

U.S. Department of State

OMB APPROVAL NO.1405-0119 EXPIRES: 10/31/2020 ESTIMATED BURDEN TIME: 45 min *See Page 2

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

| Part | 1. Surname/Primary Name: | Given Na | me: | | Gender: FEMALE | | |
|--|---|--|-----------------------------------|------------------------------------|---|----------------------------------|--|
| PRIOR SEASON STATE OF THE SECONDARY STATE OF | | | | | Citizenship Country: | J-1 | |
| Printer Site of Authors: 10 SAGAMORE RP 10 SAGAMOR | | | | | | | |
| 1.0 SACHANGE SD SOLTON LADOURCE, IY 12814 2. Program Speamer, Bears Learn Eachange Organization, Inc. Speamer Foreign the product of the Speamer Organization Each Conference or Speamer Conference Organization Each Conference Each Conference Organization Each Conference Each Conference Each Conference Ea | | | | | | | |
| Full power of this form: Begin new program; accompanied by number (0) of immediate family members. J. Furna Circus Power. Special form: Supposed of this form: Begin new program; accompanied by number (0) of immediate family members. J. Furna Circus Power. Supposed of this form: Begin new program; accompanied by number (0) of immediate family members. J. Furna Circus Power. Supposed of this form: Supposed of the furnation | 110 S | SAGAMORE RD | ore Resort | | | | |
| Full Program of Glish form: Bogin new program; accompanied by number (0) of immediate family members. 3. Fund Creers Position 4. Exchange Visite Congress: Supported Glish form: Bogin new program; accompanied by number (0) of immediate family members. 5. Fund Creers Position 6. HENDROMER SPECIAL Conference of Congress: Supported Glish form: Suppor | 2. Program Sponsor: American | Exchange Organization | , Inc. | | Program Number: P-4-06118 | | |
| 3. Form Covers Periods From (non-de-2000): 12-15-2019 To (non-de-2000): 12-15-2019 Single-tribed Code: Subject Code Research: 52, 0.901 Single-tribed Code: Subject Code Research: 52, 0.901 Foreconal York Code: 82, 0.00.00 Forecal: 141, 160, 0.00 | Participating Program Official Descrip | | | | | | |
| From (mm-dd-57777): 12-15-2019 SUBMER TRAVEL/NORE Solution to period covered by this form, the total estimated financial support (in U.S. 5) is to be previded to the exchange visitor by: Personal: found: 1, 42, 000.00 Total: 1, 42, 000.00 Alternate Responsible Officer and Alternate Responsible Officer or Submer designed and period to similar designed whose for which lever as to the Responsible Officer or Alternate Respon | Purpose of this form: Begin new | w program; accompanied | i by number (0) of i | mmediate family n | nembers. | | |
| So Design the period covered by this form, the total estimated flanacid support (in U.S. 5) is to be provided to the exchange visitor by: Personal Funds 23,000.00 | 3. Form Covers Period: | 4. Exchange Visi | tor Category: | | *************************************** | | |
| Subject/Field Code Subjec | From (mm-dd-www): 12_15_201 | STIMMED | | | | | |
| 5. Burling the period covered by this form, the total estimated flasancial support (in U.S. 5) is to be provided to the exchange violetor by: Personal. Fonds: 1, 25, 000, 00 Total: 1, 26, 000, 00 Total: 2, 200, 00 | Subject/Field Code | | | rks: | | | |
| Foreign 1 st 2, 200.00 Total 1 st, 200.00 Total 1 st, 200.00 Alternate Responsible Officer Alternate Responsible Officer Tible The Secretary of the state | To (nun-dd-yyyy): 03-31-2020 52.0901 Housekeeper | | | | | | |
| ATTEXATION: I attent that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, that verificit, in accordance with the requirements of 22 CTR 0.12(b), that can be prospective exchange visitor. (i) is complete in the new recent comparities of the program of the prospective exchange visitor or (ii) is complete in the new recent change visitor organization and complete in the new rechange visitor organization of the comparities of the program and (iii) possesses adequate financial resources to support an accompanying a posses and dependents, if any, I also attent that upon printing and signing fits form. I am placely by present in the fluind disease or in a U.S. terribory. A conflication copy of this form has been provided in the U.S. Expension of Comparities of the program of the progr | Personal funds: \$2,000.00 | | | | | | |
| ATESTATION: I street that prior to steasing this from DS-2019, the Program Sposses organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer or Alt | 6. RESPONSIBLE OFFICER OR ALT | ERNATE RESPONSIBLE OFFICER | 7. Lena Ryzhak | | Alte | rnate Responsible | |
| eligible and qualified for, and accepted into, the program in which the or she will participate in and complete his or her exchange visitor program; and (iii) possesses adequate faminical resources to present a subscriptost in and complete his or her exchange visitor program; and (iii) possesses adequate faminical resources to present a subscriptost in an U.S. territory. A notification copy of this form his been provided to the U.S. Department of State. Statement of Responsible Officer for Releasing Sponsor(FOR TRANSER OF PROGRAM) Effective date (man-dd-yyyy): Statement of Responsible Officer for Releasing Sponsor(FOR TRANSER OF PROGRAM) Effective date (man-dd-yyyy): In the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Munal Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND ATIONALITY ACT AND PL 34-484, AS AMENDED (see them (lo) of page 2). The Gyrhange Visitor in the above program: A Growmont financing and/or PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION OFFICER REGARDING SECTION 212(e) OFF | Sponsor organization identified above, Officer or Alternate Responsible Office | for which I serve as the Responsible er, has verified, in accordance with the | | | | Cer Title | |
| Address of Regounding United States of Responsible Officer or Alternate Responsible Officer or Alte | eligible and qualified for, and accepted | into, the program in which he or she will | S | pringfield, VA 2215 | | 571-279-0529 | |
