

INTERNATIONAL FACULTY & SCHOLARS

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Welcome to the University of Arizona!

This packet contains important information pertaining to the J-1 Exchange Visitor Program. The J-1 Exchange Visitor Program was developed to implement the Mutual Educational and Cultural Exchange Act (Fulbright-Hayes Act) of 1961. The overall purpose of that Act, and the objective of the Exchange Visitor Program, is "to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges." Included in this packet, you will find the following materials:

- About Your DS-2019 Form
- How to Pay the I-901 SEVIS Fee
- How to Apply for Your J-1/J-2 Visas
- Health Insurance Requirements
- Arrival in the United States: International Scholar Checklist
- Applying for a Social Security Card in Tucson as a J-1 Exchange Visitor
- Expenses You May Incur During Your Stay
- Monthly Expenses Table
- Understanding the Two-year Home Country Physical Presence Requirement
- Understanding the 24-Month Bar on Repeat Participation and the 12-Month Bar Provision

Understanding this information is essential to the success of your program. If you have any questions after reading this packet, please contact our office (IFS) by phone at (520) 626-6289 or email at uaifs@email.arizona.edu.

About Your DS-2019 Form

The DS-2019 is a legal document issued by the University of Arizona on behalf of the U.S. Department of State. When you receive your DS-2019, please:

1. Carefully review all enclosed documents, especially the DS-2019(s). **If you find any data errors or discrepancies, inform IFS immediately at uaifs@email.arizona.edu.**
2. If everything is correct, sign and date the bottom of the DS-2019 where indicated.
3. Review and carefully follow all of the instructions found in this pre-arrival packet.
4. Inform IFS **immediately** if your proposed arrival dates will be delayed, especially if the delayed date is 30 days past the original start date.
5. Make an appointment at the nearest U.S. Embassy/Consulate and apply for your J-1/J-2 visa(s).
6. When you (and your dependents) arrive at the Port of Entry in the U.S., be prepared to present your DS-2019(s) and passport(s) containing the valid J visa(s).
7. **Upon arrival in the U.S., check in with IFS to validate your immigration status before beginning work.**

Our office is located in the University Services Building:
888 North Euclid Avenue, 3rd Floor, Room 301G,
Tucson, AZ 85721

Office Hours:
M-F 8:00am – 5:00pm
Closed: 12:00 – 1:00pm

How to Pay the I-901 SEVIS Fee

Before you apply for your J-1 visa, (Canadian citizens see below), you must pay the I-901 SEVIS fee. For more information about SEVIS, the current fee amount, and who is required to pay the fee, click [here](#).

The I-901 SEVIS fee must be paid online in U.S. Dollars. **You will need a credit card and the SEVIS number from your valid DS-2019. The SEVIS number is a 10-digit number which begins with “N00” on the upper right hand side of the DS-2019.**

Complete the I-901 SEVIS fee information page, and [make your payment](#). **After paying, print out the payment screen, and take it with you to your visa application interview.**

Canadian citizens only:

No visa or visa application is required of Canadian citizens. Present your receipt for the paid I-901 SEVIS fee and your valid DS-2019 form at the U.S. Port of Entry.

How to Apply for Your J-1/J-2 Visa(s)

To apply for your J-1/J-2 visa(s), you must submit the following to the U.S. Embassy/Consulate nearest you:

- Original DS-2019 for each visa applicant
- Valid passport for each visa applicant
- [Form DS-160](#) , completed online prior to your appointment
- \$160 visa fee for each applicant
- Receipt for your paid I-901 SEVIS fee
- [Visa reciprocity fee](#)
- Two photographs (2"x 2")

Please be aware that visas are granted solely at the discretion of the consular official and that the burden of proof to establish nonimmigrant intent rests on you. If your visa is granted, the consular official will return the DS-2019 to you, along with your passport and visa.

