

**Commission on Filipinos Overseas****INFORMATION SHEET FOR EVP PARTICIPANTS
(J1 Visa Holders)**

Document Code	CFO-PMD-FR-EVP-001-F01
Page No.	1 of 2
Rev. No.	0
Eff. Date	15-Jan-17

INSTRUCTIONS : Please PRINT letters legibly. Do not leave blanks.

(FOR CFO USE ONLY)

CFO No. / EVP No. _____ Reg. Date [mm-dd-yy] [] - [] - []

OR # _____ Verifier _____

 NEW REGISTRATION REVALIDATION**PERSONAL INFORMATION**

Last Name _____ Suffix _____

First Name _____

Middle Name _____

If married, please state maiden name _____

DATE OF BIRTH [mm-dd-yyyy]
[] - [] - []AGE
[]SEX
 Male FemaleCIVIL STATUS
 Single Married
 Divorced Widow(er) Separated**PLACE OF BIRTH** Outside of the Philippines

Town / City _____ Province _____

ADDRESS & CONTACT NUMBERS IN THE PHILIPPINES

House No. / Street / Barangay _____

Town / City _____

Province _____ Zip Code _____

Telephone Number _____ Mobile Number _____ Email Address _____

ADDRESS & CONTACT NUMBERS IN THE UNITED STATES

House No. / Street _____

City / State _____ Zip Code _____

Telephone Number _____ Mobile Number _____ Email Address _____

PASSPORT NUMBERDATE OF ISSUE [mm-dd-yyyy]
[] - [] - []**VISA NUMBER (in red font, at the lower right of the visa)**DATE OF ISSUE [mm-dd-yyyy]
[] - [] - []**HIGHEST EDUCATIONAL ATTAINMENT**

- | | |
|---|--|
| <input type="checkbox"/> High School Level | <input type="checkbox"/> College Level |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> Vocational Level | <input type="checkbox"/> Post Graduate Level |
| <input type="checkbox"/> Vocational Graduate | <input type="checkbox"/> Post Graduate |

School Name _____

Course _____

Address _____

ECONOMIC STATUS Employed Self-employed Unemployed

If employed, state current or previous occupation and employer/business: _____

If unemployed, check appropriate box

-
- Housewife
-
- Student
-
- Retiree
-
- Out-of-school youth
-
- Not reporting any occupation

DEPENDENT(S) WHO WILL ACCOMPANY YOU DURING YOUR TRAINING IN THE UNITED STATES (J-2 visa holders)

NAME	RELATIONSHIP	DATE OF BIRTH [mm-dd-yyyy]
_____	_____	[] - [] - []
_____	_____	[] - [] - []
_____	_____	[] - [] - []



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Please refer to the Certificate of Eligibility (DS-2019)

CATEGORY OF EVP PARTICIPANT

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Alien Physician | <input type="checkbox"/> International Visitor | <input type="checkbox"/> Specialist | <input type="checkbox"/> Trainee/Intern |
| <input type="checkbox"/> Au Pair | <input type="checkbox"/> Research Scholar | <input type="checkbox"/> Student | |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Secondary School Student | <input type="checkbox"/> Summer Work/Travel | |
| <input type="checkbox"/> Government Visitor | <input type="checkbox"/> Short-term Scholar | <input type="checkbox"/> Teacher | |

FIELD OF SPECIALIZATION IN THE UNITED STATES

DURATION OF TRAINING

From [mm-dd-yyyy]
 [] [] - [] [] - [] [] [] []
 To [mm-dd-yyyy]
 [] [] - [] [] - [] [] [] []

INFORMATION ABOUT THE SPONSORING / HOST INSTITUTION IN THE UNITED STATES

Name of Sponsoring Institution / Program Sponsor

Name of Official Preparing Form _____

Title/Designation _____

Address _____

Telephone Number _____

Mobile Number _____

E-mail Address _____

Host/Training Institution / Primary Site of Activity (If different from sponsoring institution)

Address _____

Telephone Number _____

Mobile Number _____

E-mail Address _____

Additional Host/Training Institution / Primary Site of Activity (If applicable)

Address _____

Telephone Number _____

Mobile Number _____

E-mail Address _____

INFORMATION ABOUT THE LOCAL AGENCY IN THE PHILIPPINES

Name of Local Agency _____

Address _____

Telephone No. _____

Mobile No. _____

Email Address _____

DATA OF NEAREST FAMILY MEMBER LEFT IN THE PHILIPPINES

Name _____ Relationship _____

Address _____

Telephone Number _____

Mobile Number _____

E-mail Address _____

FUNDING SOURCE

- Philippine Government
 Private company / organization
 U.S. Government
 Personal

If funded by the Philippine and/or U.S. Government or a private organization / company, please state name of agency _____

I understand that the following conditions are applicable to all Exchange Visitors:

TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (Section 212 (E) of the U.S. Immigration and Nationality Act and PL94-484, as amended): Exchange Visitors and their dependents are subject to the 2-year Home-Country Physical Presence Requirement. All EVP participants whose programs are financed in whole or in part, directly or indirectly by either the Philippine or U.S. Government, are required to reside in their home country for two-years following the completion of their program before they are eligible for an Immigrant Visa, Temporary Worker (H) Visa, Fiance (K) Visa or Intracompany Transferee (L) Visas. **Likewise, all EVP participants whose field of specialization is included in the E.V.P. Skills List are subject to the same requirement.** All E.V.P. participants in the field of Medicine are covered by said requirement.

LIMITATION OF STAY:

Students - those who are pursuing a full course of study towards a degree, or engaged full-time in a non-degree program up to 24 months. Students for whom the sponsor recommends academic training may be allowed to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training of up to 36 months; secondary students up to 1 academic year. **Trainees/Interns**-18 months; **Teachers, Professors and Research Scholars**-3 years; **Short-Term Scholars**-6 months; **Specialist**-a year; **Physicians**-the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the Director of the U.S. Information Agency; **International/Government visitor**-up to 18 months; **Camp Counselor**-up to 4 months; **Summer Work/Travel**-up to 4 months.

CERTIFICATION

I have read and understood the foregoing, including the **Two-year Home-Country Physical Presence Requirement**, and agree to comply with the Exchange Visitor Program Regulations, as amended (22 CFR Part 514). I understand that it is my responsibility to maintain my Exchange Visitor Status. I certify that all the information on this form is true and correct to the best of my knowledge.

SIGNATURE ABOVE PRINTED NAME