U.S. Department of State

ANNUAL REPORT
J-NONIMMIGRANT Exchange Visitor Program

*OMB Approval No. 1405-0151
Expires : XX/XX/XXXX
Estimate Burden: 3 Hours

Responsible Officer _____

Sponsoring Organization _____

Address _____

_____

Program Number _____

Reporting Period _____

Include This Information on Any Attachments

STATISTICAL REPORT

1. Activity by Category

Category	Total Number of Records Created in Each Category to begin a New Program	
	J - 1	J - 2
1. Alien Physician		
2. Au Pair		
3. Camp Counselor		
4. Government Visitor		
5. Intern		
6. International Visitor		
7. Professor		
8. Research Scholar		
9. Short-Term Scholar		
10. Specialist		
11. Student - Post-Secondary		
12. Student - Secondary School		
13. Summer Work/Travel		
14. Teacher		
15. Trainee		
Total Number of Records		

2. Reconciliation of Forms DS-2019

Use of Forms DS-2019 During the Reporting Period	Number of Forms DS-2019
A. Allotment Carried Over from Previous Reporting Period	
B. Allotment Received from DOS During Reporting Period	
C. Number of Records Available During the Reporting Period *(Add A + B)*	
D. Number of Records DS-2019 Created During the Reporting Period	
E. Total Number of Invalid Records	
F. Remaining Records Available at End of Reporting Period *(C - D + E =F)*	

3. Record Statuses	Number of Records
A. Active Records	
B. Inactive Records	
C. No Show Records	
D. Terminated Records	
E. Invalid Records	
F. Transferred Records	

Special Instructions

Please submit Annual Reports by e-mail to the Office of Designation. E-mail addresses may be found at http://j1visa.state.gov/contact

Paperwork Reduction Act *(PRA)* Statement

*Public reporting burden for this collection of information is estimated to average three hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Office of Designation SA-44, 6th Floor, 301 4th Street, SW, Washington, DC 20547.

PROGRAM EVALUATION

A core mission of the Exchange Visitor Program is to promote mutual understanding between people of the United States and other countries through educational and cultural exchanges. Your comments and assessments help us present the success of our shared mission of exchange to Congress, interested government agencies, and International agencies and organizations. Please provide brief responses to the following questions.

1. **Summary:** Provide a brief summary of the activities in which exchange visitors were engaged, including:

   1A. **Program Effectiveness:** Please provide an evaluation of program effectiveness including a description of one or two brief success stories that occurred during the reporting period.

   1B. **Trends/Changes:** Describe any new directions, trends or significant changes that have occurred in your program during the reporting period.

   1C. **New Initiatives:** Describe any new initiatives that you are planning in the upcoming year.

2. **Difficulties:** What difficulties are you having that are working against the quality and quantity of exchanges in your program and in the broader Exchange Visitor Program? Examples: Credible employers, job availability, wages, housing, Consular Official/Visa issues, etc.
3. **Reciprocity:** Describe the nature and extent of reciprocity occurring in your exchange visitor program during the reporting year. If none, state: none.
4. **Cross-Cultural Activities:** Provide a summary of the cross-cultural activities you as a sponsor provided for your exchange visitors during the reporting year and your other efforts as a sponsor to ensure cultural exchange for your exchange visitors.
5. **Staff:** Identify the number of staff *(full and part time)* used in the administration of your exchange visitor program. Examples: Private sector entities should include total local and regional representatives, independent contractors, third parties, foreign agents , and volunteers.
6. **Other comments:**

CERTIFICATION

I certify that the information in this report is complete and correct to the best of my knowledge and belief; and, that the above named program sponsor has complied with all health and accident insurance requirements for exchange visitors and their accompanying spouses and dependents [22 CFR 62.14].

_____

Name of Responsible Officer (*Printed or Typed*)

☐ By checking this box, I certify that I am the individual submitting this document.

_____

Date (*mm-dd-yyyy*)

Submission by e-mail is preferred, but hard copies in lieu of e-mail may be mailed to:

U.S. Department of State
Office of Designation
SA-44, 6th Floor
301 4th Street, SW
Washington, DC 20547