You may not enter the U.S. more than 30 days prior to your start date. If you are not able to start your program within 30 days of the program start date due to visa delays or complications abroad, you **must** inform your sponsoring department and IFS.

J-1 Health Insurance Requirements

DOS regulations require that all J-1 principal and J-2 dependent non-immigrants in residence at U.S. institutions of higher education have specific medical insurance coverage by the time of the J-1 program start date as outlined below (22 CFR § 514.14 and 22 CFR § 62.14).

Required coverage must remain in effect for the duration of the J- 1 program, without gaps, even when outside the United States.

U.S. DEPARTMENT OF STATE INSURANCE REQUIREMENTS

- medical benefits of at least \$100,000 per accident or illness
- a co-insurance not greater than 25% of the covered benefits per accident or illness
- a deductible not to exceed \$500 per accident or illness
- a waiting period for pre-existing conditions that is reasonable by current industry standards
- coverage for activities inherent to the exchange program (i.e., flight training for an aviation school)
- repatriation of remains in the amount of \$25,000
- expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000

In order for your J-1 program to be validated, you must submit proof of the required health insurance coverage (in English and U.S. Dollars) for yourself and all your J-2s when you check in with IFS.

Proof of existing insurance coverage from your home country which meets the DOS requirements must be provided in English and U.S. Dollars.

If you are eligible to enroll in UA employee insurance coverage, you will need to purchase a short-term health insurance policy to cover the 3- to 4-week gap before your UA insurance coverage begins. **After your UA coverage takes effect, you will need to purchase separate insurance coverage for medical evacuation and repatriation of remains to satisfy the DOS requirements.**

When making your benefits selection for UA employee insurance coverage, J-1 scholars should NOT enroll in the Aetna Health Savings Account (HSA) option. The HSA deductible exceeds the \$500 maximum required by the Department of State.

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

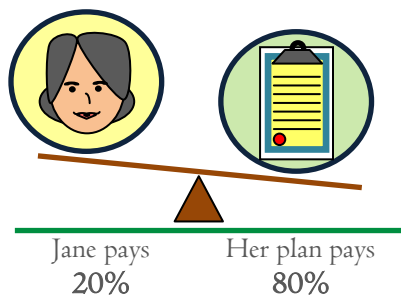
A request for your health insurer or **plan** to review a decision or a **grievance** again.

Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



Complications of Pregnancy

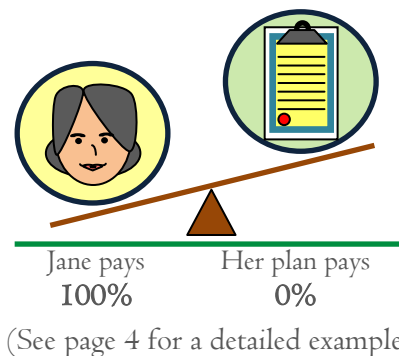
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

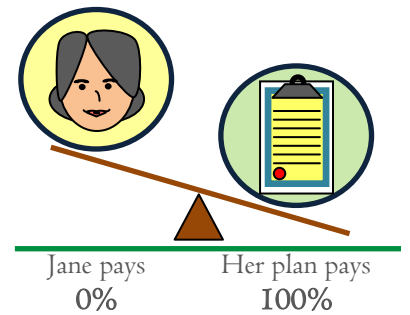
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health



insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

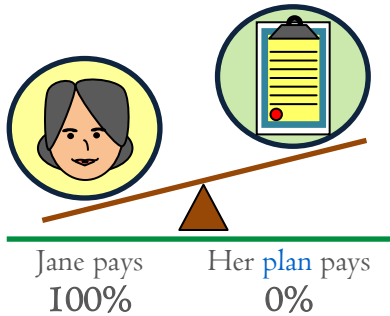
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st
Beginning of Coverage
Period

