



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, Legal Permanent Residence, 2. Program Sponsor, 3. Form Covers Period, 4. Exchange Visitor Category, 5. Financial Support, 6. Responsible Officer, 7. Signature of Responsible Officer, 8. Statement of Responsible Officer, Preliminary Endorsement, Travel Validation, Exchange Visitor Certification.

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(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

RW McGhee
Vice Consul
U.S. Embassy Lima, Peru

Name
Signature of Consular or Immigration Officer

Title
Date (mm-dd-yyyy) 10/31/2019

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
*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
Place LIMA - PERU
Date (mm-dd-yyyy) 10-30-2019