



This application serves as a basis for issuing the Certificate of Eligibility, which the exchange visitor participant (the teacher) will need in order to apply for the J-1 Exchange Visitor Visa.

You are required to share the information contained in this document with the prospective teacher prior to signing any contracts to ensure the teacher has all the pertinent information necessary to make an educated decision about his or her participation in the program. The participant will receive a copy of the completed application form and should take it when applying for a J-1 Visa at a U.S. Consulate in his or her home country.

Your application must include: This form with answers typed, all questions answered completely and in English
 Verification of accreditation
 Payment of fee based on length of program (unless paid by teacher)

Send completed application to: teach@culturalvistas.org

IMPORTANT: All information on this form is subject to verification.

Length of position: 0-12 months 12-24 months 24-36 months (maximum)

Has the school/district already identified a teaching candidate? Yes No

Participant Information

First Name Last Name
Country of Citizenship
Email
Proposed Start Date (mm/dd/yy) Proposed End Date (mm/dd/yy)
First Day of Class (mm/dd/yy) Orientation Start Date (mm/dd/yy)

Host Company Profile

School District or Name Location
Website
Phone
Type of School Elementary Middle High
Number of Employees Estimated Number of Students

Location of Program

Type of School Public Private Parochial
Name of School/Worksite Dept

Street Address (not headquarters)

City

State

Zip Code

County

Phone

Website (if school has its own)

Name the organization that has accredited the school

Has the school to which the teacher will be assigned ever been on a state watch list, probationary status, etc.? Yes No

Person Who Will Supervise Exchange Visitor

Mr. Ms. Dr.

First Name

Last Name

Department

Title

Email

Phone

If address is the same as the school, check here and leave next three lines blank.

Supervisor's Address Line 1

Address Line 2

City

State

Zip Code

School/District Representative (responsible for communication with Cultural Vistas)

Representative is the same as supervisor in previous section.

Mr. Ms. Dr.

First Name

Last Name

Department

Title

Email

Phone

Mobile

If address is the same as the school, check here and leave next three lines blank.

School Representative's Address Line 1

Address Line 2

City

State

Zip Code

Attorney

Is an attorney representing you in this application?

Yes No

Attorney Name

Firm Name

Address Line 1

Address Line 2

City

State

Zip Code

Country

Email

Phone

Qualifications

Grade(s) position will teach:

Subjects to be taught:

Has your county or state department of education identified a teacher shortage in the subject(s)? Yes No

Does your district require teachers to pass specific tests or have specific credentials to teach these subjects? Yes No

If "yes," list the tests or credentials:

What is considered a passing score on each required test?

What is the estimated cost for the test(s) or credentials? \$

Please describe any contribution the school/district can make toward this cost. \$

What options, if any, does the school/district offer for teachers who do not pass required tests on the first attempt?

What other qualifications, if any, are required to teach in your school district?

Describe the policy or procedure the school/district follows if it determines a teacher is not meeting its standards after being hired:

How did you recruit this teacher? Did you engage the services of any external organizations such as a staffing or recruitment agency? If yes, please explain and include the name of the organization.

Date of teacher interview

Name of school interviewer

Reasons for selecting this teacher:

Is successful completion of a medical exam required before participant can begin teaching? Yes No

Will the teacher be subject to drug testing? Yes No

Is successful completion of a police check required before participant can begin teaching? Yes No

How did Cultural Vistas come to your attention?

- I am a previous Host Company with Cultural Vistas
- Conference
- Cultural Vistas Website
- Participant
- Other

Financial Arrangements

Salary Information

\$ _____ per year

Hours worked per week

I certify that this salary is the same as that paid to U.S. teachers with comparable experience. Yes No

Participant will be paid: weekly biweekly monthly other (please explain):

Overtime—If applicable, estimated number of overtime hours: _____ hours per week

Overtime rate of: \$ _____ per hour

The School/district will pay the following portion of the teacher's travel from home country to the U.S.:

All Half None Other: \$ _____

Please state any other benefit(s) the school/district will provide at no cost to the participant (such as housing, computer, use of a vehicle, etc.) and list the estimated monthly value of each:

Please explain any assistance or compensation provided by the school for the teacher's spouse or children.