December 31st
End of Coverage Period



Jane hasn't reached her \$1,500 deductible yet

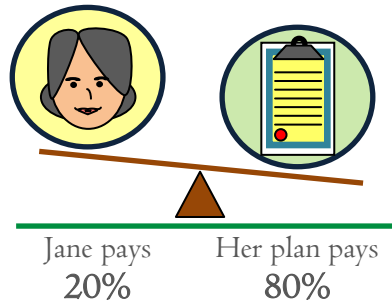
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more costs



Jane reaches her \$1,500 deductible, co-insurance begins

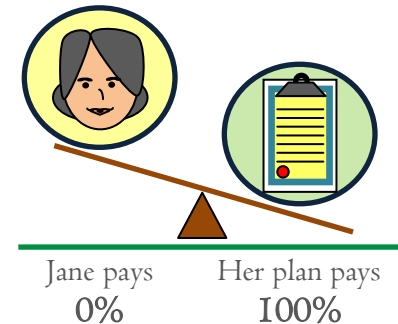
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more costs



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200

Arrival in the United States: International Scholar Checklist

To assist you in transitioning to the University of Arizona, the following is a checklist of items to complete upon your arrival:

- Check in with your sponsoring department.** Your sponsoring department will assist you with employee-related questions and procedures, such as obtaining a [UA identification card](#) (CatCard), etc.
- Obtain required health insurance coverage for yourself and all J-2 dependents.** If you would like to purchase health insurance through UA, please contact Campus Health via their [web form](#). Campus Health cannot provide health insurance coverage for J-2 dependents.
- Check in with IFS in person or online.** Our office **must** validate your immigration status with the Department of State **before you can begin working**. To check in online, please complete the J-1 Check In eForm in [UA International](#). For in-person check in at IFS, please bring the following for yourself and your dependents:
 - I-94 arrival/departure record printed from the [CBP website](#)
 - Original DS-2019 form, signed and endorsed by the U.S. Consular Officer
 - Passport containing J visa
 - Current U.S. home address and phone number
 - Email address
 - Proof of health insurance
- Find housing.** For a current list of available apartments and housing, visit the [Office of Off-Campus Housing](#) website.
- Arrange for daycare and/or schooling for your children.** For information on daycare options, visit the [Life & Work Connections](#) website.

Applying for a Social Security Card in Tucson as a J-1 Exchange Visitor

The nearest U.S. Social Security Administration (SSA) office is located at 3808 North 1st Avenue (between Prince Road & Roger Road).

Office Hours

Monday, Tuesday, Thursday, and Friday from 9:00 a.m. to 4:00 p.m.

Wednesday from 9:00 a.m. to 12:00 p.m.

Closed on weekends and federal holidays

By phone: 1-800-772-1213 or TTY 1-800-325-0778

Before you can apply for a Social Security Number, IFS must validate your immigration status AND you must be present in the U.S. for AT LEAST 10 days.

Take the following documents with you:

- Original DS-2019 Form
- I-94 Arrival/Departure Record
- Passport containing J Visa
- Original invitation letter mailed to you by your sponsoring department

If you were able to apply for a Social Security Number at the consulate in your home country, please notify the SSA representative. The following information may be needed to verify your original application:

- Your date and place of birth
- Your mother's maiden name
- Your father's name

It may be 3 to 4 weeks before you receive your Social Security card. If you plan to be in the U.S. for less than a month, please contact your sponsoring UA department to request use of their mailing address on your application so they can mail the card to you in your home country.

For more information visit [Social Security Administration](#) and [Social Security Number for Non-citizens](#).

Expenses You May Incur During Your Stay

Below is a list of common U.S. expenses:

Housing – You have the option to rent or lease. Expect slightly lower rates if you commit to a longer rental contract than if you pay month-to-month.

Renter's Insurance - Protection for the things you own inside your apartment, with cost of coverage based on the value of the insured items.

Electricity - Services provided by [Tucson Electric Power](#). In addition to the cost of electricity used, your bill will include taxes, fees, surcharges, and connect/disconnect charges. Renters may also be charged a deposit fee. Expect higher bills during the summer months for air conditioning.


