



Albert Einstein College of Medicine

Honoraria Eligibility Certification for International Visitors with 'B', 'WB' or 'WT' Visa Status

Name _____ SSN or ITIN _____

I, _____, arrived in the United States bearing a B-1 or B-2 visa, or under the Visa Waiver Program (VWT or VWB), or I was exempt from documentary requirements for entering the United States. I will perform the following academic services:

I hereby certify to the following facts:

1. The services are being conducted for the benefit of _____
Name of Institution
2. The activities will last no longer than 9 days at this institution.
3. I have not accepted honoraria (and incidental expenses in the case of a B-2 visitor) from more than 5 institutions or organizations in the previous 6 months.

Signed under penalties of perjury,

Signature _____

Date _____

Signed _____

Address _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JOHN SCARFONE, ASSOC GENERAL COUNSEL AT 212-960-5400, EXT 2546 OR JOHN.SCARFONE@EINSTEIN.YU.EDU