INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAIʻI AT MĀNOA
2600 Campus Road, QLCSS 206, Honolulu, HI 96822 • Phone: (808) 956-8613 • Fax: (808) 956-5076
Website: www.hawaii.edu/issmanoa

J-1 STUDENT INTERN PROGRAM

International Student Services (ISS) administers the J-1 Student Intern Program for the University of Hawaiʻi (UH). Participation is open to foreign students currently enrolled and pursuing a degree at a postsecondary academic institution outside the United States. Internship programs may be up to 12 months per degree/major.

APPLICATION

Documents provided in this packet:

- Form A: Program Requirements and Participant Eligibility
- Form B: Participant Information
- Form C: Home Institution Certification
- Form D: Internship Evaluation
- DS-7002 Training/Internship Placement Plan (available separately if packet downloaded from website)
- J-1 Health Insurance Acknowledgment Form
- J-1 Health Insurance Provider Certification Form

Additional documents required as part of participant's application:

- Participant Financial Certification Documents: bank statements, award letters, etc. that support entire stay in the U.S., including housing, insurance and living expenses
- Copy of participant passport identification page

ISS will provide the host department with the necessary immigration form (DS-2019), a pre-departure packet to be sent to the participant, and assistance with visa difficulties as needed. See Checklist on p. 2 for procedures.

FINANCIAL CERTIFICATION

Financial certification needs to be presented prior to the issuance of the DS-2019 and again at the Embassy/Consulate when applying for the entrance visa. Funding for a J-1 Student Intern may come from various sources including UH, foreign universities or agencies, or personal funds. The minimum financial requirement below ensures that the participant has sufficient funds to cover expenses while in Hawaiʻi, but actual amounts may differ depending on lifestyle.

	Living Expenses Per Month	**Living Expenses Per Year**
J-1 Student Intern	$1,600	$19,200
Per dependent	$334	$4,000

HEALTH INSURANCE REQUIREMENTS

Federal regulations require ISS to ensure that J-1 student interns and accompanying J-2 dependents maintain adequate health insurance throughout the intern period. Health insurance plans must offer the following minimum coverage levels:

- Major Medical benefits of at least $50,000 per accident or illness.
- Repatriation of remains to home country of $7,500
- Medical evacuation of $10,000
- Deductible not to exceed $500 per accident or illness

HOUSING

Participants should have an idea of where they are going to live prior to arriving in Hawaiʻi. ISS expects the UH department to supervise the participant's search for adequate housing. A starting point may be the UH Off-Campus Housing website (http://www.hawaii.edu/och).

ISS CONTACT

Viet Ngo, International Student Advisor (Phone: 808-956-8613, Email: viet@hawaii.edu)

RECOMMENDED 90 DAY APPLICATION TIMETABLE AND RESPONSIBILITIES CHECKLIST

Please provide a copy of this checklist to the participant.

At least 90 days prior to arrival	**UH Department will...** 1. Identify the prospective J-1 Student Intern, and then contact ISS. **ISS will...** 2. Provide UH department with application materials.
80 days prior to arrival	**UH Department will...** 3. Complete/provide the following: ☐ Form A: Program Requirements and Participant Eligibility ☐ DS-7002 Training/Internship Placement Plan ☐ ISS Administrative Fee: $300 via journal voucher 4. Forward to participant the forms in #5 with completed DS-7002 for signature. **Participant will...** 5. Complete/provide the following: ☐ Form B: Participant Information ☐ Form C: Home Institution Certification (to be completed by academic advisor) ☐ Sign DS-7002. Provide a copy to home institution academic advisor. ☐ Financial Certification Documents: bank statements, award letters, etc., that support entire stay in the U.S., including housing, insurance and living expenses ☐ J-1 Health Insurance Acknowledgment Form ☐ Copy of passport identification page. 6. Send completed documents to UH department. **UH Department will...** 7. Collect completed participant and department application materials and forward altogether to ISS.
70 days prior to arrival	**ISS will...** 8. Send UH department a pre-departure packet, participant's original DS-2019, and copy of DS-7002 with all requisite signatures. **UH Department will...** 9. Send packet with original DS-2019 and copy of DS-7002 to participant. **Participant will...** 10. Receive packet with original DS-2019 and copy of DS-7002. Sign DS-2019. 11. Pay the SEVIS I-901 fee ($180) online. Print receipt. https://www.fmjfee.com/ 12. Apply at the U.S. Embassy/Consulate in his or her home country for a J-1 Student Intern visa (additional fee). Bring DS-7002 with other required documents. 13. Notify department of arrival information, which should be no more than 30 days prior to internship start date.
Arrival in U.S.	**Participant will...** 14. Enter the U.S. and be eligible to begin the program once the following obligations are met: ☐ Check in at ISS office and schedule orientation within 3 business days of arrival. ☐ At ISS check-in, provide completed Health Insurance Provider Certification Form, passport, visa, DS-2019 and I-94 (received upon arrival).