| Institute it sources to support an accompanying grouse and dependents, if any, it is also altest that upon printing and signing this form, in alternate physically present in the Line of the Constitution of | complete his or her exchange visitor pro | ogram; and (iii) possesses adequate | Address of Resp | operiole Officer or Alternate Resp | oonsible Officer | Telephone Number | |
| United States or in a U.S. perstament of States. Signature of Responsible Officer or Alternate Res | also attest that upon printing and signing this form, I am physically present in the | | | | | | |
| Statement of Respossible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date mm-dd-yyyy): Transfer of this exchange visitor from program number sponsored by to the program specified in term 2 is necessary or highly desirable and is in conformity with the objectives of the Munal Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer | provided to the U.S. Department of State | | | | nonsible Officer | | |
| PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exphange Visitor in the above program: Not subject to the two-year residence requirement. Subject to two-year residence requirement based on: A. Government financing and/or A. Government financing and/or The Exchange Visitor Skills List and/or THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Date (mm-dd-yyyy) Title U.S. Embassy Lima, Perti Signature of Consular or Immigration Officer THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period | 8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): Transfer of this exchange visitor from program number sponsored by to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. | | | | | | |
| MMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (I) Exchange Visitor is in good standing at the present time *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (I) Exchange Visitor is in good standing at the present time *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (I) Exchange Visitor is in good standing at the present time *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (I) Exchange Visitor is in good standing at the present time *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (I) Exchange Visitor is in good standing at the present time *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors a | | | | | | | |
| Not subject to the two-year residence requirement. Not subject to the two-year residence requirement. Subject to two-year residence requirement based on: A Government financing and/or B The Exchange Visitor Skills Liet and/or THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Date (num-dd-yyyy) Signature of Consular or Immigration Officer THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. A Government financing and/or THE WO-YEAR HOME RESIDENCE REQUIREMENT) Date (num-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer Title Date (num-dd-yyyyy) Signature of Responsible Officer or Alternate Responsible Officer Signature of Responsible Officer or Alternate Responsible Officer THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. | IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). (Maximum validation p | | | | | | |
| Subject to two-year residence requirement based on: (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) B. The Exchanges Visitor Skills List and/or RW McGhee C. Pl. 94-484 as a specific Consul U.S. Embassy Lima, Perti Visitor is in good standing at the present time | *EXCEPT: Maximum validation perio | | | | | | |
| A. Government financing and/or B. The Exchange Visitor Skills List and/or RW McGnee C. Pl. 94-484 as a Victor Consul U.S. Embassy Lima, Perti Name Title Date (mm-dd-yyyy) Signature of Consular or Immigration Officer The U.S. Department of State Reserves the Right to Make Final Determination Regarding 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. UMA — PERU Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer 10 - 30 - 2019 | 2. Subject to two-year residence requirement based on: (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) (1) Exchange Visitor is in good standing | | | | | g at the present time | |
| B. The Exchange Visitor Skills List and/or WidGhee C. Pl. 94-484 as a Visite Consul U.S. Embassy Lima, Perti Name Title Date (mm-dd-yyyy) Signature of Consular or Immigration Officer The U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. UMA — PERU Signature of Responsible Officer or Alternate Responsible Officer Signature of Responsible Officer or Alternate Responsible Officer The U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e). Signature of Responsible Officer or Alternate Responsible Officer Alternate 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. | A. Government financing and/or Date (ma | | | | | ı-dd-vvvv) | |
| Signature of Responsible Officer or Alternate Responsible Officer U.S. Embassy Lima, Perti Name Title O / 3 / 2019 | B. The Exchange Visitor Skills List and/or RW McGhee | | | | | | |
| U.S. Embassy Linia, Perti Name Title O 3 / 2019 | C. PL 94-484 as Wilder Consul | | | | | or Alternate Responsible Officer | |
| Signature of Consular or Immigration Officer THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. UMA — PERU 10 - 30 - 2019 | | | | | | | |
| Signature of Consular or Immigration Officer THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (c). EXCHANGE VISITOR CERTIFICATION: have read and agree with the statement in item 2 on page 2 of this document. UMA — PERU 10 - 30 - 2019 | Name Title | | | | | | |
| EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. UMA - PERU 10 - 30 - 2019 | 0/9/201 | | | | | ı-dd-yyyy) | |
| | THE U. S. DEPARTMENT OF | F STATE RESERVES THE RIGHT TO | MAKE FINAL DETERMINATION | N REGARDING 212 (e). | Signature of Responsible Officer | or Alternate Responsible Officer | |
| | EXCHANGE VISITOR CERT | IFICATION: I have read and agree | with the statement in item 2 on p | page 2 of this document. | | | |
| | | Julie | LIMA | - PERU | 10 | -30 -2019 | |
| | Si | gnature of Applicant | | | | Date (mm-dd-yyyy) | |