



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

Form with sections: 1. Surname/Primary Name, Date of Birth, City of Birth, Country of Birth, Citizenship Country Code, Citizenship Country, Gender, Legal Permanent Residence Country Code, Position Code, Position, Primary Site of Activity; 2. Program Sponsor, Program Number, Participating Program Official Description; 3. Form Covers Period, Exchange Visitor Category, Subject/Field Code, Subject/Field Code Remarks; 4. Exchange Visitor Category, Subject/Field Code, Subject/Field Code Remarks; 5. During the period covered by this form, the total estimated financial support; 6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION; 7. Name of Official Preparing Form, Address of Responsible Officer or Alternate Responsible Officer, Signature of Responsible Officer or Alternate Responsible Officer; 8. Statement of Responsible Officer for Releasing Sponsor; PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED; TRAVEL VALIDATION BY RESPONSIBLE OFFICER; EXCHANGE VISITOR CERTIFICATION.

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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. Lena Ryzhak
Name of Official Preparing Form
6820 Commercial Dr, Suite D
Springfield, VA 22151
Address of Responsible Officer or Alternate Responsible Officer
Signature of Responsible Officer or Alternate Responsible Officer

Alternate Responsible Officer
Title
571-279-0529
Telephone Number
09-28-2019
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).
The Exchange Visitor in the above program:
1. [X] 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
RW McGhee
Vice Consul
U.S. Embassy Lima, Peru
Name Title
Signature of Consular or Immigration Officer Date (mm-dd-yyyy)
10/31/2019
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 LIMA - PERU Date (mm-dd-yyyy) 10-30-2019