

PROFESSIONAL EXCHANGE PROGRAM BIOGRAPHIC DATA FORM

INSTRUCTIONS

- Complete all items fully. Incomplete applications will not be processed. You may be asked to provide proof of this information. Answer all items in English. If you need additional space, please attach additional sheets with your name and identify the question(s) answered.
- Include two letters of reference, in English or Spanish, from previous employers or from your last school of attendance.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name	First Name
Permanent foreign address (<i>as it should appear on envelope</i>)		
Current mailing address for receiving documents from the Spain-U.S. Chamber of Commerce (<i>as it should appear on envelope</i>)		
Current telephone (<i>where you will receive documents</i>)	Passport number	Passport expiration date
Date of birth Month Day Year	City of birth (as listed on passport)	Country of birth
	Country of citizenship	Country of legal permanent residence
Current occupation (<i>if student, please state name of school and major field of study. If employed, list name of employer, address including country, and dates of employment. If you are not currently working, provide the same information for your most recent employer and include dates of employment</i>)		Email address
Have you ever applied for any type of visa before?		If yes, please provide the type of visa and the year it expired?
In the last 12 months, have you visited the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please complete Purpose of visit: Date of entry: Type of Visa held: I-94 Form expiration date: Date you exited the US:	
Emergency contact information (must be a relative, spouse or guardian)	Full name Telephone	

EDUCATION <i>start with last school attended and list backwards to age 16</i>			
Name of school and location	Dates of study <i>month & year</i>	Major field(s) of study	Degree(s) or Certificate(s)
English language level: <input type="checkbox"/> Fluent <input type="checkbox"/> Above average <input type="checkbox"/> Good <input type="checkbox"/> Fair	You must include proof of English language skills, which can be one of the following: <ul style="list-style-type: none"> Score on recognized English language test Signed documentation from an academic institution or English language school If none of these are available, English language level will be verified during personal interview.		

PREVIOUS WORK EXPERIENCE <i>start with current occupation listed on first page</i>		
Name and address of employer	Dates of work <i>month & year</i>	Job title or position

HEALTH	
Are you medically fit? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No," please detail below
Do you have a physical handicap? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," please detail below
Please list any other biographical information you wish about yourself, such as hobbies or special interests, membership in professional societies, religion, dietary restrictions, travel in other countries, etc (<i>optional</i>)	
Please give name, address and telephone number of a relative or other person who should be contacted in the event of an emergency. If a relative, cite relationship	

DEPENDENTS		
<i>If your spouse and/or children will accompany you during your stay in the United States, the Chamber will provide you with the documents needed to apply for J-2 Visa for them. Please provide the following information for your spouse and/or children who will join you in the United States (attach additional sheets if necessary)</i>		
	Dependent 1	Dependent 2
Full name as it appears on passport		
Relationship to you (dependent or spouse)		
Date of birth (please write the month in words)		
City and country of birth		
Country of citizenship		
Important: include a copy of each passport, marriage certificate and birth certificate of children (if applicable)		

Professional Exchange Program – Exchange Visitor Agreement

Section I: General Rules and Guidelines for your Program

1. The Spain-U.S. Chamber of Commerce (SUSCC) is a non-profit organization authorized by the United States Department of State (DoS) to sponsor participants under the J-1 Exchange Visitor Program.
2. The SUSCC is authorized by the DoS to issue the Certificate of Eligibility DS-2019. This document allows Participants to obtain a J-1 visa at the U.S. Consulate/Embassy.
3. The SUSCC does not support activities in “unskilled occupations” such as home health care, childcare, door-to-door sales, telemarketing, gardening, etc. The SUSCC cannot support activities in areas of patient care, flight training, ship and aircraft crew, teacher or teaching assistant, and in fine or performing arts and any positions with more than 20% clerical tasks.
4. The duration of a J-1 intern/trainee visa is limited to a maximum of 12/18 months. All positions must be full-time with a minimum 32 hours per week.
5. The DS-2019 is issued to reflect the dates of the Program. Participants are allowed to stay for 30 days beyond the end date, as long as this period is not used to continue the Program.
6. The SUSCC can withdraw sponsorship if any of the conditions of the Program are altered without the SUSCC’s advance permission. If sponsorship is withdrawn, the Participant must return to home-country immediately.
7. The SUSCC has no influence on the actions of the U.S. Consulates. The SUSCC is not responsible and can neither help nor interfere with Consulate-related issues including visa processing time, Consulate appointments, or visa rejections.
8. The SUSCC takes no responsibility if Participants must rebook flights. Participants are hereby advised not to book flights until their visa has been received.
9. The SUSCC is not responsible for time lost on the DS-2019 should a Participant arrive in the United States later than the Program start date that is stated on the DS-2019.
10. No individual who is out-of-status or who has overstayed any duration of stay with any other visa type will be considered for sponsorship.
11. The SUSCC reserves the right to deny sponsorship to any individual whom it does not deem appropriate or eligible for Program participation.
12. The SUSCC will not proceed with the issuance of a DS-2019 without signed and completed paperwork, including receipt of all SUSCC Program fees.