Please describe housing provided by the school including type, proximity to school, single or shared, furnished or unfurnished, utilities included, or other special arrangements.

If housing is not provided, please describe any assistance you will provide in locating safe, affordable housing convenient to the school.

Personal Expenses

Transportation available for participant's commute to work: employer-provided (car, van, shuttle bus)
 walk
 public (bus, subway, rail, ferry)
 participant will need own car
 other:

Estimated Monthly Transportation Expenses \$

Estimated Monthly Cost of Housing \$

Estimated Monthly Cost of Food \$

Please explain any payroll deductions for housing, visa fees, insurance or other items.

Outline of Program

1. TEACHING PROGRAM

Describe the type of class to which the teacher is likely to be assigned (on grade level, gifted and talented, etc.), estimated class size, and major curriculum objectives for this teacher's subject and grade. Explain some of the concepts and skills this teacher will be expected to help students acquire. If possible, include a copy of the course curriculum and/or sample lessons with this application.

Give an overview of the types of professional development or additional learning opportunities, activities and projects that will be available to the teacher. (Example: attend the state teachers' convention; be faculty advisor for the math team)

Describe how often and by whom the teacher will be evaluated and/or counseled. For example, whether the teacher will receive progress reports or have periodic reviews, and, if so, how often will they occur:

2. OBJECTIVES OF THE TEACHING PROGRAM

State the goals or objectives for the participant to achieve as a result of this J-1 teacher program.

State the objectives the organization has for the teacher program.

3. **ORIENTATION OF THE TEACHER**

Briefly describe the socioeconomic environment of the area in which your school is located. (Example: The school is in a suburban county between two major East Coast cities. The semi-rural areas of the county are undergoing rapid residential development, and many of the homes being built cost more than \$300,000, which is considered quite expensive for this region. Our students' families come from more than 40 different countries and English is a second language for approximately 30% of our students.)

Describe the orientation program for the school/district. Tell what the participant can expect on the first day(s) as a teacher in your school district, such as being given a tour of the school, attending orientation meetings, being linked with a mentor, or some other method of orientation.

Explain how the participant will be oriented to the community in which he or she will live. For example, describe any assistance you plan to provide, such as help in finding housing, locating grocery stores, getting a Social Security number, establishing a bank account; providing brochures of local attractions, maps of public transportation systems, etc.

4. **CULTURAL ACTIVITIES**

List activities that will be organized through the host organization that will expose the teacher to U.S. culture. For example, holiday parties, opportunities to chaperone school dances:

Give examples of activities available in the immediate community. If the community is small, tell whether museums, amusement parks, concert halls, beaches, etc. are in nearby towns. Mention your area's strengths and why it is a good place to learn about American culture and a good place to teach. If the school is in a major metropolitan area, explain how the teacher will be made aware of activities and attractions in the area:

The Department of State requires that teacher visitors develop two types of cultural exchange activities. It is expected that the school participate in and support these activities and the teacher is required to report these activities to Cultural Vistas annually.

1. An activity in their classroom, the school, and/or the local community which allows the teacher to share his or her home country culture.
2. An activity that involves U.S. student dialogue with schools or students in the exchange teacher's home school, through virtual exchange or other means.

Would you provide the teacher guidance and support for this required activity? How?

Billing Details

Choose below which party is responsible for the fees listed. See next page for more details on Insurance.

	Participant	School
Administration Fee (Includes MER Insurance) 3-12 months: \$1,750 12-24 months: \$2,575 24-36 months: \$3,400	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Vistas Standard Insurance: \$576/yr	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Vistas Enhanced Insurance: \$1,056/yr	<input type="checkbox"/>	<input type="checkbox"/>
Host School Insurance and Cultural Vistas Supplement: \$144	<input type="checkbox"/>	<input type="checkbox"/>
Expedited Application Fee: \$500	<input type="checkbox"/>	<input type="checkbox"/>
SEVIS (DHS Mandatory Fee): \$180	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Visa Document (includes all J-2): \$500	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the contact details for invoicing.