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FORM A:
J-1 STUDENT INTERN PROGRAM REQUIREMENTS AND PARTICIPANT ELIGIBILITY

(To be completed by UH Department Intern Supervisor and Department Head. Please type or print clearly.)

Intern Name:_____

Supervisor Name:_____ Email:_____

Department Head Name:_____ Department:_____

Expected Dates of Program:_____
mm/dd/yyyy - mm/dd/yyyy

*Supervisor must initial each of the Department of State requirements listed below.

NOTE: Since J-1 Student Interns are typically not enrolled as UH students, they will not have access to services usually associated with UH students, including course registration, housing in residence halls, counseling services, etc. Contact ISS if the intern wishes to enroll in courses.

PROGRAM REQUIREMENTS

_____ Internship consists of a minimum of 32 hours per week.

_____ Internship consists of no more than 20% clerical work.

_____ All tasks assigned must be “necessary for the completion of the student internship program.”

_____ Internship does not displace “American workers.”

_____ Internship exists “solely to assist the student intern in achieving the objectives of his or her participation in a student internship program.”

_____ Internship consists of “work-based learning”, rather than “ordinary employment or unskilled labor.”

_____ If in the field of agriculture, the internship meets all of the requirements of the Fair Labor Standards Act (29 U.S.C. 201) and the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1801).

_____ The intern will be exposed to “American techniques, methodologies, and technology” to expand upon the intern’s existing knowledge and skills and “ not duplicate the intern’s prior experience.”

_____ The internship does not involve: Unskilled or casual labor; child or elder care; aviation; “clinical positions or engaging in any other kind of work that would require student interns to provide therapy, medication, or other clinical or medical care (e.g sports or physical therapy, psych counseling, nursing, dentistry, vet med, social work, speech therapy, or early childhood educ); or any “position, occupation, or business that could bring the intern or program into notoriety or disrepute.”

_____ Internship does not involve in any way a “staffing or employment agency.”

_____ A student may participate in an internship with or without wages or other compensation but to be employed must have the permission of the Alternate Responsible Officer (ARO) at ISS.

_____ The internship does not have to be in the student’s field of study, but it does have to “fulfill the educational objectives of his or her current degree program at his or her home institution.”

_____ Interns may participate in the internship program for no more than 12 months.

_____ The department must evaluate the intern using the form provided (Form D: Internship Evaluation) and forward a

copy to ISS following the completion of the intern's program. Programs six months or less must have at minimum a concluding evaluation. Programs exceeding six months must at minimum have a midpoint and concluding evaluation.

_____ Department will ensure that interns participate in an in-person orientation upon arrival and concluding interview prior to departure at ISS.

_____ Department will ensure that form DS-7002 is completed, signed, and a copy attached.

PARTICIPANT ELIGIBILITY

_____ The intern has been accepted into a student internship program in your Department.

_____ Intern is currently "enrolled in and pursuing a degree at an accredited postsecondary academic institution outside of the United States" and is in good standing. (Form C: Home Institution Certification)

_____ The internship must "fulfill the educational objectives of his or her current degree program at his or her home institution."

_____ The intern has "verifiable English language skills sufficient to function on a day to day basis in the internship environment."
How did you make this determination (i.e., test score, interview, etc.)? _____

_____ The intern is "primarily in the United States to engage in a student internship program rather than to engage in employment or provide services to an employer."

_____ To the best of my knowledge the intern will return to his or her academic program outside of the U.S. and "fulfill and obtain a degree from that academic institution after completion of the student internship program."

_____ The department/program will provide the following. Give details including U.S. dollar amounts. Write "none" if you are not providing these items. The intern will be expected to provide any additional expenses not covered by the department/program.

Financial assistance/compensation:_____

Housing assistance:_____

Transportation costs:_____

Airport transportation:_____

Other:_____

ISS Administrative Fee ($300, required): _____

Supervisor Signature:_____ Date:_____

Department Head Signature:_____ Date:_____

For additional information or assistance, contact:

Viet Ngo, Internatioanl Student Advisor
International Student Services
QLCSS 206
Phone: (808) 956-8613
Email: viet@hawaii.edu

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FORM B: PARTICIPANT INFORMATION

(To be completed by individual applying for J-1 Student Intern Program. Please type or print clearly.)