Natural Gas – Services provided by [Southwest Gas](#). In addition to the cost of natural gas used, your bill will include taxes, fees, surcharges, and connect/disconnect charges. Renters may also be charged a deposit fee.

Water – Services provided by [Tucson Water](#). In addition to the cost of water used, your bill will typically include sewer, and curbside trash/recycle pickup, taxes, surcharges, and connect/disconnect charges. Renters may also be charged a deposit fee.

Internet – Multiple providers available. Some businesses and apartments offer free Wi-Fi.

Phone Service – Multiple providers available for cellular and/or land line services. 9-1-1 emergency line is free.

Television Service Providers - Multiple providers available, with service via cable or satellite. In addition to the cost of the programming you have selected, your bill will include taxes, fees, and connect/disconnect charges.



Transportation Costs – Walking and bicycling are common in Tucson, depending on the weather. Low-cost public transportation is available via [SunTran](#). Private transportation services are available via taxi services, ride sharing apps, car rental agencies, etc. Vehicles are available for purchase through individuals or car dealerships. When purchasing a vehicle, make sure you factor in associated expenses, such as monthly car payments, gasoline, car insurance, driver’s license fees, license plates and registration, annual vehicle emissions testing, parking permits, and potential accrual of parking/traffic citations.

Health Care – Out-of-pocket costs may include monthly insurance premiums, co-payments for doctor’s visits, out-of-pocket deductibles which must be met before insurance starts to pay, the cost of prescribed medications, and lab services. In the U.S., visiting an urgent care facility is much less expensive than visiting a hospital for non-critical care.

Food – For restaurant meals where food is brought to your table, it is customary to include a 15-20% gratuity (tip) for your server. Tipping is also customary for various other services, such as food delivery to your residence, valet parking of your vehicle, and hair or nail salon services.

State and Local Sales Tax – In the U.S., sales tax is not included in the price of an item. In Tucson, expect an additional 8.5% to be added at the time of payment for goods, but not for services or certain food items at the store. The actual tax amount you pay will vary depending on the city/county/state where the purchase was made.

Income Tax – If you will be a UA employee receiving a paycheck, expect to see itemized amounts for FICA (Federal Insurance Contributions Act), federal and state income tax, and any elected contributions for retirement, health insurance, dental insurance, life insurance, etc., deducted before your pay is deposited into your account. Even if you are not a paid UA employee, you may be subject to U.S. income taxation dependent upon existing tax treaties with your home country.

Banking – Fees may be charged for ATM access and special services, such as requests for cashier’s checks, money orders, overdraft protection, etc.

Monthly Expense Table

The following information is provided as an estimate of costs. Your actual expenses may vary.

Type of expense	Average per month
Housing/Rent	\$725 - \$1600
Electricity (expect higher bills during the summer months)	\$75 - \$300
Natural Gas (possibly for clothes dryer, water heating, whole-house heating, stove)	\$20 - \$100
Water (includes sewer, trash, and recycling)	\$50 - \$150
Internet	\$20 - \$100
Television Service Provider	\$30 - \$100
Phone Service (per line)	\$20 - \$100
Food (per person)	\$275 - \$350
30-day bus pass (per person)	\$45 - \$60
Car (car payment/gasoline/insurance)	\$250 - \$850
Health insurance (per person, depending on age and deductible level)	\$35 - \$240

Understanding the Two-Year Home Country Physical Presence Requirement

Many Exchange Visitors are subject to what is known as the two-year home country physical presence requirement of Section 212(e) of the Immigration and Naturalization Act. It is commonly referred to as “§212(e),” “the two-year rule,” and “the home residency requirement.” A J-1 Exchange Visitor (and his or her J-2 dependents) may be subject to the §212(e) requirement for one or more of the following reasons:

1. **The Exchange Visitor Skills List.** §212(e) applies if the field of study, research, or teaching is listed on the [Exchange Visitor Skills List](#) for an Exchange Visitor’s country of citizenship or country of past permanent residence.
2. **Funding.** §212(e) applies if the Exchange Visitor receives U.S. or home government funding (directly or indirectly) specifically to support their visit to the United States.
3. **Receipt of graduate medical education or training.** §212(e) applies if the Exchange Visitor participates in the Educational Commission for Foreign Medical Graduates (ECFMG) Exchange Visitor Program to receive graduate medical education or training.

