

Please fill out as much as you can on this form. You can add more information at orientation.

Capital Area Health Consortium and The University of Connecticut School of Medicine International Information Collection Form

This information will allow the Capital Area Health Consortium and The University of Connecticut School of Medicine Graduate Medical Education Office to determine your U.S. residency status for tax purposes and is not associated with immigration or visa classification. All internationals must provide documentation proving valid U.S. status (DS2019, I-94, EAD, Alien Resident Card, passport etc.). If a document expires during training, a new one with valid dates must be provided. If given with the I-9, additional documents are not needed.

PLEASE COMPLETE ALL APPLICABLE QUESTIONS

A. LAST OR FAMILY NAME			FIRST OR PERSONAL NAME			MIDDLE NAME			B. TRAINING PROGRAM		
C. COUNTRY OF BIRTH			D. CITY OF BIRTH			E. COUNTRY OF CITIZENSHIP			F. SOCIAL SECURITY NUMBER		
G. DO YOU HAVE PASSPORTS ISSUED FROM MORE THAN ONE COUNTRY? (circle one) YES or NO IF YES, WHAT COUNTRIES?											
H. MY CURRENT IMMIGRATION STATUS IS: (mark only one box)						I. ORIGINAL DATE OF ENTRY TO U.S. ON CURRENT VISA STATUS OR EFFECTIVE DATE OF CHANGE OF STATUS FILED IN THE U.S.:					
<input type="checkbox"/> J-1 Alien Physician <input type="checkbox"/> Employment Authorization Document: based on (circle one): J-2 Pol. Asy. Adj. of Status Other: _____ Start Date: _____ End Date: _____ <input type="checkbox"/> Permanent Resident (skip to section O below)						J. PASSPORT NUMBER					
						K. PASSPORT EXPIRATION DATE					
						L. VISA NUMBER					
M. HAVE YOU BEEN IN THE U.S. DURING THE PAST 6 YEARS? YES or NO If yes, please complete the information below. If no, skip to section N.											
Visa (e.g. B-1, F-1, B-2, J-1, J-2)			Entry Date			Exit Date			Subtype if Visa was J-1*		
1.											
2.											
3.											
4.											
5.											
6.											
*If J-1, subtypes are: Professor, Research Scholar, Trainee, Alien Physician, Short-Term Scholar, or Specialist											
N. HAVE YOU PREVIOUSLY BEEN IN YOUR CURRENT VISA OTHER THAN THOSE LISTED ABOVE? YES or NO If yes, please give dates.											
O. MISCELLANEOUS The following information is needed for immigration reporting purposes only (this does not affect you visa classification/status):											
Marital Status						Number of dependents in the U.S. _____ Name and birth dates:					
<input type="checkbox"/> Single <input type="checkbox"/> Married Spouse's Name _____						1. _____					
						2. _____					
						3. _____					
						4. _____					
P. I hereby certify that the information provided above is true and correct and I will provide the required documentation when needed. If my visa/immigration status changes, I will notify the Graduate Medical Education office.											
SIGNATURE						DATE					

OFFICE USE ONLY

<input type="checkbox"/> J-1 and in U.S. for a total of two or fewer of the past 6 calendar years. <input type="checkbox"/> Substantial Presence Test needed (Total less than 183, nonresident; Equal or greater than 183, resident)				
	Year	Number of Days in U.S.		Calculation for Substantial Presence Test
	Current Year		X 1 =	
	1 st Preceding Year		X 1/3 =	
	2 nd Preceding Year		X 1/6 =	
			Total	
FICA Status		FICA Status Change Date		Review Date