PERSONAL INFORMATION

(Include a copy of passport identification page.)

Family Name:_____ Given/First/Middle Names:_____

Date of Birth:_____ Gender: ☐ Male ☐ Female
mm/dd/yyyy

City of Birth: _____ Country of Birth: _____

Country of Citizenship:_____ Country of Legal Residence: _____

Address in Home Country:_____

Email:_____ Phone:_____

ACADEMIC INSTITUTION IN WHICH YOU ARE STUDYING OUTSIDE OF THE UNITED STATES

(Attach Form C: Home Institution Certification.)

Name of School:_____

Address of School:_____

Major:_____

Specific Field of Study in Home University:_____

Level of Study: ☐ Undergraduate (Bachelor's) ☐ Graduate (Master's or Doctorate)

Expected Graduation Date:_____
mm/dd/yyyy

FINANCIAL CERTIFICATION

The J-1 Student Intern Program requires that participants have sufficient funds to cover his or her stay in the United States. This is not necessarily the amount it will cost because all individuals live different lifestyles; however, this is a general guideline and has been established for immigration purposes to ensure that participants have sufficient funds to cover living expenses in Hawaiʻi.

Wages being provided by UH:_____

Other compensation from UH:_____

Financial assistance provided through home government:_____

or home institution(s):_____
(Attach official document showing the source and amount.)

Personal or family funds:_____
(Attach bank statement dated within 60 days of form submission as proof of financial ability.)

TOTAL (in U.S. dollars): _____

MINIMUM FUNDING REQUIREMENTS

	Living Expenses Per Month	Living Expenses Per Year
J-1 Student Intern	$1,600	$19,200
Per dependent	$334	$4,000

HEALTH INSURANCE

You and any accompanying J-2 dependent will be required to maintain insurance for the entire length of your stay which meets the following requirements:

- Major Medical benefits of at least $50,000 per accident or illness.
- Repatriation of remains to home country of $7,500
- Medical evacuation of $10,000
- Deductible not to exceed $500 per accident or illness

Complete the attached J-1 Student Health Insurance Acknowledgment Form and submit with Form B. Within 3 days of arrival, submit completed Health Insurance Provider Certification form to ISS at check-in.

CERTIFICATION OF J-1 STUDENT INTERN APPLICANT

I certify that:

- The purpose of my coming to the United States is to engage in the student internship program and not to engage in employment or provide services to an employer.

- I plan to return to my academic program outside of the United States to fulfill and obtain a degree from my home institution listed above after completion of this internship program.

Applicant Signature:_____ Date:_____

J-1 STUDENT INTERN APPLICATION CHECKLIST

Submit the following to the UH department.

- ☐ Form B: Participant Information
- ☐ Form C: Home Institution Certification
- ☐ Financial Certification Documents
- ☐ J-1 Health Insurance Acknowledgment Form

J-1 STUDENT INTERN VISA APPLICATION AND ARRIVAL CHECKLIST

- ☐ Receive original DS-2019, copy of DS-7002, and pre-departure packet from UH department prior to arrival.
- ☐ Pay SEVIS I-901 fee ($180) online. Print receipt. https://www.fmjfee.com/
- ☐ Apply for J-1 Student Intern visa at US Embassy/Consulate. Bring DS-7002 with other required documents.
- ☐ Notify UH department of arrival information, which should be no more than 30 days prior to internship start date.
- ☐ Check in at ISS office and schedule orientation within 3 business days of arrival.
- ☐ At ISS check-in, provide completed Health Insurance Provider Certification Form, passport, visa, DS-2019 and I-94.

For additional information or assistance, contact:

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FORM C: HOME INSTITUTION CERTIFICATION

(To be completed by academic advisor at home institution. Please type or print clearly.)

STUDENT NAME

Family Name:_____ Given/First/Middle Names:_____

ACADEMIC ADVISOR INFORMATION

Family Name:_____ Given/First/Middle Names:_____

Title:_____ Name of Institution:_____

Address:_____

Email Address:_____

Degree student is currently pursuing:_____ Student's field of study:_____

Student's estimated degree/certificate completion date:_____
mm/dd/yyyy

Please check the appropriate boxes below:

Yes	No	
☐	☐	This student is in good standing and is progressing normally toward the completion of his or her degree.
☐	☐	Upon completion of the J-1 Student Intern Program at the University of Hawaiʻi, this student plans to return and complete his or her degree requirements at this institution.
☐	☐	I have read a description of this internship opportunity at UH (provided on form DS-7002 Training/ Internship Placement Plan) and agree that this experience will enhance this student's academic program at this institution.

