

## Residents/Fellows Policies and Procedures Manual

### Capital Area Consortium and The University of Connecticut School of Medicine INTERNATIONAL INFORMATION COLLECTION FORM

This information will allow the Capital Area Health Consortium and The University of Connecticut School of Medicine Graduate Medical Education Office to determine your U.S. residency status for tax purposes and is not associated with immigration or visa classification. All internationals must provide documentation proving valid U.S. status (DS2019, I-94, EAD, Alien Resident Card, passport etc.). If a document expires during training, a new one with valid dates must be provided. If given with the I-9, additional documents are not needed but this form is still required. **PLEASE COMPLETE ALL APPLICABLE QUESTIONS**

<b>A. LAST OR FAMILY NAME</b>	<b>FIRST OR PERSONAL NAME</b>	<b>MIDDLE NAME</b>	<b>B. TRAINING PROGRAM</b>
<b>C. COUNTRY OF BIRTH</b>	<b>D. CITY OF BIRTH</b>	<b>E. COUNTRY OF CITIZENSHIP</b>	<b>F. SOCIAL SECURITY NUMBER</b>
<b>G. DO YOU HAVE PASSPORTS ISSUED FROM MORE THAN ONE COUNTRY? (circle one) YES or NO IF YES, WHAT COUNTRIES?</b>			
<b>H. MY CURRENT IMMIGRATION STATUS IS: (mark only one box)</b> J-1 Alien Physician Employment Authorization Document: based on (circle one): J-2 Pol. Asy. Adj. of Status Other: _____ Start Date: _____ End Date: _____ Permanent Resident (skip to section O below)		<b>I. ORIGINAL DATE OF ENTRY TO U.S. ON CURRENT VISA STATUS OR EFFECTIVE DATE OF CHANGE OF STATUS FILED IN THE U.S.:</b>	
		<b>J. PASSPORT NUMBER</b>	
		<b>K. PASSPORT EXPIRATION DATE</b>	
		<b>L. VISA NUMBER</b>	
<b>M. HAVE YOU BEEN IN THE U.S. DURING THE PAST 6 YEARS? YES or NO If yes, please complete the information below. If no, skip to section N.</b>			
<b>Visa (e.g. B-1, F-1, B-2, J-1, J-2)</b>	<b>Entry Date</b>	<b>Exit Date</b>	<b>Subtype if Visa was J-1*</b>
1.			
2.			
3.			
4.			
5.			
6.			
<b>*If J-1, subtypes are: Professor, Research Scholar, Trainee, Alien Physician, Short-Term Scholar, or Specialist</b>			
<b>N. HAVE YOU PREVIOUSLY BEEN IN YOUR CURRENT VISA OTHER THAN THOSE LISTED ABOVE? YES or NO If yes, please give dates.</b>			
<b>O. HAVE YOU EVER BEEN DENIED A VISA? YES or NO If yes, please explain and give dates.</b>			
<b>P. MISCELLANEOUS The following information is needed for immigration reporting purposes only (this does not affect you visa classification/status):</b>			
<b>Marital Status</b> Single Married Spouse's Name, birth date, visa status _____		<b>Dependents: Name, birth date, and visa status if in US or "not in US":</b> 1. _____ 2. _____ 3. _____ 4. _____	
<b>Q. I hereby certify that the information provided above is true and correct and I will provide the required documentation when needed. If my visa/immigration status changes, I will notify the Graduate Medical Education office.</b>			
SIGNATURE _____		DATE _____	