

COMMISSION ON FILIPINOS OVERSEAS

INFORMATION SHEET FOR EVP PARTICIPANTS (J1 Visa Holders)

РНОТО

INSTRUCTIONS: Please PRINT letters in the spaces provided.

| (FOR CFO USE ONLY) | | | | |
|--|---|--|--|--|
| CFO No. / EVP No. | Reg. Date [mm-dd-yy] | | | |
| OR # | Verifier | | | |
| PERSONA | L DATA | | | |
| Last Name | | | | |
| First Name | Julia | | | |
| Middle Name | | | | |
| If married, please state mother's maiden name | | | | |
| DATE OF BIRTH [mm-dd-yyyy] AGE SEX | CIVIL STATUS Single Married Female Divorced Widow(er) Separated | | | |
| PLACE OF BIRTH | Outside of the Philippines | | | |
| Town / City | | | | |
| Province | | | | |
| ADDRESS & CONTACT NUMBERS IN THE PHILIPPINES | | | | |
| House No. / Street / Barangay | | | | |
| | | | | |
| Town / City | | | | |
| Province | Zip Code | | | |
| | | | | |
| Telephone Number Cellphone Numb | er E-mail Address | | | |
| ADDRESS & CONTACT NUMBERS (Country of Destination) | | | | |
| House No. / Street | | | | |
| | | | | |
| City / State | | | | |
| Country | Zip Code | | | |
| Telephone Number | | | | |
| Telephone Number Cellphone Numb | | | | |
| PASSPORT NUMBER | DATE OF ISSUE [mm-dd-yyyyy] | | | |
| VISA NUMBER | DATE OF ISSUE [mm-dd-yyyy] | | | |
| | | | | |
| HIGHEST EDUCATIONAL ATTAINMENT If | vocational / college / post graduate | | | |
| | chool Name and Course | | | |
| | ddress | | | |
| ☐ Vocational Graduate ☐ Post Graduate | | | | |
| ECONOMIC STATUS | | | | |
| If employed/self-employed, state profession/occupation/business | | | | |
| | | | | |
| If unemployed, check appropriate box | | | | |
| ☐ Housewife ☐ Student ☐ Retiree ☐ Out-of-school youth ☐ Not reporting any occupation | | | | |
| DEPENDENTS WHO WILL BE ACCOMPANYING YOU DURING THE | | | | |
| NAME REL/ | ATIONSHIP DATE OF BIRTH [mm-dd-yyyy] | | | |
| | | | | |
| | | | | |

| CATEGORY OF EVE | PARTICIPANT | | DURATION OF TRAINING | | |
|---|---|---|---|--|--|
| Student | ☐ International Visitor | ☐ Short-term Scholar | From [mm-dd-yyyy] | | |
| ☐ Trainee/Intern ☐ Teacher | ☐ Alien Physician ☐ Government Visitor | ☐ Camp Counsellor ☐ Summer Work/Travel | To | | |
| Professor | Research Scholar | ☐ Others, please specify | | | |
| | | | | | |
| FIELD OF SPECIALI | ZATION | | | | |
| | | SPONSORING / HOST INSTITUTION IN T | HE UNITED STATES | | |
| Name of Sponsoring | Institution | | | | |
| Name of Responsible | e / Alternate Officer of Sponsori | ing Institution | Designation | | |
| | / Alternate Officer of Openson | | Designation | | |
| Address | | | | | |
| | | | | | |
| Telephone Number | | Cellphone Number | E-mail Address | | |
| | | | L-IIIali Address | | |
| Host Institution (If diff | ferent from sponsoring institution | on) | | | |
| | | | | | |
| Address | | | | | |
| | | | | | |
| Telephone Number | | Cellphone Number | E-mail Address | | |
| | | | E-IIIali Address | | |
| | INFORMATION A | BOUT THE LOCAL AGENCY IN THE PHILI | IPPINES | | |
| Name of Local Agend | | | | | |
| Address | | | | | |
| Telephone Number | | | | | |
| DATA OF NEAREST | FAMILY MEMBER IN THE P | | | | |
| Name | | Re | elationship | | |
| | | | | | |
| Address | | | | | |
| | | | | | |
| Telephone Number | | Cellphone Number | E-mail Address | | |
| | | | | | |
| FUNDING SOURCE | | If funded by the Philippine and/or U.S. | Government or a private | | |
| ☐ Philippine Govern | nment | organization / company, please state n | • | | |
| ☐ Private company | | , , , , , , , , , , , , , , , , , , , | | | |
| U.S. Government | i | | | | |
| ☐ Personal | | | | | |
| I understand that the | following conditions are ac | oplicable to all Exchange Visitors: | | | |
| TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (Section 212 (E) of the U.S. Immigration and Nationality | | | | | |
| Act and PL94-484, as amended): Exchange Visitors and their dependents are subject to the 2-year Home-Country Physical Presence Requirement. All EVP participants whose programs are financed in whole or in part, directly or indirectly by either the Philippine or U.S. | | | | | |
| Government, are required to reside in their home country for two-years following the completion of their program before they are eligible for | | | | | |
| Immigrant Status, Temporary Worker (H) Status, or Intracompany Transferee (L) Status. <u>Likewise, all EVP participants whose field of specialization is included in the E.V.P. Skills List are subject to the same requirement.</u> All E.V.P. participants in the field of Medicine | | | | | |
| are covered by said rec | | and dustrout to the same regardeness. | L.V.I . participanto III dio nella ci incascini | | |
| LIMITATION OF STAY: | | | | | |
| Students - those who are pursuing a full course of study towards a degree, or engaged full-time in a non-degree program up to 24 months. Students for whom the sponsor recommends academic training may be allowed to remain for an additional period of up to 18 | | | | | |
| months after receiving | their degree or certificate; post | t-doctoral academic training of up to 36 mo | onths; secondary students up to 1 academic | | |
| year. Trainees -18 months; flight trainess -24 months; teachers, professors and research scholars -3 years; short-term scholars -6 months; specialist -a year; physicians -the time typically required to complete the medical specialty involved but limited to 7 years with the | | | | | |
| possibility of extension if approved by the Director of the U.S. Information Agency; government visitor-up to 18 months; camp | | | | | |
| counselor-up to 4 months; summer travel/work-up to 4 months. | | | | | |
| CERTIFICATION | | | | | |
| I have read and understood the foregoing, including the Two-year Home-Country Physical Presence Requirement , and agree to comply with the Exchange Visitor Program Regulations, as amended (22 CFR Part 514). | | | | | |
| I understand that it is | I understand that it is my responsibility to maintain my Exchange Visitor Status. | | | | |
| I certify that all the information on this form is true and correct to the best of my knowledge. | | | | | |
| | | | | | |

SIGNATURE ABOVE PRINTED NAME