Full Name

Email

Exchange Teacher Insurance

J-1 Teachers and J-2 Dependents are required to have insurance coverage that meets the minimum federal regulations below. Please review carefully and consult with your insurance provider to determine if you are able to offer a compliant policy. It is also critical that you discuss these options and costs with your exchange teachers. If your school will not offer insurance coverage, the participant will be required to purchase Cultural Vistas' insurance which must be paid in full prior to approval of the program. Coverage must be continuous with no breaks including summer break.

Pursuant to 22 CFR Part 62 Exchange Visitor Program Regulations, Minimum coverage must provide:

1. Medical benefits of at least \$100,000 per accident or illness;
2. Repatriation of remains in the amount of \$25,000;
3. Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000; and
4. Deductibles not to exceed \$500 per accident or illness.

Insurance policies secured to fulfill the requirements of this section:

1. May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
2. May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
3. Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

1. Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B + " or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify;

Federal, state or local government agencies; state colleges and universities; and public community colleges may, if permitted by law, self-insure any or all of the above-required insurance coverage.

Choose an option:

Host School will provide insurance options through the end date listed on the DS2019.

The host school will provide an insurance policy in compliance with 22 CFR Part 62 with the exception of Medical Evacuation and Repatriation which will be provided by Cultural Vistas (paid by the participant or school). Proof of coverage in a compliant policy must be submitted to Cultural Vistas once the teacher enrolls.

A teacher may become a Resident for tax purposes depending on their length of stay and immigration history. In this case, the teacher is also subject to the Patient Protection and Affordable Care Act.

This option also requires the school or participant to purchase Cultural Vistas' Standard Lite insurance for 3 months beginning from the start date listed on the DS2019 form to cover any gap in coverage until such time the teacher can enroll in the school policy.

The host school will not require the teacher to choose this option. When insurance is deducted through payroll, teachers must be given options per federal regulation. Should a teacher choose not to utilize your insurance, the teacher will be required to purchase Cultural Vistas' insurance.

Host School will not provide insurance coverage options. The teacher will be required to purchase Cultural Vistas' insurance for the duration of the program which must be paid prior to approval.

School System Obligations and Responsibilities

Read all of the statements below and sign the application to indicate acceptance and agreement. In order for Cultural Vistas to approve a participant to teach in your school district under Cultural Vistas sponsorship, you must accept the responsibilities and obligations listed here. Your signature means that you understand and agree to the conditions as stated. This is considered a binding agreement between Cultural Vistas and your organization.

I agree to the following conditions:

I certify that this teacher satisfies any teaching eligibility standards set by the state to include any criminal background or other checks.

I certify that this teaching position, including duties, responsibilities, hours of employment, and compensation, are commensurate with those of similarly-situated U.S. teachers in the school district or host school where that exchange teacher is assigned to teach. I further certify the position is temporary, even if the teaching position is permanent, and does not lead to tenure.

I affirm that this application and teacher syllabus truly reflect the content of the offer being extended to the international exchange visitor participant. I have shared all of the information in this document with the prospective teacher.

I understand that Cultural Vistas, and not the school or school district that I represent, is the legal sponsor of this program and of this exchange visitor. I agree to respond to any requests by Cultural Vistas concerning my organization's participant(s) in a timely manner and to complete any paperwork, including program evaluations, as required by Cultural Vistas.

I certify that sufficient classroom space, equipment, and guidance will be provided to help ensure the teacher's success.

I understand the host school I represent is responsible for abiding by all applicable federal, state, and local labor and wage laws including the Fair Labor Standards Act and that teacher exchange visitors will comply with collective bargaining agreements.

