



**VISITING FOREIGN SCIENTIST ARRIVAL CHECK-IN**

**For use by FDA only**

**FDA Administrative Contact:** Please complete and fax with copies of all applicable documents (see #10) to DIS. Please then mail the photocopies via Federal Express to DIS. *Type or print clearly. All questions MUST be answered. If not applicable, write N/A.*

**1. FDA CENTER & LAB NAME:** \_\_\_\_\_

**2. SCIENTIST'S NAME:** \_\_\_\_\_  
(FAMILY, Given)

**3. FDA DATA:**  
**a. Official Start/End Dates** \_\_\_\_\_

**b. Lab Address & Telephone** \_\_\_\_\_

**4. U.S. ENTRY DATA:**

Although you will be faxing copies of the scientist's immigration documents, the information is often difficult to read on the fax. In order to quickly activate the scientist's award/appointment/assignment, please fill in the following to avoid any confusion.

**a. Form I-94 Arrival/Departure Record**  
**i. Date of Entry** \_\_\_\_\_  
**ii. City/Port of Entry** \_\_\_\_\_  
**iii. Expiration Date** \_\_\_\_\_  
(note: if no specific date is listed, enter the notation written on the form, e.g. "D/S")

**b. Passport**  
**iv. Issuing Country** \_\_\_\_\_  
**v. Expiration Date** \_\_\_\_\_

**c. Visa Stamp**  
**vi. Expiration Date** \_\_\_\_\_

**5. PERMANENT RESIDENCE ABROAD:**

(Foreign Address in Home Country)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Telephone) \_\_\_\_\_

**6. EMERGENCY CONTACT –**

**ADDRESS/TELEPHONE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Telephone) \_\_\_\_\_

(Relationship) \_\_\_\_\_

**7. U.S.HOME ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Telephone) \_\_\_\_\_

**8. FAMILY MEMBERS (DEPENDENTS):**

Check one:

Family members arrived with scientist; Immigration information (See #12) will be sent to DIS.

Family members will join scientist approximately \_\_\_\_\_ (month/year). List family members' details below:

**Spouse:**

**Child 1:**

**Child 2:**

Gender (circle one): Female / Male

Gender (circle one): Female / Male

Gender (circle one): Female / Male

\_\_\_\_\_  
FAMILY, Given name

\_\_\_\_\_  
FAMILY, Given name

\_\_\_\_\_  
FAMILY, Given name

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Place of birth (city & country)

\_\_\_\_\_  
Place of birth (city & country)

\_\_\_\_\_  
Place of birth (city & country)

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Country of Permanent Residence

\_\_\_\_\_  
Country of Permanent Residence

\_\_\_\_\_  
Country of Permanent Residence

\*For any additional family members, please write information on a separate sheet.

**9. SOCIAL SECURITY NUMBER (SSN) [Check one below]:**

Participant already has an SSN. Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Participant will apply for SSN. FDA Administrative Contact will notify DIS of SSN when received.

**10. COLLECT DOCUMENTS LISTED BELOW FROM SCIENTIST AND ANY DEPENDENTS:**

- a. **Form I-94 front and back (little admission card found inside passport)**
- b. **Passport (pages with ID/Biographical data, passport number/expiration date)**
- c. **U.S. Entry Visa (inside Passport)**
- d. **Form I-797 Approval Notice for H-1B or O-1**
- e. **Other immigration documents (if applicable)**
  - i. **Form I-20**
  - ii. **Form I-797 (for other nonimmigrant classifications)**
  - iii. **Employment Authorization Document (e.g. Form I-688B or Form I-766)**
  - iv. **Other**

**MAKE COPIES OF THE ABOVE DOCUMENTS--PLEASE FAX AND MAIL TO DIS:**

**FAX:** 301-496-0847

**MAIL:**

National Institutes of Health  
Division of International Services, ORS  
9000 Rockville Pike  
Building 31, Room B2B07  
Bethesda, MD 20892-2028