

入力例/入力にあたっての注意点

INTERNATIONAL USA/PROFESSIONAL CAREER TRAINING USA J-2 DEPENDENT APPLICATION

J-2 Applicant Last Name: **Hanako** J-2 Applicant First Name: **KOKUSAI**

ご入力ください
ご入力いただくと全ページに反映されます。

J-1 APPLICANT

Last name: **KOKUSAI** First name: **Taro**
 Program Start Date (mm/dd/yyyy): **J-1申請者の米国入国予定日。** Program End Date (mm/dd/yyyy): **J-1申請者の米国出国予定日。**
※入国済みの場合は、米国入国日を入力。

INSTRUCTIONS AND CHECKLIST FOR J-2 DEPENDENT APPLICATION

A dependent is a spouse or an unmarried child (under 21 years of age) who will be accompanying the J-1 Exchange Visitor to the U.S. The Certificate of Eligibility (DS-2019 Form) for a J-2 dependent only allows for the dependent to travel with the J-1 Exchange Visitor. As the primary J-1 Exchange Visitor, it is your responsibility to prove financial support for each J-2 dependent in the amount of \$1000.00 per J-2, per month in the U.S.

In order to provide a DS-2019 for the J-2 dependent, CIEE requires the following:

- A complete biographical information section on each dependent (below)
Please submit additional pages if you have more than two dependents. -署名が必要なため、1人につき1部、申請書が必要。
- A copy of a valid passport for each dependent
- Proof of dependent status: marriage certificate for spouse; birth certificate for child - J-1申請者との関係が記載されている戸籍謄本でも可。
- Proof of financial support for each J-2 dependent in the amount of \$1000.00 per dependent, per month

J-1申請者が受取る月々の給与で条件を満たしており、DS-7002上で明記されていれば、書類は不要。
 満たしていない場合は、残高証明書やGuarantor Letterの提出が必要。 ※英語に翻訳したものが必要。ご自身での翻訳でも可。

J-2 DEPENDENT

Last name: **KOKUSAI** Gender: Female Male
 First name: **Hanako** Date of birth (mm/dd/yyyy): **01/01/1990**
 Middle name: Contact Number while in U.S.: **1234567890** J-1申請者の研修先等
 Relationship to Applicant: Spouse Dependent Child (under 21 years of age) Email: **hkokusai@cieej.or.jp**
 Date of departure to U.S. (mm/dd/yyyy): **J-2申請者の米国入国予定日** Date of return to home country (mm/dd/yyyy): **J-2申請者の米国出国予定日**
 City of birth: **Tokyo** Country of birth: **Japan**
 Country of citizenship: **Japan** Country of legal permanent residence: **Japan**
 Passport number: **MU123456** Passport expiration date (mm/dd/yyyy): **12/31/2020**

J-2 DEPENDENT

Last name: Gender: Female Male
 First name: Date of birth (mm/dd/yyyy):
 Middle name:
 Relationship to Applicant:
 Date of departure to U.S. (mm/dd/yyyy):
 City of birth:
 Country of citizenship:
 Passport number: Passport expiration date (mm/dd/yyyy):

記入不要

※署名が必要なため、1人につき1部（全5ページ）申請書が必要。



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CULTURAL EXCHANGE

What American cultural activities do you hope to participate in while in the U.S?
These can be activities that you plan to participate in with your J-1 or on your own. (Please disregard this question if the J-2 is a minor.)

未成年の場合は、記入不要

APPLICANT CONFIRMATION

I (print your name), **Hanako KOKUSAI (ご入力ください)**, certify that the information provided on the J-2 dependents is true and correct.