Additional comments:_____

_____

Advisor Signature:_____ Date:_____

For additional information or assistance, contact:

Viet Ngo, International Student Advisor
International Student Services
QLCSS 206
Phone: (808) 956-8613
Email: viet@hawaii.edu

Updated: 07/23/2010

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FORM D: INTERNSHIP EVALUATION

(To be completed by UH Department Intern Supervisor. Student Intern and Supervisor must sign. Please type or print clearly.)

The supervisor must evaluate each student intern using this form. For programs exceeding six months' duration, at a minimum, midpoint and concluding evaluations are required. For programs of six months or less, at a minimum, a concluding evaluation is required. At the conclusion of the program, a copy of each evaluation (hardcopy or electronic) must be forwarded to ISS. Student interns must acknowledge by signature that he or she has been given an evaluation.

STUDENT INTERN NAME

Family Name:_____ Given/First/Middle Names:_____

Department:_____

EVALUATION INFORMATION

Date of Evaluation:_____ Evaluation Phase: ☐ Other ☐ Midpoint ☐ Concluding
mm/dd/yyyy

Period of Evaluation:_____
mm/dd/yyyy - mm/dd/yyyy

Period of Internship:_____
mm/dd/yyyy - mm/dd/yyyy

Yes	No	
☐	☐	Student Intern completed specific objectives for this phase, as indicated on form DS-7002 Training/ Internship Placement Plan. Comments:
☐	☐	Student Intern achieved skills, as indicated on form DS-7002. Comments:
☐	☐	Evaluation method and frequency of supervision occurred as outlined in form DS-7002. Comments:

Supervisor Signature:_____ Date:_____

Supervisor Name (Print):_____ Email:_____

Student Intern Signature:_____ Date:_____

For additional information or assistance, contact:

Viet Ngo, International Student Advisor
International Student Services
QLCSS 206
Phone: (808) 956-8613
Email: viet@hawaii.edu

Updated: 07/23/2010

J-1 EXCHANGE VISITOR HEALTH INSURANCE REQUIREMENTS ACKNOWLEDGEMENT FORM

The U.S. Department of State (DOS) requires all J-1 exchange visitors and J-2 dependents to obtain adequate health insurance coverage for the duration of their programs in the U.S. The DOS regulations pertaining to the Exchange Visitor Program are published in the Code of Federal Regulations (22 CFR § 62.14).

An exchange visitor's willful failure to maintain health insurance coverage meeting the DOS requirements may result in the termination of his/her participation in the Exchange Visitor Program and the loss of his/her legal immigration status.

The plan/policy must meet the following minimum coverage requirements (all amounts are in USD):

- Provide medical benefits of at least $50,000 per accident or illness
- Provide repatriation coverage of at least $7,500
- Provide medical evacuation coverage to home country of at least $10,000
- Maximum deductible of $500 per accident or illness
- May require a waiting period for pre-existing conditions which is reasonable under current industry standards
- May include a provision for co-insurance which requires the exchange visitor to pay up to 25% of the covered benefits per accident or illness
- Does not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates
- Coverage is guaranteed through at least **one** of the following means:
  - Insurance policy is underwritten by a health insurance company rated:
    - "A-" or above by A.M. Best or
    - "A-i" or above by Insurance Solvency International (ISI) or
    - "A-" or above by Standard & Poor's Claims Paying Ability or
    - "B+" or above by Weiss Research, Inc. **OR**
  - Policy is backed by the full faith and credit of the government of the J-1's home country **OR**
  - Policy is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor **OR**
  - Policy is offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the U.S. Dept. of Health & Human Services.

J-1 EXCHANGE VISITOR

I have read and I understand the above information. I agree to obtain health insurance coverage for myself and for my J-2 dependents that meets the above requirements for the duration of my/our participation in the University of Hawaii's J-1 Exchange Visitor Program. I understand it is my sole responsibility to maintain the required health insurance coverage for the duration of my program and that my willful failure to do so constitutes a violation of my status, which may result in the termination of my participation in the Exchange Visitor Program and the loss of my legal immigration status. I agree to provide documentary evidence of my health insurance coverage to my UH sponsoring unit and/or Faculty and Scholar Immigration Services (FSIS) if such evidence is requested.

