

Appointment Application

Research Intern/Research Trainee/Visiting Graduate Student/Visiting Research Scientist

Departmental Data

Principal Investigator's Name:		Department:	
Administrator/Contact Person's Name:		Telephone #:	
Candidate's Name:	Last Name:	First Name:	Middle Name:
Proposed Length of Appointment at Einstein:		Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Current Degree Held:	<input type="checkbox"/> M.D.	<input type="checkbox"/> Ph.D.	<input type="checkbox"/> M.S.
		<input type="checkbox"/> B.S./B.A.	<input type="checkbox"/> High School Diploma

Section 1.

Complete Section 1 if the person requires a J-1 Visa. If not, please move on to Section 2.

Date of Birth (mm/dd/yyyy):	Place of Birth (City & Country):
Citizenship:	Legal Permanent Resident (Country):
Current Position in Home Country:	Institution:

Medical Insurance will be provided by: (proof of coverage is to be presented upon arrival)

Einstein Medical Insurance Affiliate Medical Insurance Exchange Visitor Personal Coverage

Dependent Information: Will family members accompany the Exchange Visitor? Yes No

Family Name	First Name	Relationship	Citizenship	Date of Birth	Place of Birth (City & Country)

By agreeing to sponsor this Exchange Visitor you are affirming that they have sufficient English language proficiency to participate in their day-to-day activities in the U.S.

Section 2. To be completed by all:

- Provide a description of the primary activity this individual will perform:

For Research Interns and Research Trainees, please complete the following:

- Describe how the assignments in your laboratory will help the Trainee achieve his/her specific objectives for work-based learning. The description must specify the Trainees' goals regarding specific knowledge, skills, or techniques as well as how they will be achieved.

B. Explain how you will provide oversight and supervision to the Trainee.

C. Explain how you will measure and evaluate the Trainees' acquisition of new knowledge and skills.

2. Is this individual currently enrolled in a Doctoral Program? Yes No
If "Yes" please provide the name of the Institution and matriculation year:

3. Does the individual hold an academic (faculty) appointment at another University? Yes No
If "Yes" please provide the rank held and the name of the University:

4. Will this individual be paid by Einstein? If "Yes" please provide annual salary/stipend. \$

If "No" how is this individual being supported? What is the annual salary? Please provide proof of salary.

Home Institution: \$ _____
Other Organizations: \$ _____
Personal Funds: \$ _____
Total Financial Support: \$ _____

Recommended By

Chair's Signature:	Date:
Faculty Sponsor's Signature:	Date:
Departmental Administrator's Signature:	Date:

Please send this completed application, along with the documents listed below, to the Office of International Services at internationalservices@einsteinmed.edu:

- Current CV.
- Copy of current degree held, along with translation (if applicable).
- Proof of financial support (if not supported by Einstein). **Financial support must be in English with a dollar amount indicated.**
- If requesting a J-1 Visa for the candidate, please provide a copy of their **Foreign Passport**.

The Office of Academic Appointments will review this application and advise you of the appropriate title. At that time, you will need to prepare the offer letter and forward to the appropriate office. ***No offer letters should be generated prior to approval of title.***

FOR OFFICE USE ONLY:

Recommended Title: RI RT VGS VRS

OAA/OIS: _____

Date: _____