Subject to Two-Year Rule?	J-1 Category	WHAT IS ALLOWED				
		Change of legal immigration status in U.S.?	Return to U.S. as J-1 Researcher or Professor?	Return to U.S. as J-1 Short-Term Scholar?	Return to the U.S. with H or L visa or as a Permanent Resident?	Return to U.S. with other non-immigrant visa (such as F-1 or B-1)?
Yes	Short-Term Scholar	Not permitted	No restriction	No restriction	Must spend two years in <u>home</u> country	No restriction
	Research Scholar/Professor	Not permitted	Not permitted for 24 months after departure from U.S.	No restriction	Must spend two years in <u>home</u> country	No restriction
No	Short-Term Scholar	No restriction (but may not change to other J-1 category)	No restriction	No restriction	No restriction	No restriction
	Research Scholar/Professor	No restriction (but may not change to other J-1 category)	Not permitted for 24 months after departure from U.S.	No restriction	No restriction	No restriction

If you are subject to §212(e), **you will have a notation on your visa and your DS-2019.**

To comply with §212(e), an Exchange Visitor must spend two years physically present in his or her home country or place of last legal permanent residence. Time spent does not necessarily have to be continuous.

Understanding the 24-Month Bar on Repeat Participation and the 12-Month Bar Provision

24-Month Bar on Repeat Participation

Exchange Visitors in the Professor and Research Scholar categories are subject to a 24-month bar on repeat participation in those categories after completing or breaking the continuity of a five-year period of eligibility. The 24-month bar applies in two circumstances:

1. The Professor or Research Scholar completes a full five years of program participation with one or more sponsors.
2. The Professor or Research Scholar completes his or her program before the full five-year period is over and the individual's SEVIS record becomes "inactive". The scholar is not eligible to access the unused time and must wait 24 months before beginning a new program as a Professor or Research Scholar.

In order to access a full five years of eligibility, the SEVIS record must be kept "active". This requires a continuous period of program participation to prevent the SEVIS record from becoming "inactive" on the day after the DS-2019 end date.

Prior to the program end date, a J-1 Professor or Research Scholar must either:

1. Extend their J-1 status under the UA Exchange Visitor Program, OR
2. Transfer to another Exchange Visitor Program sponsor.

24-Month Bar on Repeat Participation versus the §212(e) Two-Year Home Country Physical Presence Requirement

The 24-month bar on repeat participation should not be confused with §212(e), as they are two completely different regulations. While §212(e) **may** apply to anyone who enters the U.S. on a J visa, the 24-month bar on repeat participation **only** applies to J visa holders who enter the U.S. in either the Professor or Research Scholar categories.

Unlike §212(e), the 24-month bar on repeat participation does not require the individual to reside in his or her home country or leave the United States. It requires only that (s) not be in J Professor or Research Scholar status for two years prior to becoming eligible for a new five-year period of program eligibility under a J Professor or Research Scholar category.

12-Month Bar Provision

An individual who participates in the Exchange Visitor Program in any J category (including J-2) within the preceding 12 months cannot participate in the Exchange Visitor Program as a Research Scholar or Professor until 12 months have passed without being in any J status. This rule does not apply to any time accrued as a Short-Term Scholar and time accrued in any J status will not prevent an individual from returning in the Short-Term Scholar category.

Individuals who are subject to the 24-month bar are **not** subject to the 12-month bar in addition to the 24-month bar.