_____ _____ _____

J-1 Signature Print J-1 Name Date

UNIVERSITY OF HAWAII SPONSORING UNIT

As the UH sponsoring unit of the above-named Exchange Visitor (EV), we understand the above information regarding the health insurance coverage requirements of the Exchange Visitor Program. If the EV is not complying with these health insurance requirements during his/her program, we will immediately consult with FSIS. We recognize that if an EV willfully fails to maintain adequate health insurance coverage for himself/herself and his/her dependents for the duration of his/her UH program, UH is bound by federal law to terminate the EV's participation in the Exchange Visitor Program.

_____ _____ _____

UH Dean/Director Signature Print Name Date

_____ _____ _____

UH Dept. Chair Signature Print Name Date

_____ _____ _____

UH Faculty Sponsor/P.I. Signature Print Name Date

University of Hawaii at Manoa
International Student Services
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HEALTH INSURANCE RESOURCES

GENERAL INSURANCE INFORMATION

- The Exchange Visitor Health Insurance Requirement www.hawaii.edu/fsis/j-1/info/us.html#health
- U.S. Department of State Exchange Visitor Program exchanges.state.gov/jexchanges/visitors/eligibility.html

UH STUDENT HEALTH INSURANCE PLAN

- University of Hawaii Student Health Insurance Plan www.hawaii.edu/fsis/j-1/info/uhhealth.html
- UH Student Health Plan Guide to Benefits www.hmsa.com/portal/?gid=student&pg=1
- UH Student Health Plan Rates www.hmsa.com/portal/?gid=student&pg=8#rates
- UH Student Health Plan Request for Eligibility www.hawaii.edu/shs/images/request.pdf
- UH Student Health Plan Application www.hmsa.com/portal/student/pdfs/enrollment_form.pdf

ALTERNATIVE HEALTH INSURANCE PLANS

- International Student Organization: COMPASS Gold www.isoa.org
- International Student Organization: COMPASS Silver www.isoa.org

MEDICAL EVACUATION & REPATRIATION INSURANCE

Required for exchange visitors who have the UH employee health insurance plan (EUTF HMSA or Kaiser) or the UH Manoa student health insurance plan.

- International SOS Medical Evacuation & Repatriation Insurance Plan www.internationalsos.com/visitorusa

J-1 EXCHANGE VISITOR HEALTH INSURANCE PROVIDER CERTIFICATION FORM

University of Hawaii at Manoa
International Student Services
2600 Campus Rd., QLCSS 206, Honolulu, HI 96822
Phone: 808-956-8613 Fax: 808-956-5076

J-1 Exchange Visitor: _____
print full name

Check if form is for J-2(s) who arrived/will arrive separately from the J-1

This section must be completed by the health insurance provider's authorized agent/employee

The U.S. government requires all J-1 Exchange Visitor Program participants and their J-2 dependents to maintain minimum health insurance coverage for the duration of their programs in the U.S. Sponsoring institutions are required to ensure that J-1 participants and their J-2 dependents are complying with the requirements (22 C.F.R. § 62.14). If there are any questions about this form, please contact the University of Hawaii Office of Faculty and Scholar Immigration Services.

Name(s) of insured individual(s):

_____ _____
print full name print full name

_____ _____
print full name print full name

_____ _____
print full name print full name

Insurance provider: _____

Policy/Plan type: _____ Dates: _____ to _____
mm/dd/yyyy mm/dd/yyyy

The plan/policy must meet the following minimum coverage requirements (all amounts are in USD):

- Provide medical benefits of at least $50,000 per accident or illness
- Provide repatriation coverage of at least $7,500
- Provide medical evacuation coverage to home country of at least $10,000
- Maximum deductible of $500 per accident or illness
- May require a waiting period for pre-existing conditions which is reasonable under current industry standards
- May include a provision for co-insurance which requires the exchange visitor to pay up to 25% of the covered benefits per accident or illness
- Does not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates
- Coverage is guaranteed through at least **one** of the following means:
  - Insurance policy is underwritten by a health insurance company rated:
    "A-" or above by A.M. Best or
    "A-i" or above by Insurance Solvency International (ISI) or
    "A-" or above by Standard & Poor's Claims Paying Ability or
    "B+" or above by Weiss Research, Inc. **OR**
  - Policy is backed by the full faith and credit of the government of the J-1's home country **OR**
  - Policy is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor **OR**
  - Policy is offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the U.S. Dept. of Health & Human Services.

The minimum coverage requirements stated above are provided by this policy/plan. I am qualified to make this determination as an authorized agent/employee of the above insurance provider.

_____ _____
Signature Date

_____ _____
Name Title