Initials here:

Section II: Responsibility of Program Participants

1. It must not be the intention of the Participant to abandon their permanent home-country residence and/or citizenship.
2. It is forbidden to apply for a J-1 visa in conjunction with filing for any other U.S. non-immigrant or immigrant visa.
3. Participants are responsible for considering all risks to health and safety that may occur in conjunction with living for an extended period of time in a foreign country. If a participant suffers from any condition that may impede Program participation, it is required that this is disclosed to the SUSCC prior to the issuance of the DS-2019.
4. Participants are required to cover all fees associated with visa application including Consulate fees and the SEVIS fee in conjunction with the DoS data collection system.
5. Participants must schedule and attend an in-person interview at the U.S. Consulate/Embassy in order to receive their J-1 Visa.
6. Participants are responsible for reading all orientation information available online and in the welcome packet distributed by the SUSCC.
7. All individuals currently in the United States in any visa category other than a B-1/B-2 or visa waiver must have been outside the U.S. for a minimum of 90 consecutive days before SUSCC sponsorship is possible.
8. Participants must enter the United States on or before the start date listed on the DS-2019. Failure to do so or to inform the SUSCC may result in additional fees and penalties or Program termination at the discretion of the SUSCC.
9. Participants must submit their U.S. arrival documents to the SUSCC within the first 24 hours of their Program start date. Failure to do so may result in additional fees and penalties or Program termination at the discretion of the SUSCC.
10. The Participants are required to inform the SUSCC of their current U.S. mailing address and update this information should it change during the time they are in the United States. The Participants must report to the SUSCC within ten calendar days any changes in their telephone number, email address, actual and current U.S. address, and site of activity.
11. All participants must apply for a Social Security Number if they receive a stipend in the U.S. Before applying for a Social Security Number, they should wait seven business days after submitting the U.S. arrival documents to the SUSCC.
12. The SUSCC is the legal sponsor for all Participants in the J-1 Visa Program. All participants must agree to consult directly with the SUSCC before changing any aspect of their Program.
13. Participants must follow all instructions from the SUSCC before and during their stay in the U.S. and comply with all applicable laws, regulations and/or instructions of appropriate government agencies in the U.S.
14. Participants are solely responsible for any penalty resulting from their conduct illegal or otherwise that harms another or damages property while participating in the SUSCC Program.
15. Should the Participant choose to end the Program earlier than planned, they must inform the

SUSCC in writing, stating valid reasons and return the DS-2019 to the SUSCC after arrival in home-country. Participants must exit the U.S. within 30 days of Program conclusion.

16. Participants are responsible for all debts and expenses incurred during their stay in the U.S. Participants must agree to pay all outstanding debts before leaving the U.S.
17. Participants may not under any circumstance hold a second job outside of their activity at the Host Company listed on their DS-2019. Failure to comply will result in the Participant's immediate withdrawal from the SUSCC Program.
18. Participants must inform the SUSCC prior to any trips outside the U.S. Participants must receive a travel validation on their original DS-2019 prior to any initial trips outside of North America. Travel outside the U.S. may not exceed 2 weeks during the Program unless otherwise approved by the SUSCC.
19. Participants must complete a midterm evaluation for any Program duration over six months in length. For all Program durations, Participant's must complete a final evaluation. Evaluations should be discussed with Participant's supervisor and signed prior to being submitted to the SUSCC.
20. Both Participants and dependents must secure appropriate health insurance. Insurance must meet certain requirements. Please read the most current guidelines on our website. The coverage must cover the entire duration of stay. Insurance policies must be submitted for SUSCC's review prior to the issuance of the J-1 visa and J-2 dependent visa.
21. Participants agree to return to home country upon completion of their Program. Participants may not attempt to remain in the U.S. to pursue employment.
22. Participants are required to inform the SUSCC if they are experiencing problems or difficulties related to their Program.
23. Participants may not transfer to another Host Company without prior approval of the SUSCC. This is not encouraged and will only be approved under special circumstances.
24. Host Companies are not required to continue a Program which is not satisfactory to either the supervisor or the Participant. The SUSCC must be informed in writing about the early ending of a Program. If a Program is ended prior to the original Program end date, Participants are expected to return to their home country.