I agree to immediately notify Cultural Vistas by phone or e-mail, and then by signed letter, of any circumstances that differ from the statements made in this application. Any changes that affect the participant and accompanying dependents will be submitted to Cultural Vistas in advance for approval. Such changes include, but are not limited to, school assignment, length of program, and maintenance wages paid.

To the best of my knowledge, the participant intends to enter the United States for a teaching program and does not intend to abandon his/her non-immigrant status. I will not encourage nor assist the exchange visitor participant to stay in the United States beyond his/her program end date, which is the end date shown on the Certificate of Eligibility document governing the participant's admission and stay in the United States. I certify that I will not assist in any way to help participant change visa categories. I further understand that 36 months is the maximum time allowed for the Cultural Vistas J-1 Teacher Program.

I understand that Cultural Vistas may visit my school, by appointment, to discuss the progress of the teaching assignment with the participant and his/her supervisor.

If I have chosen above to provide insurance through the school's insurance policy and the teacher chooses this option, the school will provide proof of coverage upon enrollment no later than 3 months after the start date printed on the DS-2019. If the teacher or the school does not provide proof of compliant coverage, the teacher will be terminated and is required to leave the U.S. immediately.

I understand that Cultural Vistas has the right to withdraw sponsorship from any exchange visitor participant, whose employing school/district does not comply with the agreed-upon Cultural Vistas-sponsored program, compelling that participant to leave the country. If a situation of irreconcilable differences arises between the exchange visitor and the school, Cultural Vistas may try to replace the teacher but is not obligated to do so.

I understand and agree to the conditions above as set forth in this School/District Application. I realize that if I do not fulfill my obligations and responsibilities as stated, Cultural Vistas may end its sponsorship of my school's exchange visitor program participant(s).

I understand the participant takes part in the program at his or her own risk and of his or her own volition. Cultural Vistas and its partner organizations cannot be held liable under U.S. law, the law of the participant's home country, or the law of the country or countries in which the program takes place for any damage or injury, such as injury to persons or damage to property, suffered or caused by the participant in the course of the program.

I understand that Cultural Vistas and its partners undertake a variety of activities to adequately prepare participants for their program abroad, including, but not limited to: information on health and safety issues in the host country, insurance issues, housing and accommodation, visa and residency requirements, political and cultural conditions, roles and responsibilities of partners and host companies, and select laws specific to the United States. Beyond this preparatory information, a range of issues related to a participant's experience can occur and are beyond the control of Cultural Vistas and partners. Cultural Vistas and its partner organizations cannot:

- Guarantee the safety of participants or eliminate all risks from the participant's environment while in the United States;
- Prevent participants from engaging in illegal, dangerous or unwise activities;
- Assure that home-country standards of due process apply in overseas legal proceedings or provide or pay for legal representation for a participant;
- Assume responsibility for the actions of persons not employed or otherwise engaged by Cultural Vistas, for events that are not part of the program, or that are beyond the control of Cultural Vistas and its subcontractors, or for situations that may arise due to the failure of a participant to disclose pertinent information.
- Bear liability for any financial obligation that the participant may incur due to lack of adequate insurance coverage outside of any program-provided insurance;
- Assure that home-country cultural values, norms, and laws will apply in the United States.

I hereby attest that I have read and understood the Conditions of Participation and Liability Information listed above, and I accept them as binding for the duration of the program. I acknowledge and accept the limitations to the liability of the administering organization as listed above. I hereby release Cultural Vistas, Inc., its officers, directors, agents, partners, representatives, successors, and assignees from any claims and causes of action, heretofore or hereafter arising, known or unknown, by reason of violence or natural disasters affecting me or my property while participating in this program.

I agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between me and Cultural Vistas, Inc., in accordance with the arbitration agreement posted online at <http://culturalvistas.org/legal#arbitration-agreement>.

I attest that I have read and understand the information given above and certify that all statements made by me in this application are true and correct.

Signature

Date

Full Name

Title

School or District Name

Send completed application to: teach@culturalvistas.org