DS-3097 12-2009

Responsible Officer
Sponsoring Organization

Sponsoring Organizati

Address

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

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OMB Approval No. 1405-0151 Expires : 04/30/2011 Estimate Burden: 2 Hours

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 Records Created in Each Category to begin a New Program		Use of Forms DS-2019 During the Reporting Period Rorm		
			A. Allotment Carried Over from Previous Reporting Period		
	J - 1	J - 2	B. Allotment Received from DOS During Reporting Period		
1. Alien Physician			C. Number of Records Available During the Reporting Period (Add $A + B$)		
2. Au Pair			D. Number of Records DS-2019 Created During the Reporting Period		
3. Camp Counselor			E. Total Number of Invalid Records		
4. Government Visitor					
5. Intern			F. Remaining Records Available at End of Reporting Period ($C - D + E = F$)		
6. International Visitor					
7. Professor				Number of	
8. Research Scholar			3. Record Statuses	Records	
9. Short-Term Scholar			A. Active Records		
10. Specialist			B. Inactive Records		
11. Student - Post-Secondary			C. No Show Records		
12. Student - Secondary School			D. Terminated Records		
13. Summer Work/Travel			E. Invalid Records		
14. Teacher					
15. Trainee			F. Transferred Records		
Total Number of Records					

Paperwork Reduction Act (PRA) Statement

Public reporting burden for this collection of information is estimated to average two 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

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. Please provide brief responses to the following questions.

- 1. Provide a brief summary of the activities in which exchange visitors were engaged, including an evaluation of program effectiveness. What new directions, trends, or significant changes have occurred in your program during the report period? Are you planning to implement any new initiatives in the upcoming year?
- 2. Describe the nature and extent of reciprocity occurring in the sponsor's exchange visitor program during the reporting year. If none, state: none.
- 3. Provide a summary of the cross-cultural activities provided for its exchange visitors during the reporting year.
- 4. 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.
- 5. Identify the number of staff (*full and part time*) used in the administration of your exchange visitor program. Examples: Private sector entities should include, local and regional representatives, independent contractors, third parties, foreign agents.
- 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 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)