Initials here:

Section III: Responsibility of the SUSCC

1. Once the DS-2019 has been issued, no refunds will be given on the Program fee. Once the application is submitted, but the DS-2019 has not been issued, the Program fee will be refunded minus a \$200 administrative fee.
2. The SUSCC will assure that Participants are covered by adequate health and accident insurance within the DoS guidelines. All appropriate measures have been taken to ensure that

Participants without preexisting conditions and who do not engage in extreme or dangerous sports are covered. Policy descriptions are detailed on the SUSCC website.

3. Participants must be covered by insurance during their entire stay. The SUSCC cannot assist Participants with insurance claims and does not have access to Participant's medical records. Every attempt should be made to contact the insurance company directly before contacting the SUSCC. The SUSCC cannot be held liable for any unresolved claims or coverage issues.
4. The SUSCC provides the contact number, 917 704 2064, in case of emergency situations. Calls will be returned as soon as possible. In the case of medical or police related emergency, please contact 911 immediately.

Initials here:

Signature	Printed name
	Country of completion
Date of completion	City of completion

Contact Information:

Linda Harel
lharel@spainuscc.org
646.868.0204

careers@spainuscc.org
+1 (212) 967-2170

Department of State Health Insurance Regulations

J-1 Visa Program

All Exchange Visitors and Dependents must have valid health insurance for the entire duration of their stay in the United States. Regardless of the insurance plan, it is incumbent upon the Host Company and the Exchange Visitor to verify that the selected coverage meets the Department of State minimum requirements:

1. Medical benefits of at least \$100,000 per accident or illness;
2. Repatriation of remains in the amount of \$25,000;
3. Expenses associated with the medical evacuation of Exchange Visitors to his/her home country in the amount of \$50,000; and
4. Deductibles not to exceed \$500 per accident or illness

The company providing the insurance must meet minimum rating requirements established by the Department of State:

- o A.M. Best rating of “A-” or above
- o Insurance Solvency International, Ltd (ISI) rating of “A-I” or above
- o McGraw Hill Financial/Standard & Poor’s Claims-Paying Ability rating of “A-” or above
- o Weiss Research, Inc. rating of “B+” or above

or

- o Alternatively, the sponsor may ascertain that the participant’s policy is backed by the full faith and credit of the government of the Exchange Visitor’s home country.

The Chamber recommends the following health insurance companies that meet the minimum requirements:

- o International Student Insurance (ISO) – J1 Exchange Plan (<https://www.isoa.org/>)
- o Insubuy: IMG Insurance – Patriot Exchange Program (<https://www.insubuy.com/>)
- o SevenCorners – Liaison Student Series (<https://www.sevencorners.com>)

Financial Statement

Name and Address of Account Holder:

We hereby confirm that the above named person has an account with our bank. We consider the person in good standing for the amount indicated below.

Name of Participant: _____

Personal funds in €: _____ in US\$: _____

Name/Address of Bank:

Date: _____

Name: _____ Signature: _____

Bank stamp:

Letter of Guarantee for (Applicant's Name)

(Applicant's Name) is my (insert relation to applicant), and she/he has applied for a Training/Internship program with the Spain-US Chamber of Commerce acting as visa sponsor. I understand that they are required to have access to (amount to be determined based on minimum wage per location, please contact the Chamber for assistance in determining this amount) per month while she/he is in the United States. (Applicant's Name) will be in the United States from (start date) to (end date), which amounts to a total of (enter number) months. Therefore, (this required amount) multiplied by (number of months) is the amount (applicant's name) needs to have available during the program. The total amount (applicant's name) will have available during the entire program from their salary/stipend is (insert \$ total amount). While remaining in the United States, the applicant's salary will amount to (insert \$ amount per month). I guarantee that I will provide the difference of (insert \$ difference per month), which amounts to (insert \$ for total program) over the entire Training/Internship program. I understand that my failure to financially support the applicant will result in the immediate termination of the Training/Internship program of (applicant's name).

Date:

Guarantor's Name:

Signature:

Address:

City/Postal Code:

Country: