-1 form if exchange visitor is under 16. Parent or guardian must sign the J-2 form if accompanying minor is under 16.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer or Alternate Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

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

PAPERWORK REDUCTION ACT STATEMENT: Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor and by the U.S. Department of State for exchange visitor program administration purposes. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (*Embassy*) to secure an exchange visitor (*J-1, J-2*) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond, to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, ECA/EC, Washington, D.C. 20522-0505.

CONFIDENTIALITY STATEMENT: INA Section 222 (*j*) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is need in a case pending before the court.