



Mail/FAX Report to:
ECA/EC/ECD - Exchange Visitor Program
301 4th Street, SW - Room 734, SA-44
Washington, DC 20547
FAX: (202) 401-9809

U.S. Department of State
ANNUAL REPORT
J -1 Exchange Visitor Program

OMB Approval No. 1405-0151
 Expires : XXXXXXXXXXXXXXX
 Estimate Burden: 1 Hour

Responsible Officer _____
 Sponsoring Organization _____
 Address _____

Program Number _____
 Reporting Period _____
Include This Information on Any Attachments

STATISTICAL REPORT

1. Activity by Category

2. Reconciliation of Forms DS-2019

Category	Total Number of Participants in Each Category of Your Program During the Reporting
1. (a) Student - Secondary School	
(b) Student - Post-Secondary	
2. Trainee	
3. Teacher	
4. Professor	
5. International Visitor	
6. Alien Physician	
7. Government Visitor	
8. Research Scholar	
9. Short-Term Scholar	
10. Specialist	
11. Camp Counselor	
12. Summer Work/Travel	
13. Au Pair	
14. Intern	
Total Number of Participants	

Use of Forms DS-2019 During the Reporting Period	Number of Forms DS-2019	Document Numbers of Forms DS-2019 <i>(Indicate Singly or as Range(s). Use separate sheet of paper, as needed)</i>
A. BLANK Forms DS-2019 "On Hand" (BEGINNING of Reporting Period)		
B. BLANK Forms DS-2019 received from DOS during Reporting Period (Don't include Forms DS-2019 "On Hand")		
C. Number of Forms DS-2019 available during the Reporting Period. (Add A+B)		
D. Number of Forms DS-2019 issued or used during the Reporting Period		
E. Remaining (BLANK) of Forms DS-2019 at END of the Reporting Period (Subtract C - D)		
F. Number of Forms DS-2019 issued to participants beginning a new Program during Reporting Period		
G. Number of Forms DS-2019 issued during the Reporting Period for extension, transfer, change of category, reinstatement replacement amendments and J-2 dependents		
H. Number of Forms DS-2019 voided, destroyed, lost, stolen or issued but not used		

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average one hour per response, including time required for searching existing data sources, gathering the necessary data and/or 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 Office of Management and Budget (OMB) number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Information Collection Officer, U.S. Department of State, A/RPS/DIR, 1800 G Street (Suite 2400), NW, Washington, DC 20522.

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. Comments and assessments from you help us present the success of our shared mission of exchange to Congress, interested government agencies, and International agencies and organizations. On a separate sheet, please provide brief responses to the following questions. Please include both those factors that may be under our jurisdiction and outside factors that we may wish to address in our relationships with other private and public organizations and/or U.S. government and international agencies.

- (1) What new directions, trends, or significant changes have occurred in your program and what changes do you plan or expect for the future? Examples: new cooperative of bilateral exchange Initiatives, new countries, shifts in undergraduate or graduate participation, shifts in countries of origin, variations in sources of funding, etc.).
- (2) What general problems do you see working against the quality and quantity of exchanges in your program and in the broader Exchange Visitor Program?
- (3) What new developments seem to be working especially well to improve or facilitate exchanges?
- (4) If your program conducts exit interviews or assesses the exchange visitors' experiences in other ways, what are some of their comments regarding the Exchange Visitor Program? Example: major positive or negative experiences; how the exchange visitor experience will affect their professional and/or personal lives when they return home; other comments that might help us evaluate our administration of the Exchange Visitor Program.
- (5) Do you have, or are you planning to organize an exchange visitor alumni association?
- (6) Provide the number of Americans who went abroad and a brief description of their activity.

PROGRAM EXPANSION: INCREASE IN THE ANNUAL ALLOTMENT OF FORMS DS-2019 FOR THE NEXT REPORTING PERIOD

Do you anticipate program growth exceeding 10 percent for the NEXT Reporting Period? If yes, provide a basis upon which the expansion will occur.

YES NO

With respect to the proposed increase in the Exchange Visitor Program, the sponsor for whom this report has been submitted, anticipates that there will be adequate staffing and sufficient support services to administer this Exchange Visitor Program.

Will you need additional forms for program growth or for other reasons? Provide detailed information if the program is not growing significantly but the need for Forms DS-2019 is increasing.

YES NO

Indicate the number of Forms DS-2019 needed beyond the annual supply _____

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 any accompanying spouse and their dependents [22 CFR §62.14].

Name of Responsible Officer (*Printed or Typed*)

Signature of Responsible Officer (*Signed*)

Date (*mm-dd-yyyy*)

REPORTING PERIODS AND DUE DATES FOR ANNUAL REPORTS

The reporting period and due dates are set forth in the designation letters for exchange visitor program sponsors and are reflected below.

Program Types	Reporting Period	Due Date
Academic & Research Organizations (<i>P-1, P-2 & P-3</i>)	July 1 - June 30	July 31
Business Organization (<i>P-4</i>) and Various Non-Profit Organizations (<i>P-3</i>)	January 1 - December 31	January 31
Camp Counselor Programs (<i>P-3/P-4</i>)	October 1 - September 30	October 31
Summer Work/Travel Programs (<i>P-3/P-4</i>)	January 1 - December 31	January 31
Academic Institutions (<i>Training Programs/P-3</i>)	January 1 - December 31	January 31
Government Programs (<i>G-1 through G-6</i>)	October 1 - September 30	October 31
Au Pair Programs (<i>P-3</i>)	January 1 - December 31	June 15
High School Programs (<i>P-3</i>)	January 1 - December 31	January 31