Applicant Signature: **Hanako Kokusai (ご署名ください)** Date (mm/dd/yyyy): **1/30/2018**

※未成年の場合は、J-1申請者、または成年のJ-2申請者が、ご自身のお名前を入力、署名、日付を入力してください。



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FEE DISCLOSURE (fees that will be collected by the CIEE International Representative, CIEE or the U.S. Government)

Fee	Amount (Please specify currency:)	Inclusions
Program fee	1 month: _____ 2 months: _____ 3 months: _____ 4 months: _____ 5 months: _____ 6 months: _____ 7 months: _____ 8 months: _____ 9 months: _____ 10 months: _____ 11 months: _____ 12 months: _____ 13 months: _____ 14 months: _____ 15 months: _____ 16 months: _____ 17 months: _____ 18 months: _____ 19 months: _____ 20 months: _____	- Application fee - Agent support pre-departure - U.S. Sponsor support - Orientation - Screening for program - Administrative costs - Insurance Plan (for policy details visit www.ciee.org/insurance)
Visa interview fee		- U.S. government administrative cost
Promotion		- Discount
Placement fee		- All costs related to finding a placement
Expedite fee		- Expedited forms and/or application review
Other services		
Total fees <small>(excluding airfare, housing, & transportation)</small>		
Flight <small>(estimated cost)</small>		- Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)
Housing fee <small>(estimated cost)</small>		- This is the typical cost – actual price will depend on location
Transportation fee <small>(estimated cost)</small>		- This is the typical cost – actual price will depend on location



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FEE DISCLOSURE (continued)

Cancellation and refund policy:

Other program costs and pricing notes:

PARTICIPANT FEE AGREEMENT (to be signed by J-1 Applicant or J-2 Applicant, if J-2 Applicant is not a minor)

I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit.

Name Printed: **Hanako KOKUSAI (ご入力ください)**

Signature: ***Hanako Kokusai* (ご署名ください)**

Date (MM/DD/YYYY): **1/30/2018**

※未成年の場合は、J-1申請者、または成年のJ-2申請者が、ご自身のお名前を入力、署名、日付を入力してください。



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MEDICAL HISTORY

(Please complete this section to the best of your ability, noting that your responses will have no impact on your internship/training program)

**各質問にご回答ください。
記述式の箇所では該当しない場合は、「N/A」と入力してください。**

Have you ever been hospitalized? Yes No If yes, please explain:

Have you ever been advised to have surgery which has not been done? Yes No If yes, please explain:

Have you ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders? Yes No If yes, please explain:

When, and for what reason, did you last consult a physician?

1 year ago, flu.

What diseases, ailments, or injuries have you had in the last year?

N/A

Please mention any allergies, the severity of the allergy, and indicate if and how they are currently being treated.

N/A

Do you have any physical limitations? Yes No If yes, please explain:

Please indicate any medication you are currently taking and the purpose of using these drugs. (Note: A supply of medication should be taken in clearly labeled containers indicating the drug's generic name.)

N/A

If you are allergic to any drugs or medications, please list them here.

N/A

Please indicate any other pertinent medical information that may have been omitted. (such as abnormal blood pressure, weight problems, etc.)

N/A

PRIVACY, HIPAA, AND CONFIDENTIALITY RELEASE FORM

By completing this form, you give consent to CIEE, your parents or legal guardian, to release your medical and/or insurance information to CIEE. You also consent to CIEE releasing your medical and/or insurance information to your physician or provider of service in the event of a medical condition which may arise. You also consent that CIEE may notify your physician or provider of service in the event of an emergency. In addition, you consent that CIEE may release your medical and/or insurance information to your physician or provider of service in the event of an emergency. In addition, you consent that CIEE may release your medical and/or insurance information to your physician or provider of service in the event of an emergency.

This authorization is valid for two years from the date signed.

**緊急時に医療機関、その他関係者にあなたの情報を開示することについて、同意を求めるものです。
内容を確認し、ご同意の上、①イニシャル ②「✓」を入力してください。**

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

I give CIEE permission to release any or all of the following information in and as appropriate in the event of a medical condition. (Please initial and check each box.)

Initial: **H.K** All financial and claim information related to medical bills or Claimant's State
Initial: **H.K** Provide name, date of service, total charge, total paid, and date of payment.
Initial: **H.K** Insurance ID number and/or social security number.

※未成年の場合は、Print Patient NameのみJ-2申請者本人の名前を入力し、イニシャル、ご署名はJ-1申請者、または成年のJ-2申請者をご自身のお名前でご入力、ご署名、日付をご入力ください。

Print Patient Name: **Hanako KOKUSAI (ご入力ください)**

Signature of the Patient, Adult Parent, or Legal Guardian: **Hanako Kokusai (ご署名ください)**

Date (mm/dd/yyyy): **1/30/2018**