

Acknowledgement of Faculty Sponsor Responsibility

Name of J-1 Exchange Visitor applicant: _____

I, _____, certify that:

1. I will maintain accurate accounts of attendance and performance, and agree to serve as the needed mentor and supervisor of the named exchange visitor.
2. I assume responsibility for the exchange visitor's J Program activities including the exchange visitor's wellbeing and safety while at the University of Florida.
3. I confirm the planned exchange visit will not displace an American worker.
4. I acknowledge that Federal regulations require that J-1 exchange visitors and J-2 dependents are covered by health/accident insurance which meets specific requirements from UF and the U.S. Department of State for the duration of their program. If the exchange visitor does not meet the insurance coverage requirements upon arrival in the U.S., his/her SEVIS record will not be validated until the requirements are met. Delays with insurance compliance may cause significant setbacks in the exchange visitor being in active SEVIS status, in performing proposed UF activities, and may result in termination of the J visa status/SEVIS record. If the exchange visitor does not maintain the insurance coverage requirements during their active J Program, his/her SEVIS record will be terminated in which the exchange visitor and any accompanying J-2 dependents will be required to leave the U.S. immediately.
5. I acknowledge that patient care or contact is not permitted at any time under the UF Sponsored J Program; incidental contact is permitted under certain outlined and approved circumstances only.
6. I agree to communicate in a timely manner with the designated departmental administrative contact staff and/or the EVS office in regards to any changes with the named exchange visitor (i.e. change in funding, reduction in length of program, extension of program, program activities outside of the hosting UF department/center, disciplinary issues, attendance/performance issues, serious accidents or incidents resulting in injury to the exchange visitor, injury to other parties, and/or UF property damage).
7. I will report any known interactions with law enforcement, health related issues (hospitalizations above 24 hours), criminal activity and/or violations of UF policy/procedures to EVS immediately.
8. I acknowledge that the J Program is designed to increase mutual understanding between the people of the United States and people of other countries by means of educational and cultural exchanges. It is an approval to participate in research- and study-based exchange visitor programs. It is a means to be issued the J-visa which is a temporary non-immigrant visa in which participants are expected to return to their home countries upon completion of their programs. The J Program is not intended as a means of primary employment, to fill a labor need, or to be utilized inappropriately.
9. I acknowledge that the UFIC/EVS unit reserves the right to deny a request to a department/center/host sponsor who has demonstrated irresponsible supervision of exchange visitors or inappropriately utilizes the UF Sponsored J Program.
10. I will abide by the [Department of Labor regulations](#), including overtime, benefits and minimum compensation.
11. I will abide by UF and federal policy governing harassment, discrimination and appropriate terminations.
12. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

I understand and agree to the J-1 Exchange Program qualifications, requirements, and restrictions listed on the UF International Center website.

Signature of Faculty Sponsor

Date (mm-dd-yyyy):

Printed Name of Faculty Sponsor