

ATTESTATIONS:

I attest that I will:

- Notify the DIS if anything described on this form changes (such as a change in activity dates)
- Only begin the activity when approved by the DIS
- *For those sponsored as J-1 Exchange Visitors: Continue to maintain the required health insurance for myself and my J-2 dependents (if any) during the proposed activity and at all times while I am in the J Exchange Visitor program.*
- Notify the DIS of my return to the NIH

By signing this form, I agree to the above attestations and certify that the information on this form is complete and accurate.

Signature

Date

APPROVALS:

We recommend approval for the above noted activity and certify that:

- The activity is directly related to the above named scientist's research objectives in the NIH laboratory/branch;
- The activity is incidental to her/his research objectives; and
- The activity will not delay completion of her/his research objectives.

IC Lab/Branch Sponsor Signature

Date

IC Scientific Director Signature*

Date

** If you are an NIH employee (occupy a full-time equivalent or FTE position), the SD's signature is *not* required; your NIH sponsor/supervisor's signature is sufficient for the DIS's review. However, you must review the activity with your IC's ethics office. If you have already received a determination from your ethics officer, please attach a copy to this request.*

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-DIS & OIR USE ONLY-

The DIS recommends approval of this activity: Yes No

Does this activity also require approval from the Office of Intramural Research (OIR)/OD: Yes No

Immigration Specialist Signature

Date

OIR decision: Approved Not Approved

OIR Signature

Date

OIR Comments (if any):